Foster Carers Medication Module 2012-2022





first4healthtraining.com



Face-to-face training
Delivered in-house or at a training
event by a registered pharmacist /
healthcare professional
(England, Scotland & Wales)



Online Learning
Online modules and online
assessment via the internet



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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Foster Carers Medication Training Module



Introduction

- Introductions
- Introduction from delegates & understanding the people they look after
- Housekeeping: mobiles phones, fire exits, toilets.
- Objectives & Expectations
- The purpose of this module is to keep you & your childs safe
- If it doesn't seem safe, don't do it!

- 2

Course Details



- Based on our Key Module which is fully accredited by the Royal Pharmaceutical Society
- Aims- to provide foster carers with sufficient knowledge to enable the safe and effective administration of medicines in a person's own home
- Provides theoretical knowledge, practical assessment of competency carried out by line manager
- Please follow the presentation in the workbook provided as you will need to fill in quick quiz questions throughout the training.
- Assessment, pass mark 70% (only if the module has been attended in FULL)
- If successful, certificates issued
- Retake opportunity if below 70%
- Appeals Process (within 2 weeks to Company)

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Section One – About Medicines

What are medicines?

Types of medicines & how they act in the body Side effects/ADRs (adverse drug reactions)

Section Two – Record Keeping

MAR charts

Checking in medicines, storage & monitored dosage systems Self administration & administration fundamentals $-\,$ 6Rs (the 6 rights) Ordering & dealing with errors

Section Three- Administering Different Types of Medicines

Topical medicines, eye, ear & nasal drops & sprays , inhalers, controlled drugs & transdermal patches

Personal products

Patient owned medication

Section Four – The Law & Regulations

Legal framework of medicines

Regulators

Regulations governing the management of medicines

Covert administration

Assessment

Please Note:



For specific guidance for Scotland look out for



For specific guidance for Wales look out for



For specific guidance for Northern Ireland look out for

Foster Care



*When a child is placed in foster care, there is an expectation that handling of medicines will not differ from normal household arrangements. A formal written policy is not appropriate, but it is still important to consider:

- Storing medicines suitably
- Supporting the child to look after his/her own medicines if appropriate
- If the foster parents need to give a medicine to the child, ensure that they have full information about when & how to give them. This is particularly important when the foster parent decides to give a medicine that is not prescribed
 *The Handling of



*The Handling of Medicines in Social Care

Section One



Learning Objectives

After completing this section you will:

- Nnow what a medicine is & how medicines act in the body
- Understand the difference between topical & systemic medicines
- Know some side effects of commonly used medicines & how to report changes
- Know which reference sources to use to find information about medicines

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What is a Medicine?



"It is a substance (drug) intended for use in the diagnosis, cure, mitigation, treatment, or prevention of disease".



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Modes of Action of Medicines



Topical

A form of medicine meant to be administered externally onto the body rather than ingested or injected into the body.



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Modes of Action of Medicines

♦ Systemic

Systemic means "affecting the entire body" rather than a single organ or body part.

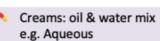


Topical Medicines

Examples:

- Vaginal preparations
- Inhalers
- Creams, ointments & gels
- Some rectal medicines are topical e.g. glycerin suppositories
 - Enemas
 - Foams
 - Suppositories
- Nasal, eye & ear drops





- Ointments: oil based e.g. Vaseline
- Gels: water-based e.g. Ibuprofen

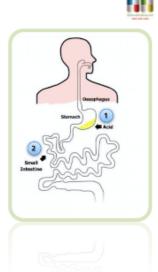
Systemic Medicines

Solid dose forms:

Tablets & capsules

- ♦ Sustained release tablets & capsules
- What does the label always state?
- Enteric coated tablets







Solid dose forms Tablets & capsules: Soluble /dispersible /effervescent tablets Sublingual / Buccal Buccal AND SUBLINGUAL TABLETS Buood and sublingual tablets are flur, eval table



Systemic Medicines

Liquid dose forms:

- Emulsions
- Suspensions
- Solutions
- Syrups
- Gases



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Systemic Medicines

Non-Oral routes

- Some rectal medicines systemic e.g. paracetamol suppositories
- Parenteral medicines
 - **Subcutaneous**
 - **** Intramuscular
 - Nntra-articular

 ♦ Intra-articular
 - **♦** Intravenous
 - **♦** Depot





"Invasive" Routes

- Injections
- Suppositories
- Vaginal preparations
- PEG medicines
- Dressings: dry e.g. Melolin or medicated e.g. Bactigras
- All above are level 3 invasive medication – except dry dressings.
 - Applied by nurses, problems occur if incorrectly applied
 - A carer can administer the above if they are trained & competent, this must be included in the child's care plan & can affect insurance



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What Issues can Occur if Untrained Carers Change a Wound Dressing? (Write answers in your workbook)



- A nurse asks a carer to remove a wound dressing, is this allowed?
- Can a District Nurse ask a carer to change a dressing?
- What could occur if an untrained person is involved in wound management dressings?

