Emergency Medication Module 2012-2022



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event by a registered pharmacist /
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(England, Scotland & Wales)



Online Learning
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Key Medication Module





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Assessing Competency Module



Homecare Medication Module



Diabetes Medication Module



Epilepsy Medication Module



Pain Medication Module



Administering Creams Module



Electronic Medicines Management



Emergency First Aid at Work



Controlled Drugs Module



Medication Audits



Anti-psychotic Medication Module

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Emergency Medication Module

Course Details



- Aims- To provide staff with sufficient knowledge to enable the safe & effective management of emergency medication
- Nousekeeping: mobiles phones, fire exits, toilets.
- Please follow the presentation in the workbook provided
- This module is around 2 hours in duration, midway break
- Assessment (Multiple Choice) Pass mark 70%
- If successful, certificates issued
- Retake opportunity if below 70%
- Appeals Process (within 2 weeks to Company)

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Learning objectives

After completing this training, you will:

- Know about anaphylaxis & how to administer an EpiPen
- Nnow about epilepsy & how to administer buccal midazolam
- Nnow about asthma & how to administer salbutamol

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After completing this section, you will:

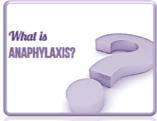
Know about anaphylaxis & how to administer an EpiPen

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What is Anaphylaxis?



- Severe, potentially life-threatening allergic reaction that can develop rapidly.
- Nalso known as anaphylactic shock. ■



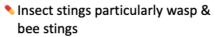
- Result of body's immune system overreacting to a harmless substance, such as food. Substances that provoke allergic reactions are known as allergens.
- Usually develops within minutes of contact with allergen, sometimes the reaction can happen hours later.

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Causes



- Most widely reported triggers of anaphylaxis are:
 - **Nuts Nuts**



- Nother types of foods, such as milk & seafood
- Certain medications, such as some types of antibiotics
- About 20 people a year die in the UK due to anaphylactic reactions. In about half of these cases, there is no known cause

pollen milder milder milder dander

LLERGIC REACTIONS

Signs

- Itchy skin or a raised, red skin rash
- Swollen eyes, lips, hands & feet
- Feeling lightheaded or faint
- Narrowing of the airways which can cause wheezing & also breathing difficulties
- Abdominal pain, nausea & vomiting
- Collapse & unconsciousness



Treatment

- Specifics of treatment do depend on how well or unwell the person with anaphylaxis is.
- Great deal of difference between treating someone who is unconscious & in cardiac arrest (so needs resuscitation) & someone who is in the early stages of anaphylaxis.
- However, anaphylaxis progresses rapidly. Resuscitation needs to be considered before deterioration occurs.
- Call 999, act quickly





Treatment

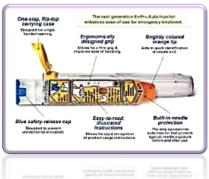


- If you can see a potential trigger, such as a wasp or bee sting embedded in their skin, remove it.
- Adrenaline injection should be given as soon as a serious reaction is suspected
- Techniques for injection vary slightly, according to the device prescribed
- Each device is designed to be used only once you cannot repeat the procedure with a used auto-injector.



Treatment with EpiPen





Check the 6 Rs (see end slide). Pull off the blue safety release cap at the end

- Blue to the sky, orange to the thigh!
- Hold the pen firmly & swing your arm from about 10 cm (4 inches) away, pushing the orange tip against the outer thigh.
- The adrenaline will be released automatically into the thigh muscle.
- Hold the pen in place for 10 seconds.

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Treatment with EpiPen



- As soon as pressure is released, a protective cover will extend over the needle tip.
- Massage the area for 10 seconds.
- If no improvement in the person's condition a second dose can be administered between 5 to 15 minutes after the first dose
- Inform the paramedics, an adrenaline pen has been administered



Watch the following video......





After Treatment



- Record time of onset of reaction
- Record circumstances immediately prior to onset of symptoms: helps identify triggers
- Nonitor the person



Storage



- EpiPen comes in a pack of 2.
- Always keep EpiPen Auto-Injector in the carrier tube with the blue safety release on, until you need to use it.
- Consider keeping EpiPen Auto-Injectors in multiple locations, store safely but accessible quickly
- Check expiry date & replace it before it expires.
- **♦ Do not** store in the fridge
- No not store where it may be exposed to extreme cold or heat



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Section One: Topics Reviewed



- Anaphylaxis
- Now to administer an EpiPen
- Necord keeping
- Storage

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After completing this section, you will:

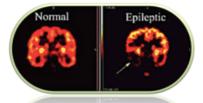
Nnow about epilepsy & how to administer buccal midazolam

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What is Epilepsy?



