Knowledge Guide

Medication Top Up
Administer to individuals and monitor the effects
Knowledge Guide

Medication Top Up: Administer and Monitor

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2. Explain why it may be necessary to confirm that the individual actually takes the medication and does not pass the medication to others
How to use this Knowledge Guide

Do you need this Knowledge?

This guide is designed to help you to gain the knowledge you need about administering medication. It is a Top Up to the Knowledge Guide “Medication Supporting and Assisting” which must be taken first. It covers additional outcomes and Qualification Units in ASM34 that are not included in Supporting and Assisting because they are specifically relevant to people who are administering medication. Ask you manager if you are not sure if this Top Up Knowledge Guide is relevant to you and your role.

Your manager is responsible for checking your knowledge, understanding and competence in your specific workplace(s) before you work unsupervised. You must not administer medication unless your manager has checked your competence and confirmed this is a requirement of your role.

If you already have a good level of knowledge and experience, you could take an assessment instead and only read sections (or do sections of our eLearning) that you need to do in order to fill the gaps in your knowledge. By using an assessment, your knowledge will be recorded and you can build an evidence portfolio of your competence. This will save you and your manager a lot of time. Your organisation may have free or funded access to our assessment system. Check with your manager before you start using this guide. More information about our services can be found at www.TGMGroup.net.

The following symbols refer to actions you should take to achieve the outcomes. There is also an action checklist at the end.

Reference “Manager”

When we refer to “manager” in this Guide, this is the person responsible for checking you are competent and confident to work, it may mean something different in your role, for example: supervisor, line manager, coach, buddy, mentor, employer or assessor.
Procedures and techniques, prescriptions and MARs
Understand procedures and techniques for the administration of medication via the different routes

**Tablets taken orally (via the mouth):**

- Tablets are usually taken via the mouth at the correct dose and strength as directed on the packet or by the doctor or pharmacist.
- The individual may find it easier to swallow with a glass of water. Some tablets may state they need to be taken before, after or with food.
- If a packet says PRN, this is a shortened form of the Latin phrase "Pro Re Nata" and means "as it is needed".
- If possible, do not touch the tablets. Remove the tablets gently from their blister pack or container into a medication cup.
- Ensure the person is sitting up. Give them the medication cup to take their tablets.
- If they need help gently tip the cup until the individual swallows the tablet. If this method is being used only give one tablet at a time.
- If the individual finds tablets difficult to swallow, they can sometimes be made available in a liquid or patch form. Check with your manager.
Inhalers:

- Spacers can also be used to aid the individual; a gas is placed into a chamber at the base of a mask, a fine mist of the medication is released into the mask and the individual inhales.

- Assemble properly and check to make sure nothing is obstructing the mouthpiece

- Test the inhaler. If it hasn’t been used for seven days, shake it and spray two puffs into the air.

- If possible, the individual should sit up, or stand to enable good lung expansion.

- Get the person to blow into the spacer device.

- Tell them to take a slow deep breath. As they breathe in, fire a puff into the spacer. Tell them to hold their breath for 10 seconds. Count the seconds for them.

- Alternatively, as they breathe in and out, fire in one puff. Keep the spacer in their mouth for 5 breaths in and out.

Creams and Lotions:

- Check creams are within their expiry date.

- Always wear gloves and change gloves for different creams.

- Always shake lotions before you use them.

- Apply to clean, dry and unbroken skin, unless otherwise directed.

- Only apply to required area, as per the instructions.

- Put on your fingertip and apply in a gentle circular motion.

- Use sparingly (not to much), unless it states “liberally” on the pack.
Ear, Nose and Eye Drops, Sprays and ointments

Check if there is an expiry date on the medication and if there is, check that the date is in the future. If the date is in the past, the medication should not be used. Some medications of this type may need to be stored in the fridge.

**Ear Drops**

- Shake the bottle and unscrew the lid. Gently pull the ear upwards and backward a little bit.

- Gently squeeze the correct number of drops down the side of the ear canal, not down the centre. Hold the ear closed for 5 seconds. Repeat 2-3 times to suck the drops down into the ear canal. Don’t touch the ear with the dropper.