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(See Appendix 1)

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Oral Nutritional Supplements





- Regarded as medicines
- Food fortification
- Examples: Complan Shake, Enrich, Ensure, Fortisip, Fresubin, Calogen.
- Can be sole source of nutrition
- Typically supplement existing diet.
- Different types

Food Thickeners





- Dysphagia: condition in which swallowing is difficult.
- Examples: Thick & Easy, Thixo-D & Nutilis.
- ♦ SALT assessment.
- Storage?
- Used for various patients

2

Side Effects/Adverse Drug Reactions (ADRs)



- Definition: Undesired action of a medicine.
- What is the difference between an allergy & a side effect?
- Side effects usually listed & predicted, allergies aren't.
- Very important to look out for adverse reactions
- ALWAYS check any sensitivities prior to administration
- Report all suspected adverse effects
- Necord details in care plan & tell pharmacy

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Important Medication Side Effects



- Nash
- Upset tummy
- Confusion, drowsiness
- Constipation
- Fainting, light headedness
- Antibiotic allergy
- Antibiotics, NSAIDs
- Sedatives, antidepressants
- Painkillers
- Blood pressure medicines



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Medication Support



- Your pharmacist, an expert in medicine, ensure contact numbers are readily available
- NHS Choices website www.nhs.uk
- Patient Information Leaflets (PILs) supplied every time with medicines
- The electronic medicines compendium for SPCs & PILs www.medicines.org.uk/emc
- The BNF ensure is <12 months old − www.bnf.org (App)
 </p>
- Medical information & support www.patient.co.uk



End of Section One

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Section One: Topics Reviewed

- What are medicines & how they act in the body
- ♦ The difference between systemic & topical medicines
- Side effects of commonly used medicines & how to report changes after administration of a medicine
- The reference sources used to find information about medicines

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Section Two



Learning objectives

After completing this section, you will:

- Know about self administration
- Nnow about MAR charts
- Know how to check in medicines & storing medicines
- Know about monitored dosage systems
- Know how to administer medicines including the 6Rs (the 6 rights)
- Know how to order medicines & how to deal with errors

Self Administration



- The standards emphasise promoting independence.
- Should assume that a child can take & look after their medicines themselves (selfadminister) unless a risk assessment has indicated otherwise (Managing medicines)

otherwise (Managing medicines for adults receiving social care in the community March 2017)



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Self Administration



Complete a risk assessment if a person wishes to self medicate.

What should this consider(Social Services)? (Write answers in workbook)

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(See Appendix 2)

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Self Administration





- Self-administration of medicines is not an 'all or nothing' situation.
- Records made & kept when child supplied with medicines for taking themselves
- Or when they are reminded to take their medicines themselves.
- Self-medicators must be monitored as per guidelines



Foster Carer Support

- Medication policy assists people to maintain responsibility for their own medication even if they are unable to administer their own medication
- Record any self-administered medication for young people assessed as being of the age & understanding to selfadminister



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Carer's Responsibilities:





- To follow clear procedures, that are monitored & reviewed, that explain their role with regards to helping people take their medicines
- To know what to do if a person refuses or decides not to take his or her medicines or is unable to do so
- To know how & when to communicate with healthcare professionals & social worker

2

Carer's Responsibilities



- To make sure they make a record of any medication taken or reminded where this is part of the plan of care & record what support given
- To know to report any concerns
- What the carer must not do, for example, is offer advice on treatment of minor ailments



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Standard 26 of the Foster Carers'- National Minimum Standards states:

"Record all medication that you give to the child or young person, prescribed & non-prescribed. Record details of any chemical treatments for head lice. Record the child's response & any reactions. Record any self-administered medication".