- Electrical activity is happening in our brain all the time. Seizure happens when there is a sudden burst of intense electrical activity in the brain.
- Neurotransmitters transmit messages in brain, if not functioning properly can lead to seizures
- Often referred to as epileptic activity.
- The epileptic activity causes a temporary disruption to the way the brain normally works, so the brain's messages become mixed up. The result is an epileptic seizure.



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Causes



- Stressful situation may be a trigger for someone to have their first seizure
- Underlying cause could be very different
- Causes can include structural damage to the brain from birth, stroke, meningitis or head injury
- Can also be genetic
- Can develop at any time & causes are sometimes unknown
- The likelihood of having a seizure may already be there, stress or alcohol for instance can 'trigger' it



Signs



I Epilepsy

- Possible warnings signs could be:
 - ♦ Odd feelings, often indescribable
 - Unusual smells, tastes, feelings or experiences
 - Out of body sensations, feeling detached
 - ♦ Body looks or feels different
 - Confusion. Situations / people look unexpectedly familiar or strange
 - Periods of forgetfulness, memory lapses, daydreaming
 - Jerking movements of an arm, leg or body
 - ↑ Tingling, numbness or feelings of electricity in part of the body
 - Headache
 - Unexplained sleepiness or weakness
 - Losing control of urine or stool (diarrhoea) without warning

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Treatment with Buccal Midazolam



- NICE recommends buccal midazolam as the first-line treatment in children, young people and adults with prolonged or repeated seizures
- Only to be used for those who have had a previous episode of prolonged or serial convulsive seizures



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Treatment: Buccal Administration - Buccal Space



- Two buccal spaces in the mouth:
 - Defined as the area between the lower set of teeth / jaw & the cheek
 - Highly vascular area that absorbs medication very fast because has a very rich blood supply to it
 - Administering via this route avoids first pass metabolism



Treatment with Buccal Midazolam



- Sugar-free buccal liquid, various strengths in prefilled syringes
- Name : Buccolam & Epistatus



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Treatment: Dosage Care Plan





- Dosage should be tailored as per the person's Care Plan
- Care Plan should include type of epilepsy, treatment, triggers, length of seizures etc.

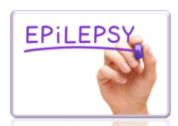
Care Plan

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Treatment: Dosage Protocol



- Needs written protocol for its use to include: when to administer, dose, time to allow for drug to work & what to do if this doesn't work
- Should be reviewed annually & kept with medication. Must be checked before each administration. Consider copying, laminating etc. so can be taken when person goes out



-	n	D
Treatment:	Dosage	Protocol



Some people will probably have their own Patient Specific Direction (PSD), drawn up by their specialist, customised to the nature of their seizures



- Specially so for people with learning disabilities
- Person should be involved in decision to use buccal midazolam, wherever possible

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Treatment: Administering Buccal Midazolam



Training on the administration of buccal midazolam can often be organised via the local health authority & can be carried out by healthcare professionals including an epilepsy specialist, doctor, nurse or pharmacist

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Treatment: Administering Buccal Midazolam



- Note the time seizure starts
- Follow protocol & decide if appropriate.
- If it is appropriate:
 - Check dose & expiry date of the pre-filled syringe provided. Check 6 Rs (see end slide)
 - Nemove oral syringe from the packaging.
 - Place the syringe into the side of the mouth, between the gums & teeth.



Treatment: Administering Buccal Midazolam



- If possible, divide the dose so you give half into one cheek & remaining half into the other cheek. If not, administer whole dose
 - on one side of mouth



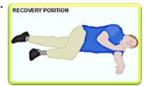
Do not administer below tongue as teeth may clamp shut & break syringe in mouth



- Slowly push the plunger of the syringe down until the syringe is
- Watch for any breathing difficulties.
- Confirm the seizure has stopped.

