



HLTHPS006

Assist Clients With Medications

eBook (FULL)

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CHAPTER 1 - YOUR LEGAL RESPONSIBILITIES

The environment in which medicines are regulated, prescribed, supplied, administered and monitored in Australia is complex.

It involves many stakeholders, government and non-government, at national, State and Territory levels, and includes health professionals, researchers, large and small corporations, consumers and carers.

If you fail to follow medication management laws, you may be held liable for any harm, loss or damage as a result of your action (or inaction).

In addition, your workplace will have policies and procedures that relate to assisting clients with medication which are mandatory.

For the safety of your clients, yourself and your colleagues, it is **ESSENTIAL** that you know, understand and follow all of these important rules.

INTRODUCTION

As a worker in community care settings, you need to have a clear understanding of your job role and boundaries within your workplace. This includes:

- Duty of care
- Legal obligations
- Roles and responsibilities, as defined in your position description and the organisation's policy statements
- Lines of accountability and reporting.

The tasks required of you in assisting clients with medication must be carried out in accordance with:

- The relevant Commonwealth and State/Territory legislation
- Relevant Government program policies, including program standards
- Organisational policies and procedures written in accordance with the relevant legislation and policies and reflecting your scope of role and accountability in your jurisdiction.

Your rights and responsibilities

As a worker, you have the right to:

- ✓ a safe workplace,
- ✓ access to training and
- ✓ a written job description.

You have an ethical responsibility to respect your client's rights by not talking about any aspects of care, including medication therapy, to people other than your supervisor and others included in your client's care plan.

You must pass information to your supervisor in a timely manner. You need to comply with organisational policies relating to privacy and confidentiality. You have a duty of care when implementing the individual care plan to observe and record compliance and to observe, record and report non-compliance.

Client rights and responsibilities

Every client has the right to discuss their medication therapy with a health professional of their choosing and to make decisions about whether they wish to follow this advice. The choice made may mean that your organisation cannot provide a service.

Every client also has the right to a well-managed service including a written care plan which may include physical assistance with medication.

Medication assistance can affect a client's rights which include:

1. **Respect** - How the client is addressed; the client should not be interrupted while eating for assistance with medications such as oral inhalers and eye drops. The client should not be awakened to assist a medication that could be scheduled or given at other times; explain to the client the procedure that you are about to perform; answer questions the client may have about the medication (within your job role).
2. **Refusal** – Your client has a right to refuse medications. A client should never be forced to take a medication. Your organisation should have a policy and procedure to be followed when clients refuse medications.
3. **Privacy** – Knock on closed doors before entering; do not assist with medications when the client is receiving personal care or in the bathroom

MEDICATION MANAGEMENT MODELS

Every state and territory have different legislation, regulations and codes of practice that relate to the administration of medication. In addition, every organisation has its' own set of guidelines that must be followed, and which must comply with the jurisdictional laws.

Many jurisdictions have adopted in recent times a Registered Nurse (RN) medication management model for approved residential aged care providers. This means that the administration of medication to clients can now be managed by a RN rather than necessarily administered by a RN in every instance. The intent of this approach is to make better use of skilled professional resources, consistent with nursing and other health workforce trends and to improve quality of care for clients without requiring that a RN administer every dose of medication in every instance.

“Management” means that RNs may delegate assistance with medication to someone appropriately qualified to assist. Registered Nurses will use their professional judgement

about whether to administer the drugs themselves or whether to delegate assistance with medication to someone with appropriate qualifications.

In many instances' RNs will continue to administer drugs themselves, especially if they are not confident in the abilities of the "delegate"; after all, the RN still has the end responsibility under the legislation.

Usually, this type of model only applies to Schedule 4 and 8 medications only. Only drugs prescribed by a doctor and dispensed by a pharmacist may be administered. These are drugs that most adults outside of a residential aged care service would usually administer themselves. For all 'high care' aged care residents, RNs will be required to manage the administration of these drugs.

Note: Each state and territory also has differing levels or divisions of Registered Nurse, and some Registered Nurses can't participate as the "delegator" in this medication management model because their scope of practice does not allow them to administer medication by all routes or to manage administration of medication.