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Documentation



- Fundamental part of medicines audit process is the documentation that supports it. Documentation commonly known as MAR charts (Your Form A). What does MAR stand for?
- ► Foster carers keep a written record of all medication, treatment & first aid given to children during their placement (Fostering Services: National Minimum Standards)
- MAR Chart is a LEGAL & CREDIBLE document. It is also an essential piece of contemporaneous evidence. What does credible mean?
- Retain for 8 years, up to max of 75 in children's homes depending on local policy. Usually up to 30 dependent on client group, see www.gov.uk for more detail on records management



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Documentation



- If the following are accurately documented, majority of medicines issues would be avoided:
 - Ordering
 - Receipt of medicines
 - Administration
 - Returns / waste / refusals
 - Clear audit trail
- Can be documented in separate book / record
- Up to date reference sources & information

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- Every child who takes medicines should have a MAR / record (& Kardex ___)
- Used to record exactly how much has been administered
- Should be used to record when a prescribed medicine has NOT been taken & why
- Supplemented by care plan (& Kardex +)



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MAR Chart (see example in workbook):



Must include:

- Name of child
- Name of foster carer
- Date
- Not on form but needed, contact GP)
- **♦Time**
- ◆GP name
- Medicines inc. strength & form
- When they should be given
- Dose
- Refusal notes / errors
- Signature of carer
- Printed name of carer

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Your Role:

To sign the MAR when a medicine has been given
To make clear how many you have given if it is a variable dose
To put the appropriate information if not

administered

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Why Do You Need To Keep Records?



- Offer children opportunity to look back at what has happened during the placement, & to understand why decisions were made, clarify what your role was in their life & improve a child's identity
- Gives opportunity to reflect & allow analysis of behaviour
- Allows sharing of information with other professionals to enhance child's life
- Assists in continuity when there are changes in care
- Provides accurate information that can be used in plans & assessments
- May be required in court
- Useful if allegations are made against a foster carer.
- Forms part of ensuring you as foster carers are meeting the accountability & standards expected of your role
- Supports your supervision & professional development as a foster carer.





What Information Would You Expect to See on a Medicine Label? (Write the answers in your workbook)



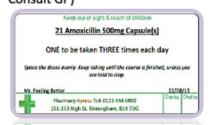
- 1. Keep all medicines out of the reach & sight of children
- 2. Quantity
- 3. Name of medicine
- 4. Type of medicine e.g. MR
- 5. Strength
- 6. Form

- 7. Date dispensed

 - 9. "Warnings"
 - 10. Patient's name
 - 11. Pharmacy details
 - Initials of dispenser / checker
- (See Appendix 3) 13. For external use only/ not to be taken (when appropriate)

Dosages

- One daily: depends on medicine! Twice daily: ideally 12-hour gap
- National Properties in the strain of the str gap between. Often short time between breakfast & lunch dose can cause side effects.
- Four times a day: breakfast, lunch, tea, bed (often missed if asleep! Consult GP)







- Natibiotics: spread doses evenly, complete the course
- Sleeping tablets: half to one hour before sleep & when in bed.
- Can cause confusion & disorientation leads to falls. BE AWARE!
- Doses in waking hours ideally

Dosages



- Nith or after food: medicine may upset the stomach.
- If not a mealtime then a snack or biscuits would be fine specially regarding gastric irritant medicines
- If it doesn't say before or after food then it doesn't matter Before food: half to one hour before, because food may stop the medicine working as well as it should



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- In what way would you hand write a chart? (Write answers in your workbook)
- Black ink
- Capital letters
- Identical copy of the label
- Common mistakes? (Write answers in your workbook)
- ng / mcg
- 1/2 for ½ a tablet, looks like one or two
- 5ml instead of 5mg or visa versa
- Info missed off, allergies etc.

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(See Appendix 4)

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Check Medicines Correct When Arrive From Pharmacy



- Critical step in medicines process
- Difficult with dosettes!
- Check for any discrepancies between what was ordered & what was supplied (Managing medicines for adults receiving social care in the community March 2017)
- Generic versus Brand names



4

Checking Medication





- Check medicine / dose matches what was prescribed
- Check MAR & label match
- Discrepancies: report immediately to pharmacy
- If in doubt, check!

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- All medicines in date & in correct original container with clear, legible, current pharmacy labels?
- Complete new MAR (& Kardex →
)
- Check with prescriber if any inconsistencies: document!
- Order new prescription urgently if any doubt of quality of medication
- Nor not enough medication



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Transfer of Medicines



- Evidence estimates up to 60% of medicines errors occur during transfer of care (NICE: Managing Medicines in Care Homes, April 2014)
- Essential correct medication records are sent/received – copy of MAR
- No not re-dispense into compliance aids
- Record all medication they arrive with & current treatment : record on MAR (& Kardex —)
- Ideally get up-to-date list from GP/hospital, check inconsistencies with GP
- Request new prescription
- Inform pharmacy
- Dispose of unwanted medication

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Medicines Storage

- Medicines kept in the foster home are stored safely & are accessible only by those for whom they are intended (Fostering Services: National Minimum Standards)
- Not kitchen or bathroom. Dry, cool, dark area— temp: <25°C
- If label or packaging states 2ºC to 8ºC fridge. Check packaging, some meds room temperature once opened.
- Which medicines would you store in the fridge?
- Oxygen cylinders stored in a dry, clean & well-ventilated area away from sources of heat. Fire brigade informed



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 Secondary dispensing must be avoided, including decanting from one container to another for the purposes of storage.