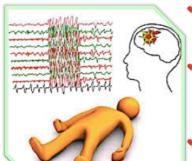
Treatment: Administering Buccal Midazolam

- Don't put anything in the mouth.
- Check time again. If seizure hasn't stopped after 5 minutes, call 999 / refer to protocol
- Nalso call 999 if unable to administer buccal midazolam or give full dosage, if the person's breathing slows down or stops or you are in any way concerned about the person
- Nonce seizure stops, place in recovery position & stay with them until fully recovered. Note time seizure stops
- Assist person to tidy themselves.
- Nocument seizure in the notes, care plan etc.



Treatment: Administering Buccal Midazolam





- Dispose of the syringe safely.
- Takes effect after about 5 minutes. Roughly 80% of seizures are terminated within 10 minutes
- Patient may be drowsy for several hours after administration & may be protected from recurring seizures for up to 4 hours
- Vital buccal midazolam administered according to guidelines as prolonged seizures can be potentially life threatening



After Treatment:



- Once the jerking stops:
 - Neathing & colour will return to normal
 - Note: have a headache or want to go to sleep.
 - Nemind them where they are & reassure
 - Some people recover quicker than others



After Treatment



- No Fill in the MAR chart
- Local procedures: document the seizure in the kardex (the daily log book if used)
- If necessary complete an accident form



Storage	_			
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- Schedule 3 Controlled Drug (CD), does NOT need to be kept in CD cupboard
- Store at room temperature away from light & heat: check expiry date
- No need to be entered in CD register but ALWAYS complete the MAR chart





- Needs to be available when the person requires it, when out & about etc.!
- All emergency medication should be stored safely but readily accessible

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Section Two: Topics Reviewed



- Epilepsy
- Now to administer buccal midazolam
- Necord keeping
- Storage

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Section Three



After completing this section, you will:

Know about asthma & how to administer salbutamol

.



What is Asthma?

- Long-term disease of the lungs.
- Causes airways to get inflamed & narrow and makes breathing difficult.
- Severe asthma can make it hard to talk or be active.



Causes



- Airway Infections: Colds, pneumonia, sinus infections
- Allergens: cockroaches, dust mites, mold, pet dander, pollen
- Irritants: air pollution, chemicals, cold air, odorus, smoke
- Exercise: It can lead to wheezing, coughing, and a tight chest.
- Stress: It can make your child feel short of breath and worsen their symptoms.



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Signs of Asthma





- Frequent coughing that worsens when the child has a viral infection, occurs while the child is asleep or is triggered by exercise or cold air.
- Nhistling or wheezing sound when breathing out.
- Shortness of breath.
- Chest congestion or tightness.

Signs of an Asthma Attack

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Child complains of shortness of breath at rest, feeling tight in the chest (younger children may say feels like tummy ache)





- Difficulty in breathing (fast & deep respiration)
- Nasal flaring
- Unable to complete sentences
- Solue / white tinge round lips
- Soing blue

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Treatment: Responding to an Asthma Attack



- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler
- Remain with the child while inhaler and spacer are brought to them
- Immediately help the child to take their salbutamol via the spacer (see next slide)



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Treatment: Salbutamol Inhaler



- 1. Check the 6 Rs (see end slide). Remove the cap from the salbutamol inhaler
- Shake the salbutamol inhaler 4 or 5 times & prime with 2 puffs as it can become blocked if not used for a while
- 3. Insert the salbutamol inhaler into the spacer
- Insert the spacer mouthpiece into the child's mouth, ensuring their lips form a tight seal around it
- Ask the child to start breathing in slowly & gently & press the salbutamol inhaler down to release one puff (the spacer makes a 'clicking' sound as the valve opens & closes)
- Help them take a puff of their reliever inhaler (usually blue), with their spacer, if they have it every 30 to 60 seconds up to a total of 10 puffs
- If they don't have their blue inhaler, it's not helping or if you are worried at any time, call 999 straightaway
- While you wait for an ambulance, the child can use their blue reliever again, every 30 to 60 seconds (up to 10 puffs) if they need to.
- 9. Remove the inhaler from the spacer



Treatment: Responding to an Asthma Attack



Stay calm, reassure. Stay with the child until they feel better.



- Contact child's parents / carers after ambulance been called
- Member of staff should accompany a child taken to hospital by ambulance & stay with them until parent / carer arrives

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Treatment: Responding to an Asthma Attack



- CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:
 - Appears exhausted
 - Has a blue/white tinge around lips
 - ♦ Is going blue
 - Has collapsed



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Treatment: What is a spacer?