- Ask the individual to stay laying down or sitting for about 5 minutes. If both ears need drops, wait for 5 minutes after the first drops.

**Nose Drops**

- Ask the individual to gently blow their nose.

- Hold the dropper just above their nostril and gently squeeze a drop down the centre of the nostril, whilst holding the other nostril closed.

- Ask the individual to inhale slowly and deeply through the nose, hold their breath for several seconds then breathe slowly out.
Eye Drops

1. Sit the person in an upright position.
2. If worn, remove any contact lenses.
3. Shake the bottle and unscrew the lid.
4. Push out a drop and leave it hanging on the tip of the dropper to check that the end of the bottle is clear.
5. Pull the lower lid gently away from the eyeball to make a pocket in which you can place the drop.
6. Tell the individual to look away and upwards.
7. Gently touch the drop onto the lower lid.
8. Tell them to close their eyes for 30 seconds.
9. Wipe excess away with a tissue.

Nasal Spray

The individual may sit upright when a nasal spray is used.

The bottle should be inserted into one nostril, while the other one is gently compressed.
Eye Ointment

Apply a 1cm line along lower eyelid, from inside edge to outer edge of eye, use cotton bud to pass over the end of tube and to keep the ointment on the eye lid.

Ask the person to close their eyes for 30 seconds after applying.

The vision can become blurred.

Check for redness, pain, itching, and swelling in the eye.

Liquid medicine

May be described as an elixir, a mixture, a suspension, a solution, or a syrup depending on what the active ingredient is mixed with.

Shake the bottle before use as the ingredients may become more concentrated at the bottom or they may have separated.

Always use the measuring device which is supplied with the bottle.

A spoon, syringe or plunger will often be supplied with liquid, so that the dose can be measured accurately.

Be careful not to confuse measurements of volume i.e. mls with measurements of strength i.e. mgs.

If they can ask them to drink the liquid from the dispenser. If not put into individual mouth and ensure all liquid is taken.

Some liquids may need to be stored in the fridge.
Transdermal patches

This is a medicated adhesive patch that is put on the skin. It gives a dose of medication through the skin into the bloodstream. A Nicotine Patch is an example of a transdermal patch.

• If the patch is to replace an old one, then remove the old patch first. Do not touch the adhesive. Fold in half and dispose of it correctly.

• Choose a clean, accessible and healthy place to put the patch. It’s best to avoid skin that’s very hairy, oily, sunburned, scarred, rough or damaged.

• The location must be cleaned with clean water only. Soaps, alcohol, oils, lotions or abrasive devices must not be used.

• Do not put the patch on broken skin, unless directed to. Never cut a patch in half. Do not expose location to heat e.g. electric blanket.

• Record the date and position of the new patch.

• Remove the patch immediately if there are signs of allergy.
Oxygen

You must not administer oxygen unless you have been specifically trained on how to do this and your competence to administer oxygen has been checked.

- Oxygen is highly flammable it must be kept away from heat.
- You must ensure the place where it is stored is labelled correctly.
- It must be given through the correct mask.
- Check the comfort of mask.
- An upright position supports breathing.
- It must be given at the correct flow rate.
- Tubing must not cause a slip, trip hazard.
- Oxygen will dry out mucosa. Good mouth care is essential.
- A gentle non-flammable cream should be used to moisturise the skin.
Medication which demands specific physiological measurements

For certain medications it is important that other checks are made both before and after administering medication. For example:

✓ Blood sugar levels should be checked before administering insulin.

✓ An individual’s pulse must be taken before administering medication used for heart irregularities such as Digoxin.

✓ Blood pressure must be checked after administering medication that is used for lowering individuals’ blood pressure.

✓ Warfarin doses may need to be changed following INR blood tests. This is usually organised by the Doctor and Pharmacy.

