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Family &
Community
Services

Medication Practice Manual

Summary: The Medication Practice Manual is a quick access guide to important information on medication administration



Guide to Medication Practice Manual

The purpose of the Medication Practice Manual is to provide support workers with a quick access manual containing important information on medication administration.

The Medication Practice Manual should be stored with medication or close to where medication is administered and must be populated as follows:

Section: Medication Administration and Emergency Information

Provides an area for filing information on safe administration of medication, what to do when an error occurs and local on-call procedures.

Section contents:

1. Medication administration and emergency information*
2. What to do if a medication error occurs*
3. Local on-call procedures – to be inserted by accommodation service.

Section: Consumer Medicine Information Sheets

Provides a central area for Consumer Medicine Information (CMI) sheets to be filed. One CMI sheet related to each medication prescribed to all persons residing in the house must be placed here for support workers to refer to.

Section contents:

1. CMI sheets to be inserted by accommodation service.

Section: Medication Audits

Provides an area for the storage of completed Medication Audits.

Section contents:

1. Medication Audits to be inserted by accommodation service.

* Indicates templates which can be downloaded from the ADHC intranet. http://dadhc-intranet.nsw.gov.au/client_services/apd/good-to-great-policy-framework/health-and-wellbeing

Section: Personal Information (*Dividers provided for 6 people*)

Provides a central area for each person's medication administration related documents.

Section contents:

1. A recent photograph of the person must be attached to the divider. The same photograph should be provided to the pharmacy for inclusion on the person's Webster-pak® and Medication Profile (see point 5)
2. Risk checklist to assess a person capacity to self medicate*
3. My Medication Support Plan*
4. Medication chart – to be provided by accommodation services as per Medication Procedures
5. Medication profile – to be provided by accommodation services via the person's pharmacy – see example in Medication Procedures 'Tools and templates'
6. My Medication Record*
7. My Medication Provider Contact Details*
8. My Medication Reviews*
9. Other medical information – other current medical information such as referrals, certificates, prescriptions.

Storage of Practice Manual

The Medication Practice Manual should be stored with medication or close to where medication is administered.

Medication Administration and Emergency Information

Store the following in this section:

- Medication administration and emergency information
- What to do if a medication error occurs
- Local on-call procedures

Medication administration

You must follow the *6 Rights* of medication administration **every time** you administer medication.

1. Right Person	Administer medication to the person named and pictured on the Webster-pak®.
2. Right Time	Ensure medication is administered at the time it is prescribed to be administered.
3. Right Medication	Ensure the Webster-pak® belongs to the person and contains their current medication only.
4. Right Dose	Ensure you only administer the required dose of medication at that time.
5. Right Route	Ensure the medication is administered via the right route e.g. oral, eye drops etc.
6. Right Record Keeping	Sign medication chart or recording sheet immediately after medication is given.

If one of the *6 Rights* is incorrect, you have made a medication error

What to do if a medication error occurs

1. Do not panic
2. Stay calm
3. **Do not** automatically administer the correct medication
4. Check whether the person is OK
5. **If the person is NOT OK – call an ambulance 000 immediately**
6. If the person is OK, ensure they are comfortable and regularly monitored
7. Seek medical advice from the person's doctor or pharmacist
8. If unavailable, contact one of the following:
 - Health Direct Australia – **1800 022 222** (24 hr)
 - Medicines Line – **1300 134 237** (9am – 5pm Mon – Fri)
9. Act on any medical advice given and note instructions in the person's Individual Shift Report
10. Complete Incident Report and advise line manager or on-call manager and follow up further as directed
11. Contact parent / guardian or person responsible and notify
12. Notify other stakeholders as necessary eg: school, day programs

In case of Person A receiving Person B's medication:

Ensure Person B receives the correct dose of medication by: popping out the next identical dose blister e.g. if PM medication – ensure blister is identical to dose missed – (PM medication) and administer.

Take the Webster-pak® to the pharmacy for re-packing at the first opportunity

Consumer Medicine Information Sheets

Store the following in this section:

A Consumer Medicine Information (CMI) sheet for each medication prescribed collectively for people residing in the accommodation service. e.g. if one or more people are prescribed Epilim®, a single CMI for Epilim® should be stored here.

Note: Ensure the CMI sheets are reviewed and updated as medications are changed.

Medication Audits

Store the following in this section:

- Completed Medication Audits
- Medication Audit Templates*
- Medication Audit Criteria*

* Templates located in Health and Wellbeing Policy and Practice Manual, Vol 2, Medication Procedures, 'Tools and templates'.

Medication Audit Criteria

(Use to complete the Medication Audit Form)

1. Medication orders are current

Each prescription medication has a current written order signed by a medical practitioner. The order is consistent with the medication label and/or blister pack as dispensed by the pharmacist.