- A plastic container, mouthpiece at one end & hole for the aerosol inhaler at the other. They only work with an aerosol inhaler.
- Using a spacer can help those who have difficulty coordinating the use of their inhaler with breathing in & 'pressing' their inhaler at the same time
- Makes it easier to get the right amount of medicine straight to the lungs, where it's needed & also reduces the risk of side effects from the medicine.
- It slows the medicine down as it comes out of the inhaler, so more of it gets taken down into the lungs, making the medicine more efficient, so less may be needed



Watch the following video on how to use a spacer device......



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After Treatment



- Necord use of the inhaler on MAR
- Nocument details of the attack
- Advise an appointment with the GP to discuss the child's asthma



After Treatment: Cleaning the Inhaler



The inhaler canister should be removed & the plastic inhaler housing & cap should be washed in warm running water after each use & left to dry in air in a clean, safe place.



The canister should be returned to the housing when it is dry, the cap replaced & the inhaler returned to where it is stored

Δfter	Treatment:	Cleaning	the	Spacer
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- Wash weekly / monthly dependent on brand
- Wash the two halves of the spacer in warm water with a mild detergent (washing up liquid)
- Ninse thoroughly with clean water.
- Leave the parts to 'drip dry' at room temperature until they are completely dry.
- Do not rub the inside with a cloth or polish as this may cause static electricity to build up which will affect the delivery of salbutamol.



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Storage



- Should be stored safely but readily accessible
- Should be checked monthly to ensure in date, working, not blocked & sufficient doses left



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Section Three: Topics Reviewed



- Nathma
- Now to administer salbutamol
- Necord keeping
- Storage

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Section Four

After completing this section, you will:

- Know about Type 1 diabetes & how to manage hypoglycaemia & hyperglycaemia
- Now what Individual Healthcare Plans are
- Understand about consent

What is Type 1 Diabetes?



- Insulin not produced at all
- National in the service of the servi
- Normone made by the pancreas which is just behind stomach. Its function is to help our bodies use glucose for energy.
- All people with Type 1 diabetes insulin is essential to keep blood glucose levels under control.
- Children who inject insulin to treat their diabetes will use an insulin pen or an insulin pump
- Pump gives a small, varying amount of insulin all the time.

What is Type 1 Diabetes?

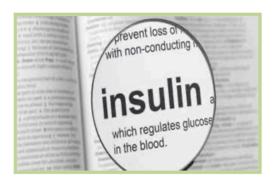


- Every person with Type 1 diabetes is different
- Requires constant juggling of insulin, physical activity & food
- Important to recognize the behaviours & signs of "high" & "low" blood sugar levels
- Students with diabetes can do the same everyday activities as students without diabetes



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Insul	lın:	How	does	it wor	ĸ?

Watch this video



Blood Glucose Monitoring



- Body regulates blood glucose levels by producing insulin.
- No. Insulin's main effect is to lower the blood glucose level
- Blood glucose monitoring is used to indicate when blood glucose is not within normal range & to make a diagnosis of hypoglycaemia or hyperglycaemia.

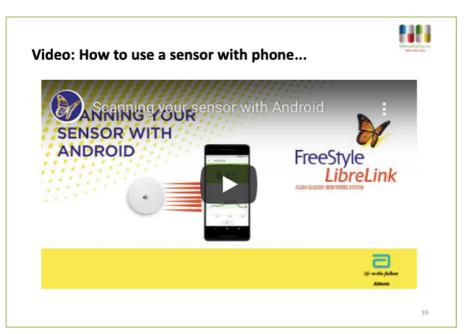


Blood Glucose Monitoring



- Person may be able to check their own blood glucose levels with either sensor or testing monitor
- Blood sugar tests will usually need to be done before meals, if they're feeling unwell, before, after & during PE & any time you or they think they might be going too low or high.





What is Hypoglycaemia?