You must be aware of:

### Drug Interaction:

| When one drug interacts with another and causes an adverse reaction. |

### Food or Drink Interaction:

<table>
<thead>
<tr>
<th>Food and drink can interact with medication, for example:</th>
</tr>
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<tbody>
<tr>
<td>• Drinking alcohol may stop antibiotics from working.</td>
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<tr>
<td>• Consuming cranberries (food or drink) with coagulants is harmful.</td>
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</tbody>
</table>

### Double Dispensed Medication:

You should never administer medication that has been double dispensed because you have no way of knowing or checking what the medication is, for example administering medication that has been placed in a nomad box by a family member.
Covert (This means to crush and disguise medication):

If it is decided that medication should be either crushed or disguised, the Doctor or Pharmacist must have approved and agreed that this is a safe course of action. This is an important decision and must be properly documented. Some medication can act very powerfully if their protective coating is removed. Without appropriate decision making and documentation, you must not crush or disguise medication.

Gloves must be worn and your hands must be washed before and after you administer medication.

Always ensure you consider the individual’s safety, consent, privacy and dignity.
Identify the required information taken from prescriptions to transfer to Medication Administration Charts

Information transferred from prescriptions to Medication Administration Charts

The transfer of information from prescriptions to Medication Administration Charts, also known as MARs, is usually completed by a senior member of staff. It is good practice to have the MAR sheet verified and signed by another person.

All prescription details - from the pharmacy label on the medication are transferred to the MAR, these include:

- **Individual's details:** Full name, address and date of birth
- **Medication:** Medication name, dose, strength, frequency to be taken, route and form, when the medication should be started and ended.
- **Other:** Special instructions, any known allergies and the prescriber's signature.

You will need to show your manager you can identify information from prescriptions and where it is transferred to on the MAR sheet.
Be able to prepare for the administration of medication
10.1 Apply standard precautions for infection control

Individuals you support will be particularly vulnerable to infection. You must work within your organisation’s agreed ways of working to prevent cross contamination and promote good infection control procedures. In order for infections to spread, there needs to be:

The source of infection means where the infection has come from. The infected host could have got the infection from their environment e.g. contaminated food they have touched (exogenous).

The susceptible host is the person who is at risk of infection.

A person, insect or animal that is carrying the infection.

How the infection is transferred from the infected host to the susceptible host. This could be through physical contact with another person, equipment, food / drink or pests, or it could be airborne like coughing and sneezing.

The point of entry refers to how the infection enters the susceptible host. This could be through breathing, eating, drinking, cuts, wounds or medical procedures like catheters or injections.

The means of transmission is how the infection is transferred from the infected host to the susceptible host. This could be through physical contact with another person, equipment, food / drink or pests, or it could be airborne like coughing and sneezing.
Contact Transmission

Contact Transmission is the most common route of transmission of pathogens in a health and social care workplace. This can happen by direct contact (via the hands) or indirect contact (via equipment).

Pathogens can be a virus, bacteria or other microorganism that can cause disease.

Standard precautions should be taken in every situation to reduce the risk of infection. These include:

- Effective hand hygiene
- Correct use of Personal Protective Equipment (PPE)
- Safe disposal of waste

For effective hand washing, ensure your hands are:

- Washed thoroughly
- Wrist watches or bracelets are removed
- Cuts are covered with waterproof dressing
- Rings are removed (except plain wedding bands)
- Nails are short, clean & free from nail polish
Hand washing

There are 6 main steps in effective hand washing...

1. Wet your hands and wrists thoroughly under warm running water and squirt liquid soap onto the palm of one hand.

2. Rub your hands together to make lather.

3. Rub the palm of one hand along the back of the other and along the fingers. Then repeat with the other hand.

4. Rub in between each of your fingers on both hands and round your thumbs. Pay particular attention to your nails - you may need to use a nail brush.

5. Rinse off the soap with clean water. Ensure your wrists are clean.

6. Then dry your hands thoroughly on a disposable towel.

If you wash your hands correctly, it should take around 15-30 seconds.
Personal Protective Equipment (PPE)

These are some of the types of PPE your employer should provide and that you should use when administering medication:

**Disposable Masks**
Masks are generally only worn when there is a risk of air-borne infection to protect you from breathing in harmful microorganisms. Seeing a person wearing a mask can be frightening for individuals so it is important to explain why you are wearing one and what it is for.

**Disposable Aprons**
Aprons protect skin and clothing. There are different aprons for different tasks. Check with your employer what policies are in place and follow these. You should not wear aprons outside of the working environment, to training courses or meetings as you could spread infections to other people you come into contact with.