2. Medication supply and checking

Support workers in the unit check medications, when they are obtained from the pharmacy, against the medical practitioner's instructions to ensure errors have not occurred.

3. Secure medication storage

Medication is stored securely to prevent access by any person who is not involved in medication administration.

4. Current medication charts

Medication charts correctly reflect the person's current treatment and are completed by support workers every time medications are successfully administered.

5. Medication administration plans

Where specific medication administration requirements exist the person must have a medication management plan developed for administering medications as part of her or his My Health and Wellbeing Plan.

6. Prescription PRN medication

Prescription PRN medication orders are accompanied by instructions from the medical practitioner that describe the circumstances under which the medication is to be administered.

7. Non-prescription PRN medication

Non-prescription PRN medications have accompanying instructions describing the circumstances under which medication is to be administered and have been sighted and approved by the person's medical practitioner.

8. Total PRN medication audit

Each unit maintains a record of the total number of times PRN prescription and non-prescription medications are administered each month.

9. RPAP approval for PRN psychotropic medication

Approval for use of PRN psychotropic medication has been provided by the Restricted Practice Authorisation Panel (RPAP) as per the requirements of the Behaviour Support: Policy and Practice Manual, Parts 1 and 2.

10. Domiciliary Medication Management Review (DMMR)

The person takes five or more regular medications, has had a medication change in the last three months or has medications prescribed by more than one health professional.

11. General medication audit

A daily record is maintained of the number of prescription medications remaining and is the difference between the number administered for that day, and the number prescribed.

12. 'Use by' date

Medication 'use by' dates displayed on the packaging are current.

13. Medication disposal

Expired and out of date medications are disposed of and recorded appropriately as described in section 2.4 of the Medication Procedures.

14. Missed, refused, taken or given in error

Incidents are documented when a person has missed, refused, taken or been given the wrong medication, in accordance with the reporting requirements of the Incident Reporting and Management Policy for People Accessing Ageing and Disability Direct Services and section 9.2 of the Medication Procedures.

15. Consent for treatment

The unit has a record of consent for treatment from every person or person responsible (section 4.1 of the Medication Procedures).

16. Current Consumer Medication Information sheets

Consumer Medication Information sheets are current and represent each medication prescribed to people residing in the accommodation service.



Medication Audit

To complete, refer to Medication Audit Criteria.

Cost Centre:		Date completed:	
Name:		Signature:	
Audit Criteria			
1. Medication orders are current	YES	NO	N/A
Action taken and timeframe			
2. Medication supply and checking	YES	NO	N/A
Action taken and timeframe			
3. Secure medication storage	YES	NO	N/A
Action taken and timeframe			
4. Current medication charts	YES	NO	N/A
Action taken and timeframe			
5. Medication administration plans	YES	NO	N/A
Action taken and timeframe			
6. Prescription PRN medication	YES	NO	N/A
Action taken and timeframe			
7. Non-prescription PRN medication	YES	NO	N/A
Action taken and timeframe			
8. Total PRN medication audit	YES	NO	N/A
Action taken and timeframe			

9. RPAP¹ approval for PRN psychotropic medication	YES	NO	N/A
Action taken and timeframe			
10.DMMR² completed for a person taking more than five medications	YES	NO	N/A
Action taken and timeframe			
11. General medication audit	YES	NO	N/A
Action taken and timeframe			
12. 'Use by' date	YES	NO	N/A
Action taken and timeframe			
13. Medication disposal	YES	NO	N/A
Action taken and timeframe			
14. Missed, refused or given in error	YES	NO	N/A
Action taken and timeframe			
15. Consent for treatment	YES	NO	N/A
Action taken and timeframe			
16. Current Consumer Medication Information sheets	YES	NO	N/A
Action taken and timeframe			

¹ RPAP – Restricted Practice Authorisation Panel

² DMMR – Domiciliary Medication Management Review – Medicare item number 900

Personal Information

Store the following in this section:

- Write the person's name on the tab and attach a recent photograph of the person to the divider. (The same photograph should be provided to the pharmacy for inclusion on the person's Webster-pak® and medication profile)
1. Risk checklist to assess a person capacity to self medicate
 2. My Medication Support Plan
 3. Medication chart – to be provided by accommodation services as per Medication Procedures
 4. Medication profile – to be provided by accommodation services via the person's pharmacy – see example in Medication Procedures, 'Tools and templates'
 5. My Medication Record
 6. My Medication Provider Contact Details
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 8. Other medical information – other current medical information such as referrals, certificates, prescriptions.