Carers should leave medication at all times in a safe place known & accessible to the child or, if not appropriate for the child to have access (after risk assessed may be in child's best interest), where it is only accessible to any other personal carers, health personnel & yourself (Domiciliary Care-National Minimum Standards).

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Monitored Dosage Systems



- Supplying pharmacists & dispensing doctors should supply medicines in their original packaging (NICE Managing medicines for adults receiving social care in the community March 2017)
- MDS: Convenient packaging for regular medicines – many exceptions, e.g. moisture / light-sensitive medicines, varying doses, topicals, cytotoxics. Packaging should be based on person's needs (RPS MCA guidance July 2013)



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Administration

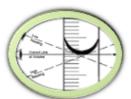


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- Check MAR, what else should be checked?
- Check the medicine, directions, label, ALLERGIES, every time!
- Inform them their medicine is available & ask if they wish to take it
- Sonsider the needs of the child & treat as individuals
- No decision about me without me ("Liberating the NHS" produced by the government July 2010)

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Administration

- Take the medicine to the child & ensure they are upright
- Measure the dose without handling.
 If liquid, read volume at the bottom of the meniscus
- Preferably use oral syringe.
- Always use the no touch technique: pack-pot-person (3Ps)
- Present the medicine to the child, offer a drink – avoid tea or hot drinks, why?

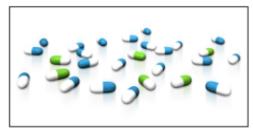


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Administration



- Put initials / signature in the appropriate box IMMEDIATELY after YOU have administered the medicine & observed it being taken. NO GAPS!
- ♦ Observed! Not assumed
- Nocument if refused



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Administration



- Single line through mistakes, sign & date
- If use blister packs / pods: administer from correct day.
- Proceed to the next medicine.
- Finish the task in hand, don't get distracted. Consequences can be fatal

'If it isn't written down then it didn't happen'

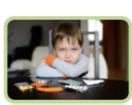
Administration – The 6Rs (Write the answers workbook)	in yo	our 🏥
1.Right D	D	
2.Right administration R	R	
3.Right P	P	
4.Right M	M	
5.Right T!	T	
You must remember & think of each of these each time you adm	nister	a medicine!

6th Right: Right to Refuse (Decline!)

- Night to refuse medicines.
- Consent recorded

(See Appendix 5)

- Must not be forced or coerced into taking it.
- Refusals & all non administrations must be recorded on MAR.
- Regular refusals must be highlighted to the GP
- In Scotland it's the "8 Rights" which is the whole admin process together





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6th Right: Right to Refuse



- Doses left'4 later' are recorded on the MAR with the number 4 instead of their initials, if allowed in policy, agreed with child & been risk assessed.
- Should check been taken & if not dispose of them & record on MAR
- Use additional paperwork for noting extra information & variable doses (should be avoided when ever possible)

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Dealing with Refusals

Process for refused medicines?

- Should consider waiting a short while before offering again. Should ask about other factors that may cause the person to decline their medicine, such as pain or discomfort (NICE Managing medicines for adults receiving social care in the community March 2017)
- If MDS blister pack, sealed pod or manufacturer's blister pack, leave in original container & dispose of following disposal procedure.





If has been removed from original container, do not put back in, record & dispose according to disposal procedure

5

Dealing with Refusals



What is the process for spat-out or spoilt medicine?

- Do not re-offer the same tablet.
- Dispose using your disposal procedures.
- Make a record on MAR with details & take steps to replace the missing dose.



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Discontinued Medicines



- Record on MAR.
- Cancel remaining boxes by scoring through with line, stating discontinued, authorising prescriber name & date
- Sign



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Ordering Medication

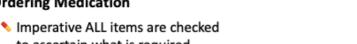


- You may not be responsible for ordering repeat medicines & will not be notified officially when the child's treatment changes.
- May not be links with a single community pharmacy. Communications between care workers, their supervisors & prescribers must be robust & effective.