As in all other aspects of their professional activity, a nurse is accountable for their professional decisions and actions. If a nurse demonstrates that delegation decisions have been properly made in accordance with professional practice guidelines (including especially the Code for guidance issued by their Nursing Board) and appropriate supervision and monitoring arrangements have been put in place and followed, they need not be concerned about being held responsible for an adverse incident. **The worker to whom the task is delegated would also be held accountable to the extent of their training and for following the systems and procedures required of them.**

You should discuss this issue with your supervisor if you are unclear about your job responsibilities. You can also contact your State or Territory Health Department or Nursing Board for further information.

RELEVANT LEGISLATION AND PROFESSIONAL GUIDELINES

Medicines and Poisons Act 2019

The Medicines and Poisons Act 2019 (MPA 2019) is an Act of the Queensland Parliament in Australia that came into effect on 1 September 2019. The Act replaces the previous Medicines and Poisons Act 2014 and consolidates and modernizes the regulation of medicines and poisons in Queensland.

The MPA 2019 aims to protect public health and safety by regulating the manufacture, supply, use, and disposal of medicines and poisons. It sets out the legal framework for the safe and effective use of medicines and poisons in Queensland, and regulates the activities of pharmacists, medical practitioners, and other healthcare professionals who handle or prescribe these substances.

Some key features of the MPA 2019 include:

- The creation of a new licensing regime for pharmacies and the requirement for pharmacies to have a pharmacist in charge

- The requirement for certain medicines and poisons to be supplied only by prescription from a medical practitioner or an authorized pharmacist
- The regulation of the manufacture, supply, and use of medicinal cannabis in Queensland
- The establishment of a register of all pharmacies, pharmacists, and other health practitioners who are authorized to handle medicines and poisons
- The strengthening of penalties for offenses relating to the misuse or mishandling of medicines and poisons.

Overall, the MPA 2019 is an important piece of legislation that helps to ensure the safe and responsible handling of medicines and poisons in Queensland.

The Medicines and Poisons Act 2019 (MPA 2019) outlines the responsibilities of frontline healthcare workers, including medical practitioners, pharmacists, and other healthcare professionals, in relation to the handling, prescribing, and dispensing of medications.

Under the MPA 2019, healthcare professionals who handle or prescribe medicines and poisons have a duty to ensure that they are used safely and appropriately. This includes:

- Ensuring that medicines and poisons are only used for their intended purpose and in accordance with the manufacturer's instructions
- Ensuring that the dose and frequency of administration of medicines are appropriate for the patient's condition and age
- Ensuring that medicines and poisons are stored securely and safely to prevent unauthorized access or theft
- Maintaining accurate records of the supply and use of medicines and poisons, and reporting any incidents or adverse reactions to the appropriate authorities
- Providing appropriate counselling and advice to patients about the use and side effects of medicines and poisons.

In addition, the MPA 2019 requires that healthcare professionals who handle or prescribe medicines and poisons must comply with the relevant standards and guidelines issued by the Pharmacy Board of Australia and the Australian Health Practitioner Regulation Agency, as well as any other applicable legislation and regulations.

Overall, the MPA 2019 places significant responsibilities on frontline healthcare workers in relation to the handling and prescribing of medicines and poisons, to ensure the safe and effective use of these substances.

Disability Services Act 2006

The Disability Services Act 2006 is an Australian federal law that aims to improve the lives of people with disabilities by promoting their independence, social and economic participation, and full inclusion in society. The Act establishes a national framework for the provision of disability services, including funding and support for individuals and organizations that provide services to people with disabilities.

The Act requires the development of a National Disability Strategy, which outlines the government's priorities for improving the lives of people with disabilities. The strategy covers a range of areas, including health, education, employment, and access to services and support. The Act also establishes the Disability Council of Australia, which advises the

government on disability policy and helps to ensure that the needs of people with disabilities are reflected in policy development.

Under the Act, people with disabilities have the right to access disability services that are of a high quality, are flexible and responsive to their needs, and are provided in a way that respects their dignity and privacy. The Act also includes provisions to protect the rights of people with disabilities, including the right to access justice, freedom from abuse and neglect, and the right to participate in decision-making processes that affect their lives.

Overall, the Disability Services Act 2006 aims to create a more inclusive and supportive society for people with disabilities, by providing them with the services, support, and protections they need to live full and independent lives.

The Disability Services Act 2006 is primarily focused on the provision of disability services and support, and does not specifically outline the responsibilities of frontline healthcare workers in relation to medication.

However, in Australia, the administration of medication is governed by a range of laws and regulations, including the state and territory laws that govern the practice of healthcare professionals, as well as the Australian Government's Therapeutic Goods Act 1989, which regulates the supply and use of medicines.