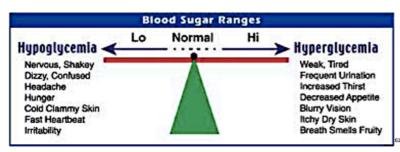
- Hypoglycaemia, or hypo, is the medical term for low blood glucose levels – a level of less than 4 mmol/l.
- This is too low to provide enough energy for the body's activities.
- Hypos usually hypos usually occur due to too much insulin/not enough food.
- Nissing a meal



Signs



- Sudden change in behaviour (lethargic, confused, uncoordinated, irritable, nervous)
- Sudden change in appearance (shaky, sweaty, pale or sleepy)
- Complaints of headache or weakness



Treatment





- It's important to treat a hypo as quickly as possible.
- Hypos are usually treated with something sugary to eat & drink.
- These amounts will be different depending on how serious the hypo is & how old the child is
- Some children know when they're having a hypo & can easily treat it themselves, however some children won't be able to & will need your help.
- All school staff should know the signs of a hypo in each individual child & what to do if they're having one.

Treatment



- Which ever works best for the person (IHCP)
- If person conscious immediately give quick acting carbohydrate 15-20g:
 - A glass of sugary drink e.g. cola or lemonade
 - ♦ 3 or more glucose sweets



- 5 sweets e.g., jelly babies
- A glass or carton of fruit juice
- Glucose Gel (Glucogelavailable on prescription if treated with insulin)- severe hypo

Treatment

- Glucagon if not conscious but only if you are trained to use it, if not call an ambulance
- Blood sugar should be checked again 15-20 minutes after hypo & if still low treatment should be repeated
- To prevent blood glucose levels dropping again, may need to give a follow-on snack



-

What is Hyperglycaemia?



- Defined arbitrarily as a glucose level of >10mmol/l
 - Insulin dose has been missed
 - No little insulin been taken
 - Nore sugary or starchy foods than usual have been eaten
 - A hypo has been over-treated
 - Stress
 - Number of the state of the stat



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Signs



- Increased thirst allow free &unrestricted access to liquids & restrooms
- Frequent urination Allow student to administer insulin or seek a trained staff person to administer
- Nausea
- Slurry vision
- Fatigue

Encourage student to test blood glucose levels more frequently

Video: How to Administer Insulin.......

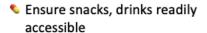


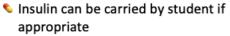
- No member of staff is compelled to carry out invasive procedures
- Must only do this if trained & signed off as "practically competent"
- Please note it is always advisable to "prime" the pen first by doing an "air shot"
- Recommended use of "safety" needles to prevent needle stick injuries
- Wash & dry hands, wear gloves

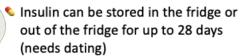


Storage of Supplies









- Blood testing equipment safe but easily accessible
- Can be carried by student if appropriate

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Supporting Pupils



- Support self-care by capable students
- Provide easy-access to diabetes, asthma etc supplies
- Ensure students with diabetes eat snacks at a scheduled time & make sure snacks available to treat low blood sugar
- Allow reasonable time to make up missed homework or tests
- Learn about diabetes, asthma, epilepsy etc & their IHCPs (next slide)



Guidance from Department of Education:



Responsibilities of board of governors to ensure a clear comprehensive medication policy in place.



School staff should receive sufficient & suitable training & achieve the necessary level of competency before they take on responsibility to support pupils at the school with medical conditions

- Appropriate levels of insurance are in place, appropriately reflect the level of risk.
- Ensure all staff have an awareness of their duty of care around medication
- Mandatory that pupils have an Individual Healthcare Plan (IHCP).

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Individual Healthcare Plan (IHCP)



- IHCPs can help to ensure that schools effectively support pupils with medical conditions
- They provide clarity about what needs to be done, when & by whom.
- The format may vary to enable schools to choose whichever is the most effective for the specific needs of each pupil.
- They should be easily accessible

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Consent



The healthcare professional prescribing medication or staff should record parental consent in their record. (Refer to template in DOE "Templates: Supporting pupils with medical conditions")



- No child under 16 should be given prescription or non-prescription medicines without their parent's written consent except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents.
- Medicines should only be administered at school when it would be detrimental to a pupil's health or school attendance not to do so

7.

Finally! Don't Forget The 6 Rs for Al Administrations	l Medicines	
1.Right Dose:	D	
2. Right administration Route	R	
3.Right Person	P	
4.Right Medicine	М	
5.Right Time!	Т	$\langle T \rangle$
6. And the right to Refuse, however no		
applicable in these cases. Prior consen of emergency medication to be obtain		73

Section Four: Topics Reviewed



- Type 1 diabetes & how to manage hypoglycaemia & hyperglycaemia
- N Individual Healthcare Plans
- Consent





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