**Disposable Gloves**
Limit touch contamination by avoiding touching yourself, others and the environment with contaminated gloves. Remove gloves after each task by pulling each glove inside out over your hand. Discard appropriately. Do not wash or reuse disposable gloves. Change gloves when moving on to work with another person.

**Goggles, Eye Protection and Face Shields**
These protect you from sprays or splashes where there is a risk of sprays going onto your face or a risk of being splashed. Your own prescription lenses or glasses do not provide adequate eye protection.

**Shoe and Head Covers**
Shoe covers provide a barrier against possible exposure to airborne organisms or contact with a contaminated environment. Head covers protect the hair and scalp from possible contamination when sprays or airborne exposure is anticipated. Used when "Full Barrier Precautions" are in place.
Safe Disposal of Waste

The Hazardous Waste Regulations 2005 explain how waste should be dealt with. Hazardous waste is any waste that may pose a risk of infection or may prove hazardous. The Department of Health’s Safe Management of Healthcare Waste Memorandum outlines a best practice waste segregation colour coding scheme for producers of hazardous and non-hazardous waste to follow:

**BLACK BAGS** should contain mixed municipal waste which requires disposal by landfill.

*For example:* packaging, tissues, disposable cups and drinks cans, sandwich wrappers and flowers.

**YELLOW BAGS** should contain hazardous highly infectious waste which requires incineration.

*For example:* wipes, gloves, dressings, bandages, aprons, disposable garments etc. contaminated with infectious bodily fluid.

**ORANGE BAGS** should contain clinical/infectious hazardous or non-hazardous waste. This waste can be treated to make it safe before disposal or alternatively it can be incinerated.

*For example:* wipes, gloves, dressings, bandages and aprons.

**BLUE BAGS** should contain non-hazardous medicinal waste like waste medicines, out of date medicines and denatured drugs which require incineration.

*For example:* tablets in containers, blister packs, unopened medicine vials, liquid bottles, inhaler cartridges, droplet bottles with pipettes.
YELLOW AND BLACK BAGS should contain offensive, non-hazardous waste. This waste may be recycled, incinerated or disposed of in deep landfill.

For example: Colostomy bags, incontinence bags, nappies and wipes, gloves, disposable garments contaminated with non-infectious bodily fluids.

PURPLE BAGS should contain hazardous waste that consists of, or is contaminated with, cytotoxic and/or cytostatic products (Cancer drugs which are highly toxic) which require incineration.

For example: blister packs, tablets in containers, unopened medicinal vials, patches, gloves, gowns, aprons wipes contaminated with cytotoxic and/or cytostatic medicines.

Sharps should be disposed of in a yellow sharps bin or container.

Discuss with your manager the procedures in your work environment for infection control procedures and waste handling.

An observation is required to demonstrate your skills and evidence your competence for this outcome.
Explain the appropriate timing of medication e.g. check that the individual has not taken any medication recently.

Information on the timing of medication can be found on the...

- Medication Label
- Care Plan
- MAR Sheets

Care Plan

Check the Care Plan to see why the individual is taking medication and why it is important that they take it at certain times of the day. Examples:

- Parkinson’s medication needs to be taken at timed intervals to ensure the person’s dopamine levels are regulated to enable them to function.
- Insulin needs to be taken regularly to stabilise blood sugar levels.
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MAR Sheets

The MAR Sheets show:

- **Medication given**: name, dose, time, route.

- **Medication refused and why**: This may indicate if/why the individual’s condition is worsening and may suggest they need a medication review.

- **Medication not given and why**: This may mean you need to ensure they have the next dose. You will also need to monitor the individual in case their condition deteriorates without the medication.

- **Variable dosage**: i.e. the individual can take one or two tablets four times a day. It will show how many they have taken and whether it is safe to administer anymore if required.

- **PRN (means taken when required)**: There will still be instructions on amounts to take and how often. Check how many they have taken and whether it is safe to administer more if required.