Risk checklist to assess a person’s capacity to self-medicate

This checklist is designed to guide decision-making when considering a person’s ability to manage his or her own medication. It is not a definitive checklist and each person’s particular skills and circumstances must be considered in the assessment. The checklist is to be completed by a support worker who is familiar with the person. **If the answer to any of the skills below is ‘No’ the person is assessed as not capable of self-medication.**

Person’s medication management skills			
Name:	CIS No.	TRIM No.	
Skills required	Yes/No	Comments	
Identifies the time of day or a routine associated with the need to take medication.			
Ability to count or use an augmentative device for determining dosages and avoiding duplication of medication.			
Has no history of intentionally taking extra medication when distressed.			
Having recognised the time of day or need, is able to respond to prompts to take medications e.g. red sticker for morning dose, yellow for evening dose.			
Identifies the needed combination of medication at each time of day by shape and colour.			
Can explain the reasons why medication is needed and the consequences of not taking it.			
Understand that medications must not be given to other people or support workers.			
Can demonstrate the ability to record medication administration in a simulated situation.			
Demonstrates compliance with safe storage of medications and can explain why this is important.			
Demonstrates the ability to learn the correct method for taking medication e.g. oral or topical, by successfully performing tasks of similar difficulty e.g. applying hand cream or taking tablets.			

Skills required	Yes/No	Comments
Has the physical ability to remove medications from packaging and to take them.		
Can explain the consequences of missing a dose or taking it twice.		
Can describe the steps to be taken if a dose is missed or taken twice.		
Has a history of seeking help when unsure of what to do or when a mistake is made.		

To confirm a person's capacity for self-medication staff should complete the following risk assessment.

Risk assessment		
Risks	Likely / unlikely risk	Comment
Not taking medication		
Taking wrong medication (including wrong dose)		
Taking medication at wrong times		
Taking medication by wrong method		
Losing medication		
Giving medication to other people or support workers		

If the answer to any of the above is 'likely' the result of the risk assessment is that the person is not capable of self-medication.

RESULT OF ASSESSMENT	Person is capable of self-medication	YES
		NO

Date completed	
Completed by: Name & title	
Signature	
Review date	



My Medication Support Plan

The My Medication Support Plan is required for a person who is prescribed medication, including PRN medication.

It contains information on how best to support a person who needs help to take medication.



Important information

If I am unable to take my medication or if I refuse:

1. Contact Health Direct on 1800 022 222 for advice
2. Complete an Incident Form and include the advice given by Health Direct
3. Complete an Urgent Matter Alert in the person's Individual Shift Report
4. Note the issue and completion of an incident form in the person's daily notes
5. Make a note in the unit Communication Book to inform other staff



My Medication Support Plan

Insert a clear, recent photograph of the person.

- I can take my medication without any help
- I need support with taking my medication and this is how you can help me:

Name:		Address:		CIS No.	
				TRIM No.	
Support Areas		Considerations		How to support me	
Key people who help me to take my medication		Do I need a support worker to assist me?			
How to communicate to me when giving me my medication		What do I prefer support workers to say and do?			
When I take my medications		Refer to my Medication Chart or Webster-pak® signing sheet			
The environment or atmosphere where I like to take my medication		Where am I most comfortable taking my medication? e.g. kitchen, office, my bedroom.			

My Medication Support Plan continued.

How I like to take my medication ³	How do I prefer to take medication? (Must be also be within the requirements of the CMI and health professional's advice)	
Other information to support me when taking medication.		

³ Medications should only be given in the form and with substances prescribed by the health professional.



My Medication Record

This is a record of all my medications past / ceased and currently prescribed.

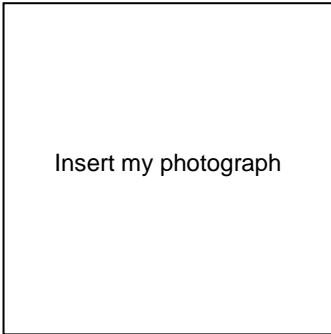
Only my doctor or treating specialist, can record information in the My Medication Record.

DO NOT ARCHIVE this record – it is a useful tool for my GP and other clinicians to refer to.

This record provides a checking tool to ensure my medications are current.



My Medication Provider Contact Details



Please list the contact details of medical professionals and pharmacies who prescribe and supply medication to me.

Name	TRIM No.	CIS No.
Medical professional or pharmacy name:		Contact No.



My Medication Reviews

The person's medication must be reviewed at least annually.

Name:		Address:		CIS No.	
Review Date:		Reviewed by:		TRIM No.	
Change required: N / Y (enter detail below)		Signature:			
Review Date:		Reviewed by:			
Change required: N / Y (enter detail below)		Signature:			
Review Date:		Reviewed by:			
Change required: N / Y (enter detail below)		Signature:			

Review Date:		Reviewed by:	
Change required: N / Y (enter detail below)		Signature:	
Review Date:		Reviewed by:	
Change required: N / Y (enter detail below)		Signature:	
Review Date:		Reviewed by:	
Change required: N / Y (enter detail below)		Signature:	
Review Date:		Reviewed by:	
Change required: N / Y (enter detail below)		Signature:	