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Ordering Medication



- to ascertain what is required including dressings, appliances, liquids etc. however this may be done by the person or family member
- For housebound, pharmacy may order(only if requested & agreed)
 & deliver medicines
- Items obtained mid-cycle must also be re-ordered & prescriptions obtained to ensure no medicines run out





Interim / Acute / Mid-Month Medicines / Emergency Supplies

- Any items required mid month e.g. antibiotics should be obtained as & when required
- If usual pharmacy has no stock, should be sourced elsewhere
- ♦ Occasionally medicines can run out despite best endeavours
- Note that the surgery is closed, talk to your local pharmacist



Dealing with Errors



The process undertaken when an error has been made:



- Immediately report error
- Record the TRUTH accurately
- Record action taken
- Have robust process in place for identifying, reporting, reviewing & learning from medication errors.
- Seek advice
- Inform child & / or relatives
- Not all medicines-related incidents considered to be a safeguarding concern

Avoiding Errors

Mistakes can happen!

How would I avoid a medication error? Put your thoughts in your workbook



(See Appendix 6)

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- Medication administration must be carried out properly
- No cutting corners
- Protecting you & the children you look after is paramount
- Do not put yourselves or the children you look after at risk
- NEVER be interrupted whilst you administer medication
- Signing the MAR isn't just a paper exercise, it is a legal record!
- Do not get distracted.
- Making a mistake can be fatal
- The children you look after are someone's nearest & dearest & yours!
- Demonstrate your care
- Always follow your training & policy

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Section Two: Topics Reviewed

- MAR charts
- Checking in, storing medicines & MDS
- Self administration & administering medicines including the 6Rs (the 6 rights)
- Ordering medicines & how to deal with errors

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Section Three

Learning Objectives

After completing this section, you will know about:

- Administering different types of medicines including topical medicines, eye drops, ear drops, nose drops, nasal sprays, inhalers, controlled drugs & transdermal patches
- Personal products
- Patient owned medication

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Topical Medicines - Application



- Always wash & dry hands & wear gloves & after remove gloves, wash & dry hands again
- Read the label & MAR carefully, check date of opening before applying
- Always record the opening date when opening new tubes or drops etc.
- Unless explicitly stated in the manufacturer's guidance, generally:
 - Topical preparations expire on date shown on manufacturer's packaging
 - Eye drops & eye ointment discard four weeks after opening
 - Some lubricating eye drops e.g. Hylo —Tears have longer shelf life once opened-some up to 6 months.

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Applying Creams



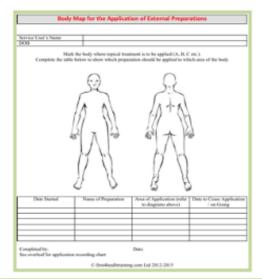
- •How would you know where to apply three different creams that say "as directed" on the label?
- ◆GP **must** put clear instructions on prescription & these need to be in care plan.
- Try to apply emollients at a different time of day, or at least 30 minutes before or after steroid cream
- ♦Sign MAR



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Topical MAR Chart





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Fingertip Units for Steroid Creams

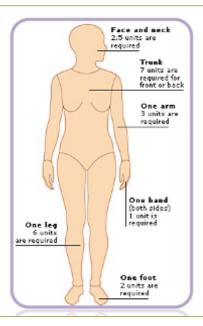


- One FTU is the amount of topical steroid that is squeezed out from a standard tube along an adult's fingertip.
- A fingertip is from the very end of the finger to the first crease in the finger.
- Two FTUs are about the same as 1 g of topical steroid.

Area of Skin to be Treated (Adults)	FTUs Each Dose (Adults)
A hand & fingers (front & back)	1 FTU
Front of chest & abdomen	7 FTUs
Back & buttocks	7 FTUs
Face & neck	2.5 FTUs
An entire arm & hand	4 FTUs
An entire leg & foot	8 FTUs

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FTUs (see example in workbook)





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Instilling Eye Drops



- Date the container when you open for first time
- Read the label & MAR carefully, check date of opening before instilling
- Where in the eye do you instill drops? If more than 1 drop required, instill first drop, wait a few minutes then instill second drop





Eye drops usually expire after 28 days there are exceptions though! Check the label / box! Some must be stored in the fridge, if so take them out beforehand to allow them to reach room temperature before instilling! Sign MAR!!

Instilling Ear Drops



- Date container when open for first time
- Hold bottle in hands for few minutes to warm the drops. Gently shake bottle
- Do not touch tip of bottle on the ear
- Help child to lie down or tilt head on one side & gently pull & hold ear up & back
- Gently squeeze bottle to drop correct number of drops into ear & replace cap on bottle.
- Press ear flap & keep child's head tilted for several minutes to allow drops to coat the ear





Read instructions carefully. Store drops at room temperature in cupboard. Do not use drops if colour has changed or become cloudy. Do not use if bits floating in them. Sign MAR!!