In general, frontline healthcare workers, including doctors, nurses, and other healthcare professionals, have a responsibility to ensure that medications are prescribed, administered, and managed safely and appropriately for people with disabilities, as they would for any other patient. This includes ensuring that medications are prescribed for a legitimate therapeutic purpose, that they are administered according to the prescribed dosage and frequency, and that any potential side effects or interactions with other medications are monitored and managed appropriately.

Healthcare professionals also have a responsibility to provide appropriate information and education to people with disabilities and their carers about the medications they are taking, including potential side effects, interactions, and any special instructions for use. They should also be aware of any individual needs or requirements of people with disabilities, such as the need for modified dosages or special formulations of medications.

In summary, while the Disability Services Act 2006 does not specifically outline the responsibilities of healthcare workers in relation to medication, healthcare professionals have a range of legal and professional responsibilities to ensure that medications are prescribed, administered, and managed safely and appropriately for people with disabilities.

The Aged Care Act 1997

The Aged Care Act 1997 is an Australian federal law that governs the provision of aged care services in the country. Its primary purpose is to ensure that elderly Australians are provided with appropriate care and support as they age.

The Act outlines the types of aged care services that are available, including residential aged care, home care, respite care, and transition care. It also sets out the eligibility criteria for these services, as well as the fees and charges that may apply.

The Act establishes the Aged Care Quality and Safety Commission, which is responsible for regulating and monitoring the quality of aged care services in Australia. The Commission conducts audits and investigations to ensure that providers are meeting the required standards, and has the power to take enforcement action if necessary.

The Act also includes provisions for the protection of residents' rights and for the prevention of abuse and neglect in aged care facilities. It sets out the responsibilities of providers in relation to these matters, and outlines the processes for making complaints and seeking redress.

Overall, the Aged Care Act 1997 aims to ensure that elderly Australians receive high-quality care and support that meets their needs and respects their dignity and autonomy.

The Aged Care Act 1997 includes provisions for medication management in aged care facilities, but it does not describe the specific responsibilities for frontline healthcare workers in relation to medication.

However, the Act does require that aged care providers ensure that medication management is carried out safely and appropriately for residents. This includes ensuring that medications are stored, dispensed, and administered in accordance with professional standards and best practice guidelines.

The Act also requires that providers have systems in place to monitor and review the use of medications, and to ensure that residents receive appropriate support and information about their medications.

Frontline healthcare workers, such as nurses and care assistants, would typically be responsible for carrying out medication management tasks in aged care facilities, under the direction and supervision of a registered nurse or medical practitioner. Their specific responsibilities would depend on their role and level of training, and may include tasks such as administering medications, recording medication information, and reporting medication-related incidents or concerns to the appropriate person.

However, the specific responsibilities for frontline healthcare workers in relation to medication may also be governed by other laws and regulations, as well as professional codes of practice and standards.

Work Health and Safety Act 2011

The Work Health and Safety Act 2011 is a legislation in Australia that sets out the framework for the management of health and safety in the workplace. It applies to all industries and workplaces, and is designed to ensure that employers provide a safe and healthy work environment for their employees.

The key features of the Act include:

1. A primary duty of care: Employers have a primary duty to ensure the health and safety of their workers, as far as is reasonably practicable. This includes providing a safe work environment, safe equipment and systems of work, and information and training to workers.

2. Consultation and cooperation: Employers must consult with their workers and their representatives on health and safety matters, and cooperate with them to ensure a safe work environment.
3. Risk management: Employers must identify and manage risks to health and safety in the workplace. This includes implementing control measures to eliminate or minimise risks, and monitoring and reviewing the effectiveness of those measures.
4. Worker participation: Workers have a duty to take reasonable care for their own health and safety, as well as the health and safety of others. They also have the right to participate in health and safety matters and to raise concerns about health and safety in the workplace.
5. Enforcement: The Act sets out a range of enforcement mechanisms to ensure compliance with the Act, including penalties for breaches of the Act and prosecution for serious breaches.

The Work Health and Safety Act 2011 is aimed at promoting a strong safety culture in the workplace, and ensuring that workers return home safely at the end of each working day.

The Work Health and Safety Act 2011 is a general framework for managing health and safety in the workplace, and does not specifically address the responsibilities of frontline healthcare workers in relation to medication. However, there are other regulations and guidelines that apply specifically to healthcare workers and their responsibilities when it comes to medication management.