You should also read the Individual’s Daily Record in conjunction with the MAR sheet to check observations made by other people.
Select, check and prepare correctly the medication according to the medication administration record or medication information leaflet

Use of the MAR Sheet to:

- Check medication has not been given
- Select medication checking name, dose, time, and route
- Check individual is happy to take medication before removing from the packet.
- Give medication according to instructions
- Record your initials and code for administration under the correct date
- If the dose is variable i.e. the individual can take one or two tablets – record time given
- If medication is refuse enter correct code, against the date and note reasons for refusal
- Record any observations e.g. if they are experiencing side effects
If a new medicine appears, but it is not recorded on the MAR sheet, check with your Manager or the Individual’s Doctor or Pharmacist.

You should also read the Individual’s Daily Record in conjunction with the MAR sheet.

You will need to demonstrate to your manager that you can select, check and correctly prepare medication. Your manager should observe your practice and check your competence in this outcome.
Administer and monitor individuals’ medication
Select the route for the administration of medication, according to the patient’s plan of care and the drug to be administered, and prepare the site if necessary. Safely administer the medication a) in line with legislation and local policies b) in a way which minimises pain, discomfort and trauma to the individual.

Example of what you need to do and what needs to be observed:

1. To stop contamination of equipment, wash and dry your hands thoroughly. Put on a pair of disposable gloves and an apron.

2. Prepare a medication table with:
   - a glass of cold water and a medication cup.

3. Read through the Individual’s Care Plan, noting any changes.

4. Read through the Individual’s Daily Record, checking what observations have previously been recorded.

5. Read the MAR sheet and....

### ...Check:

| It is the correct medication for the Individual | Previous medication taken that day to prevent overdosing | Correct time for medication to ensure it is effective | Any allergies | How medication needs to be dispensed |
You sit down next to the individual and ask how they are and if they are ready to take their medication.

Unlock the medication cupboard and again checks the details on the MAR sheet.

Remove the medication and dispense a tablet without touching it. Pop the tablets gently from the blister pack into the medication cup which is on the table or tray.

Gain consent to administer the medication from the Individual, gently tip the medication cup until the Individual swallows the tablet, then give a drink of water.

Before applying creams, you change your gloves and wash your hands. Ensure the Individual's hands are clean and dry.

Apply cream to the tip of your finger and apply the cream to the area on the Individual with a small circular movement until the cream is fully absorbed.

You lock the medication cabinet between dispensing medication.

You wash all the medication equipment (in a medication room or appropriate place). You dispose of your gloves according to your infection control policy and procedures.

You write up the MAR sheet, stating the medication(s) given with time, dose and your initials. Note any observations, changes or adverse effects on MAR Sheet and Daily Record.

Return the MAR sheet to the file in the medication cupboard. Lock the Individual's Care Plan and Daily Record in the agreed place. The procedure will vary in an Individual's home.
You will need to learn about each type of medication, what they are prescribed for, how they are administered and what side effects to look out for.

Your organisation will need to support you to gain the required knowledge and skills to administer medication.

Check with your manager the arrangements for you to formally learn about medication administration.

Before you administer any medication, check your organisation’s procedures.

Your manager will also need to check and observe that you are competent against this outcome.
Explain why it may be necessary to confirm that the individual actually takes the medication and does not pass the medication to others

It is necessary to confirm that the individual has taken their medication:

- Because it has been prescribed by a professional to support their health, wellbeing and/or recovery.

- Not taking it could cause their condition to deteriorate and it may be fatal, i.e. they could die.

- To ensure they are not collecting medication with the intention of taking an overdose.

- To ensure they have not kept medication to misuse as a form of abuse to another person.

- So another person cannot take the medication which could make them seriously ill and could result in their death if it has not been prescribed specifically for them.
## Knowledge Guide

### Medication Top Up: Administer and Monitor

#### Your checklist...

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Symbol</th>
<th>Description</th>
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<tbody>
<tr>
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What’s next.....

An essential part of your development is to assess, evidence and record what you have learnt. You may be entitled to use our assessment and evidence recording system. Your manager is responsible for supporting you with this, with observing your practice and ensuring you are competent in your work place.

Checking your knowledge, competence and practice will be a regular part of your ongoing Continuous Professional Development.

By taking an assessment first, you may find you already have some, most, or all of the knowledge required and you can save time by avoiding repeating subjects and courses unnecessarily.

More information about our resources can be found at www.TGMGroup.net.

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