Instilling Nasal Spray / Drops



- Drops (not used much now): Help child into comfortable position, head tilted back, ask / help child to blow nose gently
- Gently insert correct number of drops into one nostril. Press on other side of nose with one finger to close off other nostril
- Ask / help child to keep head tilted back
- Ask child to breathe in gently.
- Repeat in other nostril, wipe clean & replace cap
- Sprays: best practice to squirt some in air before using, breathe in gently through the nose at the same time, no need to tilt head back. Pump spray e.g. Beconase: squirt a dose, if Sinex spray: squeeze the bottle

Read instructions carefully. Store at room temperature Sign MAR!!





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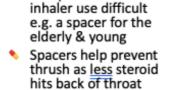
- Correct technique is key & should be monitored
- Individualised care plans
- Read Patient Information Leaflet before administration
- If more than one puff is required, wait for at least 30 seconds to one minute & repeat.
- Two puffs should take about 1.5 minutes!



Inhalers



- MDI (e.g. Salbutamol): Breathe in slowly
- DPI (e.g. Serevent): Require breathing in fairly hard to get powder into lungs.
- Breath Actuated (e.g. Seretide): Useful when difficulty breathing & pressing inhaler at the same time



Compliance aids when

Rinse mouth & have a drink of water after using steroid inhaler.

Which Should You Administer First ? (Write answers in your workbook)



- Preventer?
- Reliever?
- Nhy?



(See Appendix 8)

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Applying Transdermal Patches

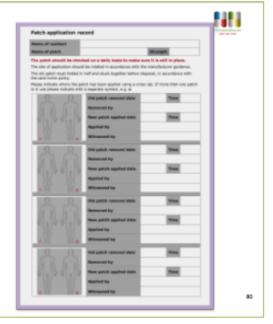


- Apply to a clean, dry, hairless, intact area of skin.
- Do not put one patch on top of another or apply a new one without removing old one first. Rotate site to avoid sore skin.
- Record on / sign MAR where the patch has been applied date / time Use Body Map MAR / Patches Map MAR (next slide)
- To dispose of old patch fold in half
- Wait 20 minutes after bath / shower before applying. Most patches aren't affected by contact with water.
- Systemic effect.



Do not apply a new patch without checking MAR or care notes! A new patch could be applied on one arm when a new one is already on other arm!

Patch Application Record



Controlled Drugs (CDs) - Schedules



- Usually for severe pain, induce anaesthesia, drug dependence or attention deficit hyperactivity disorder (ADHD - Ritalin)
- No CD register or CD cupboard required in person's own home



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Administration, Checking in & Storage of Controlled Drugs

- Follow steps as for other medicines, record on MAR
- Where possible, a second person should witness the preparation & administration of a controlled drug & should sign the record of medicines administered.



Extra care should be taken when CDs are being stored in a person's home & advice should be sought from a community pharmacy if needed



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Disposal of Controlled Drugs



Records of the receipt & return of controlled drugs to the pharmacist for disposal



All CDs must be returned to pharmacy in separate bag to be denatured & disposed of inc. Tramadol, Zopiclone, Diazenam



It is considered good practice for records of the return of controlled drugs to be signed by the pharmacist receiving them for destruction

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When Required Medicines





"PRN" medicines should not be given when needed



Follow PRN policy & protocol. 4 later as per earlier slide (55)? Are you allowed to do this in your policy? Only do it if you're allowed & if you are allowed, follow your policy & procedures



Child should be offered PRN at the times they are experiencing the symptoms



Record exact time the PRN was given & amount given on MAR. Dosage must be clear from GP.

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Personal Products



Colostomy / ileostomy / urostomy products







- Specialist training required to administer
- Incontinence products
- Both of these types of products are highly personal in nature, & the child may wish to "self administer" - should be encouraged if able
- At very least these products should be left in child's room: not treated as medicines & locked away

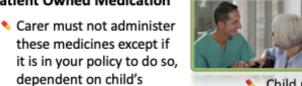
Patient Owned Medication



- What are patient owned medicines? Discuss.
- These medicines are bought by the person or their family, not prescribed by their GP
- Need robust processes for managing these!
- Carers must not advise or recommend medicines that can be bought over the counter



Patient Owned Medication



 Check not contraindicated for underlying conditions

prescribed medicines

to take with any

consent & also check safe



- Child must understand & accept risk associated with taking the medicine
- Robust process for what information needs to be recorded e.g. the name, strength & quantity of the medicine.

Be aware of what your medicines policy says!