For example, in Australia, the Australian Commission on Safety and Quality in Health Care has developed the National Safety and Quality Health Service Standards, which include standards relating to medication safety. These standards outline the responsibilities of healthcare workers in relation to medication management, such as ensuring that medication is prescribed and dispensed safely, that medication is stored and administered appropriately, and that medication errors are reported and investigated.

In addition, healthcare workers may also be governed by state and territory-specific regulations and guidelines, which may further specify their responsibilities in relation to medication management. It is important for frontline healthcare workers to be aware of these regulations and guidelines and to adhere to them in order to ensure the safe and effective use of medication in healthcare settings.

Duty of Care

Healthcare workers in Australia have a duty of care to ensure that the people they are assisting with medication receive safe and appropriate treatment. This duty of care is an ethical and legal responsibility to provide competent and compassionate care to patients, and includes:

1. Assessing the patient's medical history, current condition, and medication history to determine the appropriateness of the medication.
2. Ensuring that the medication is administered correctly, at the right dose, and at the right time, as prescribed by a qualified healthcare professional.
3. Monitoring the patient's response to the medication, and identifying and reporting any adverse reactions or side effects.
4. Providing clear and accurate information to the patient about the medication, including its purpose, potential side effects, and any special instructions or precautions.
5. Documenting all medication administration and any relevant information in the patient's medical record.

Healthcare workers are also responsible for ensuring that they have the necessary skills, knowledge, and resources to safely and effectively administer medication. They must comply with all relevant legislation, guidelines, and policies related to medication administration and must work collaboratively with other healthcare professionals to provide optimal patient care.

The NDIS and Medication Assistance

If you are looking to understand the rules around administering and managing medication to participants under the National Disability Insurance Scheme (NDIS), you should refer to the NDIS Practice Standards.

The NDIS Practice Standards are a set of quality and safeguards rules that apply to all NDIS providers. These standards are designed to ensure that people with disability receive safe and high-quality supports and services from NDIS providers. The standards cover a range of areas, including medication management.

Specifically, the NDIS Practice Standards that relate to medication management are:

- Standard 1: Rights - this standard requires NDIS providers to support the rights of people with disability, including their right to access safe and appropriate medication management.
- Standard 2: Governance and Operational Management - this standard requires NDIS providers to have systems and processes in place to manage medication, including storage, handling, administration, and disposal of medication.
- Standard 3: Provision of Supports and Services - this standard requires NDIS providers to ensure that staff are trained and competent in medication management, and that medication is administered safely and appropriately.

To learn more about the NDIS Practice Standards, you can visit the NDIS Quality and Safeguards Commission website, which provides detailed information on the standards and how they apply to NDIS providers.

MEDICATION MANAGEMENT IN RESIDENTIAL AGED CARE FACILITIES - GUIDING PRINCIPLES

The Guiding Principles are based on current best practice and available evidence and are intended to be applicable to all RACF settings and the people receiving care within RACFs. Their application must consider relevant national, state and territory legislative requirements, profession-specific licensing/registration, codes of practice, guidelines and standards, and aged care quality and accreditation standards and requirements.

Guiding Principle 1: Person-centred care

The RACF provides person-centred care. This includes respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, informed consent and involvement of a person's carers and family. A person has the right to partner in their care to the extent that they choose.

Guiding Principle 2: Communicating about medicines

The RACF ensures that all medicines-related communications consider health literacy, are 'person-centred', and collaborative, and facilitate shared decision-making, advocacy and self-determination.

Guiding Principle 3: Clinical governance of medication management

The RACF has systems and processes that are used to support and promote safe and effective management of the quality use of medicines within the facility.

Guiding Principle 4: Evaluation and quality improvement in medication management

The RACF routinely reports on the mandatory medication management indicators and regularly reviews, identifies and evaluates risk within each area of medication management, taking follow-up action where required.

Guiding Principle 5: Information resources

The RACF ensures access to the most current and evidence-based medicines related information, tools and resources for each person receiving care, their carers, the RACF healthcare team and visiting healthcare providers.

Guiding Principle 6: Selection of medicines

The RACF supports informed evidence-based decision-making for the selection of medicines used within the facility.

Guiding Principle 7: Complementary and self-selected non-prescription medicines

The RACF supports informed selection and safe use of complementary and self-selected non-prescription medicines for each person receiving care.