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What challenges do you come across around medication administration in foster care? (Write answers in your workbook)	
End of Section Three	
(See Appendix 9)	
	_
Section Three: Topics Reviewed Now to administer different types of medicines including topical medicines, eye drops, ear drops, nose drops, nasal sprays, inhalers, controlled drugs & transdermal patches Personal products, how best to deal with them What Patient Owned Medication is & how to deal with it	
89	
Section Four	
Learning objectives After completing this section, you will: Know what the law says about medicines classification Know about the regulators Understand what the law says about medicines in care settings Know about covert administration	

Legal Categories of Medicines





GSL General Sales List medicines



P Pharmacy medicines

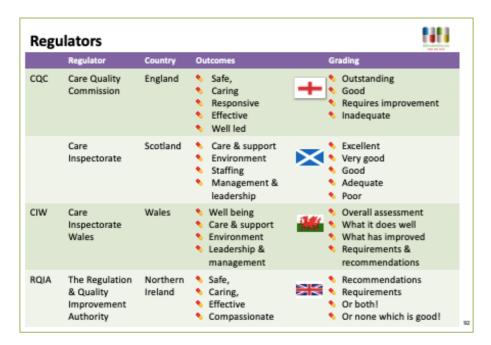


POM Prescription Only Medicines



CD Controlled Drugs

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Legislation



Several regulations concerning the prescription, dispensing, storage & disposal of medicines.

Legislation is formed from 2 basic types of law:

- Statute/Primary Legislation Acts of Parliament
- Civil/ Common Law

Both control how medicines are handled & both are equally

important.



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- Do you need to know the legislation e.g. Medicines Act 1968?
- What should you know?
- Your medication policy! (Guidelines for Foster Carers in the Administration & Recording of Medication)
- In court would be asked:
 - Have you read it?
 - Understood it?
 - Did you abide by it?
 - Had medication training
 - Passed it?



Have you read your policy recently? Aware of any changes? Find out! Read your policy!

9

Your Medication Policy



Written policies & procedures in place to promote the well being of the child which are clear & usable (See NICE checklist: https://www.nice.org.uk/guidance/sc1/resources/managingmedicines-in-care-homes3).Laws & policies exist to prevent mistakes happening & ensures carers work to same standards

- Regular medication audits
 - Common finds?
 - More than one bottle open!
 - More than one "strip" used!



Policy

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The Law



Medicines Act 1968 s 58 (2)(b)

Name of legislation

Medicines Act 1968

Content of legislation

- This act regulates the manufacture, supply, sale and import of medicines and medicinal products.
- Only authorised practitioners may prescribe: GPs, dentists, some nurses and pharmacists.
- The act divides medicinal
- products into 3 categories
- Plarmoty (P)
 General sales list (GSL)
- Generalisako list (GSL)
- A prescription-only medicine may only be administered by, or in accordance with the directions of an appropriate practitioner.
- Prescription provides permanent legal record of the child's medication
- Facilitates the provision of the correct medicine & directs administration of the medicine to the child
- The prescription is the pharmacy's authority to dispense the medicine & the label is your authority to administer it

The Law

Common / Civil Law

- Medicines prescribed for an individual are that individual's property.
- Medicines prescribed to an individual must not be used by any other person - This could be considered an act of theft.



Drug Disposal: The Controlled Waste Regulations

- You should have a written policy for the safe disposal of surplus, unwanted or expired medicines
- These can be returned to a community pharmacy providing the person gives their consent



- When medicines are disposed of you need to make a record to show that they were handled properly this can be done using the MAR chart
- Needles not all pharmacists accept them. It is not an Essential Service. Need to check locally, e.g. some councils collect them from the person's home.

Carers' Roles & Boundaries

- Medication handling must only be undertaken by suitably trained carers
- Foster carers are trained in the management and administration of medication. Prescribed medication is only given to the child for whom it was prescribed, and in accordance with the prescription. Children who wish to, and who can safely keep and take their own medication, do so (Fostering Services: National Minimum Standards)
- This will protect the children receiving care & the carer.
- carers should have regular medication training updates





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Carer's Roles & Boundaries

In foster care the accountabilities are different to residential & nursing homes, as the carer may not be administering medication, however they are still accountable and responsible for their actions.