Guiding Principle 8: Authorised initiation of medicines by nurses

Where deemed appropriate, the RACF has policies, procedures and guidelines, endorsed by the RACF's MAC, in place to allow the authorised:

- Initiation of non-prescription medicines from an approved list
- Use and review of prescription medicine treatment protocols.

Guiding Principle 9: Documentation of medication management

To support safe prescribing, dispensing and administration of each person's medicines and effective communication of their medicines-related information, the RACF ensures that a current, accurate and reliable record of all medicines

selected, prescribed and used is documented on their medication chart (paper based or electronic).

Guiding Principle 10: Medication reconciliation

Medication reconciliation processes are used within RACFs to:

- Verify a person's medication history
- Reduce the risk of errors in medicines documentation when care is transferred, or new medicines are prescribed
- Ensure all medicines are ordered and received as intended.

Guiding Principle 11: Medication review

The RACF healthcare team and visiting healthcare providers ensure that each person's medicines are reviewed regularly and as needed, to optimise medicines use and minimise medicines-related problems.

Guiding Principle 12: Continuity of medicine supply including in an emergency

The RACF minimises interruptions to medicines supply and maintains timely access to medicines for each person receiving care. This may include having access to a curated emergency stock of medicines.

Guiding Principle 13: Storage and disposal of medicines

The RACF ensures that:

- All medicines, including self-administered medicines, are stored and handled safely and securely, and in a manner that maintains the quality of the medicines
- Unwanted, ceased or expired medicines are disposed of safely to avoid accidental harm and misuse
- Disposal of medicines aligns with sustainable and environmental best practice.

Guiding Principle 14: Self-administration of medicines

The RACF:

- Supports and seeks informed consent from individuals who wish to administer their own medicines
- Ensures policies, procedures and guidelines are in place to guide the assessment and re-assessment of a person's capacity to self-administer medicines safely.

Guiding Principle 15: Administration of medicines by nurses

Each RACF ensures it has policies, procedures and guidelines in place that are endorsed by the RACF's MAC, to guide the safe and effective administration of medicines by appropriately qualified and authorised nurses.

MEDICATION MANAGEMENT IN THE COMMUNITY - GUIDING PRINCIPLES

Guiding Principle 1: Person-centred care

All those involved in a person's medicines management provide person-centred care. This includes respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, informed consent and involvement of a person's carer and/or family. People have the right to partner in their care to the extent that they choose.

Guiding Principle 2: Communicating about medicines

All medicines-related communications consider health literacy, are 'person-centred' and collaborative, and facilitate shared decision-making, advocacy and self-determination.

Guiding Principle 3: Governance and risk management of medicines use in the community

Healthcare professionals, care workers and service providers work together with individuals and/or their carers to prevent and/or manage risks, incidents and adverse reactions associated with medicines use in the community.

Guiding Principle 4: Information resources

All those involved with the prescribing, dispensing, administration, and handling of medicines in the community should have access to current and evidence-based medicines-related information tools and resources.

People, their carers and/or families should also have access to plain language, accurate, evidence-based, trusted and reliable medicines-related information.

Guiding Principle 5: Self-administration of medicines

People are encouraged to have an active role and have the right to make choices and decisions about their care, and where necessary, are supported to maintain maximum independence for as long as possible. This includes managing their own medicines in a safe and effective way.

Guiding Principle 6: Dose administration aids

Dose administration aids (DAAs) should be used to support individuals to remain independent and reduce the risk of administration error. They should only be used when a person is assessed as having a specific problem managing or safely administering their own medicines.

Guiding Principle 7: Administration of medicines in the community

People who live at home should have access to, and receive, suitable information and/or assistance so that they can take their medicines safely and effectively.

Healthcare professionals, care workers and healthcare service providers all play an important role.

Guiding Principle 8: Medicines list

Everyone taking one or more medicines should be encouraged and supported to maintain an up-to-date list of all their medicines. This list should be available and easily accessible to the individual and all those involved in their care.

Guiding Principle 9: Medication review

A person has the right for their medicines to be routinely and regularly reviewed with members of their healthcare team. These reviews should be conducted in accordance with relevant professional responsibilities, practice standards and guidelines.

Guiding Principle 10: Alteration of solid oral dose forms

Alteration of oral dose forms of medicines, such as crushing tablets, should be avoided. However, if a person is suffering from swallowing difficulties:

- Suitable alternative formulations (or medicines) should be sought
- The person should be provided with the information and help they need to ensure their medicines can be administered safely and effectively.