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Confidentiality

- All patient records, e.g. MARs, care plans (& Kardex __)etc., are generally held under legal & ethical obligations of confidentiality
- Only discuss or disclose information about the child with certain people
- Never leave MAR charts or other personal information lying around
- Patients have a right of access to health information about themselves. Governed by the Data Protection Act 1998
- Records can offer children & young people an opportunity to look back at what has happened during the placement, & to understand why decisions were made, clarify what your role was in the child's life and improve a child's identity



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Verbal Orders



- The dosage of a prescribed medicine must not be altered without the permission of the prescriber
- Verbal orders should be exceptional & important to have local medicines policy
- Witness required: could be the child or family member (NICE Managing medicines for adults receiving social care in the community March 2017)



Verbal Orders





- Record: prescriber, medicine, dose, frequency, any specific instructions, witness name (if available), date, time
- Repeat back ask for clarification if unsure
- Update MAR.
- Request written confirmation before new or first dose administered

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Administration: Covert



- Medicines administered in disguised form without the knowledge or consent of the child (added to food or drink) (NICE Managing medicines for adults receiving social care in the community March 2017)
- Medicine should NEVER be mixed with food or drink if the intention is to deceive someone who doesn't want to take the medicine
- Exceptions:



- A child lacks capacity to consent to treatment capacity assessment must be done to confirm this
- If it is in the child's best interest



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Section Four: Topics Reviewed

- Classification of medicines & the law regarding prescriptions & medicine labels
- Regulators who they are & what they do
- The laws & regulations that relate to the management & administration of medicines in care settings
- Covert administration

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Assessment

- Pass mark is 70%
- Good luck!



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Appendix 1: What Issues can Occur if Untrained Carers Change a Wound Dressing?



- A nurse asks a carer to remove a wound dressing, is this allowed?
- Can a District Nurse ask a carer to change a dressing?
- What could occur if an untrained person is involved in wound management dressings?
- No, only if the carer has been trained & signed off as competent
- No, only if the carer has been trained & signed off as competent
- The dressing could be left on too long, skin could become inflamed & infected
- Wounds could be made worse if carer isn't aware how to remove a dressing properly

Appendix 2: Self Administration



Complete a risk assessment if a person wishes to self medicate. What should this consider(Social Services)?

- Child choice
- Motivation & compliance
- Note: Note:
- Understanding & appreciation
- Memory & dexterity
- Missing medicines & taking too much
- The risk of others getting access to their medicines, storage
- Adjustment to medicines enable them to self-administer
- Responsibilities of carers: written in care plan (Managing medicines for adults receiving social care in the community March 2017)

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Appendix 3: What Information Would You Expect to See on a Medicine Label?



- Keep all medicines out of the reach
 & sight of children
- 2. Quantity
- 3. Name of medicine
- 4. Type of medicine e.g. MR
- 5. Strength
- 6. Form

- 7. Date dispensed
 - 8. Dose
 - 9. "Warnings"
- 10. Patient's name
- 11. Pharmacy details
- 12. Initials of dispenser / checker
- 13. For external use only/ not to be taken (when appropriate)



Appendix 4: Transcribing

- In what way would you hand write a chart? (Write answers in your workbook)
- Nack ink
- Capital letters
- Identical copy of the label
- Common mistakes? (Write answers in your workbook)
- mg / mcg
- √ 1/2 for ½ a tablet, looks like one or two
- 5ml instead of 5mg or visa versa
- Info missed off, allergies etc.

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Appendix 5: Administration - The 6Rs 1. Right Dose: 2. Right administration Route R 3. Right Person M 4. Right Medicine 5. Right Time! T

Appendix 6: Avoiding Errors 🛆 All carers trained & competent

You must remember & think of each of these each time you administer a



Mistakes can happen!

How would I avoid a medication error? Put your thoughts in your workbook,



- Avoid distractions
- ▲ Follow correct procedure
- Learn from mistakes
- ▲ Don't crush medicines unless specified
- ▲ Follow MAR carefully
- △ Don't forget to sign the MAR
- ⚠ Do not leave medicines unattended
- ⚠ Do not "pot up" medicines
- ⚠ Watch the medicine go down!
- A Read label carefully
- ▲ Correct dose!
- A Read the warnings e.g. after food
- ▲ Be aware of side effects
- ▲ Do not miss any medicines
- ▲ Do not administer discontinued items
- ⚠ Do not run out of medication

Appendix 7: What are the issues with this Recording of Medication Administered Sheet?



- Signature gaps
- Strength missing on Calpol
- Time of administration missing
- Name of medicine administered missing
- Printed name missing
- Administration times missing
- Dose given missing
- Method of administration missing
 - Date missing

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Appendix 8: Which Should You Administer First?

- Preventer?
- Reliever?
- Reliever!
- Why?
- Reliever opens up the airways therefore allowing the preventer to get deep down into the lungs



Appendix 9: What challenges do you come across around medication administration in foster care?



- Medicine may be at a set time & the child doesn't want their medicine at that time
- The child may want to take their medicines later
- Child refuses medicines all together
- Name of the Pharmacy doesn't provide printed MAR charts
- Medicines are in multi-dose packs
- You are on your own administering a controlled drug





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