Guiding Principle 11: Storage and disposal of medicines

All those using medicines in the community should store medicines in a manner that:

- › Maintains the quality of the medicines
- › Minimises wastage
- › Safeguards the person, the person's family and visitors in their home.

Unwanted, ceased or expired medicines should be disposed of safely to avoid accidental harm and misuse in a sustainable and environmentally appropriate manner.

Guiding Principle 12: Authorised initiation of medicines in the community

In accordance with national, state or territory legislation, only those authorised to do so should initiate medicines upon a person's request for the relief of minor symptoms or conditions/ailments.

Healthcare service providers should develop policies, procedures and guidelines on:

- › Initiation of prescription and non-prescription medicines
- › Use and review of prescription medicines treatment protocols.

SCHEDULED DRUGS

The Drugs, Poisons and Controlled Substances Act 1981 is an Australian legislation that aims to regulate the use, possession, supply, and manufacturing of drugs, poisons, and controlled substances. The Regulations 2006 is a set of regulations that provide detailed guidelines for the implementation of the Act.

The Act and Regulations define different categories of drugs, poisons, and controlled substances and establish various controls on their use, possession, supply, and manufacture. These controls include licensing requirements for manufacturers, wholesalers, and retailers, restrictions on the sale and supply of certain substances, and penalties for non-compliance.

The Act also establishes a system for monitoring and reporting adverse drug reactions and requires practitioners to maintain accurate records of the prescription and supply of certain substances. In addition, it provides for the establishment of an independent advisory committee to provide advice on drug-related matters.

Overall, the Drugs, Poisons and Controlled Substances Act 1981 (Regulations 2006) is designed to ensure that drugs, poisons, and controlled substances are used safely and responsibly, and that their potential risks to public health and safety are minimized.

The Standard for the Uniform Scheduling of Drugs and Poisons (SUSDP) is a document created by the Australian government that outlines a national system for the regulation of the availability and use of drugs and poisons. It is used in conjunction with the Drugs, Poisons and Controlled Substances Act 1981 and its regulations.

The SUSDP provides a standardized approach for classifying drugs and poisons into different schedules based on their potential for harm and therapeutic value. The schedules range from Schedule 2 (Pharmacy Only) to Schedule 9 (Prohibited Substances) with various requirements for prescribing, supply and use depending on the category.

The SUSDP is maintained and regularly updated by the Therapeutic Goods Administration (TGA), which consults with relevant stakeholders, including medical and health professionals, regulatory authorities, and consumer groups, to ensure that the scheduling of drugs and poisons reflects current evidence and best practices.

The purpose of the SUSDP is to ensure that the use of drugs and poisons is consistent and safe across the country. It is important in providing regulatory clarity to stakeholders such as pharmacists, physicians and consumers who can access and use the document to understand the legal framework and restrictions around various substances. By maintaining a standardised approach, the SUSDP helps ensure that Australians have access to safe and effective drugs and poisons while protecting public health and safety.

There are 8 schedules included in the SUSDP; as documented in the following table:

Schedule	Description
Schedule 1	This schedule is no longer available.
Schedule 2 (Pharmacy Medicines)	Schedule 2 are substances and preparations for therapeutic use which are substantially safe in use but where advice or counselling is available if necessary. Medical diagnosis or management is not required prior to provision of Pharmacy Medicines. Example – Aspirin, Paracetamol, Folic Acid.
Schedule 3 (Pharmacist Only Medicine)	Schedule 3 are substances and preparations for therapeutic use which are substantially safe in use but require pharmacist advice, management or monitoring. The use of Schedule 3 only requires initial medical diagnosis and do not require close medical management. Example – Cold and flu medications, Codeine (depending on compounding), Glyceryl trinitrate, Ibuprofen.
Schedule 4 (Prescription Only Medicine)	<p>Schedule 4 are substances and preparations for therapeutic use which requires professional medical, dental or veterinary management or monitoring. The safety or efficacy of the use of Schedule 4 may require further evaluation. A prescription written for a S4 medicine must be written in a clearly legible and indelible manner (in ink) and contain the following information:</p> <ul style="list-style-type: none"> • name and address of the prescriber • name and address of the patient • name, form, strength and quantity of the medicine • directions for use, if necessary • date on which it is written • maximum number of times it may be repeated, if any, and the intervals • at which it may be repeated (where applicable) • signature of the prescriber <p>Example – Antibiotics</p> <p>Certain Schedule 4 drugs are subject to restriction of supply, distribution, possession and use to reduce abuse, misuse and physical or psychological dependence. These drugs include Alprazolam, Midazolam, Clonazepam, Diazepam, Oxazepam, Temazepam.</p>
Schedule 5 (Caution)	Schedule 5 are substances and preparations which have low toxicity level and require caution in handling, storage or use. Schedule 5 products are usually labelled CAUTION and Keep out of Reach of Children. It includes products with a low potential for harm, the extent of which can be reduced through the use of appropriate packaging with simple warnings and safety directions on the label. Example – Borax, Camphor, Chlorine, Weed killer.
Schedule 6 (Poison)	Schedule 6 are substances and preparations with moderate to high toxicity. Accidental ingestion, inhalation or in contact with skin or eyes may cause death or severe injury. Schedule 6 products are labelled POISON and Keep out of Reach of Children. This includes products with a moderate potential for causing harm, the extent of which can be reduced through the use of distinctive packaging with strong warnings and safety directions on the label. Example – Ammonia, Organophosphates.
Schedule 7 (Dangerous Poison)	Schedule 7 are substances and preparations with high to extremely high toxicity which can cause death or severe injury at low exposures. Schedule 7 require special precautions in their manufacture, handling or use. Special regulations restricting their availability, possession or use are necessary. Example – Arsenic.
Schedule 8 (Controlled Drug - Possession without authority illegal)	Schedule 8 are substances and preparations for therapeutic use which are likely to be abused and are likely to cause dependence. Example – Morphine, Ritalin, Opiates, Stimulants (methylphenidate and dexamphetamine), Flunitrazepam, Methadone, Pethidine.
Schedule 9 (Prohibited Substance)	Schedule 9 are substances and preparations which, by law, may only be used for <u>research</u> purposes. The sale, distribution, use and manufacture of such substances are strictly prohibited.
Unscheduled	A product which does not have a poison schedule assigned to it

DUTY OF CARE

Duty of care means a moral and legal obligation or responsibility to do the right thing and not cause harm or injury.

Duty of care is not a list of rules and procedures. It is part of the responsibility of being a staff member of an organisation that provides services to clients. It is about providing an appropriate standard of care and ensuring that clients are empowered to make their own decisions.

Working in aged care, as far as your activities at work are concerned, you have a duty to care for your clients and colleagues and to maintain an expected standard of care. You owe a duty of care to people who are closely and directly affected by your actions. If you do a task badly or fail to carry out a necessary task, one or all of these people may be harmed.

The key issue here is reasonableness; what would a reasonable person have done in the circumstances. However, as a trained care worker, you may be held up to a higher standard of responsibility.






Scenario




Tom has been a resident at Greener Pastures for the past 6 years. He has dementia but is otherwise well. You find Tom wheeling the medication trolley down the corridor. He has 2 empty bottles of Agarol (a laxative) on the trolley and tells you he has given out medicine to the sick people.

What would a reasonable trained care worker be expected to do in this situation? Common sense tells us that a reasonable worker would ensure that the trolley is locked, and all medications secured from the top of the trolley and not left in the corridor.

If you failed to act in this scenario, you would be in breach of your duty of care and could be said to have acted negligently. You would be judged by the standard of competence that would be expected of any ordinary reasonable person in your work position. This means different standards are expected of different categories of staff. A personal care worker would be judged to the standard of an ordinary reasonable personal care worker; a Registered Nurse would be judged to the standard of an ordinary reasonable Registered Nurse.

As a worker, you have the following responsibilities:









-  Be familiar with organisational policies and procedures relating to medication management
-  Have an awareness of potential side effects and interactions of medication
-  Ensure clients' right to refuse medication is respected and follow correct procedure
-  Observe clients for changes in condition (physical and/or behavioural changes)
-  Report changes to correct person within an appropriate timeframe

-  Record relevant medication information/documentation
-  Ensure correct storage of medication
-  Dispose of medication correctly

SCOPE OF PRACTICE

Scope of Practice is the legal definition of the activities that a professional can or cannot do. Within your working life you will find there are areas that limit what you do within your job role. There may be restrictions on how you can assist clients with medication, depending on the organisation and the state or territory you work in. You need to be aware of what you can do and not take on tasks that are outside your scope of practice or the limits of your ability.

Some of these limitations may be:

-  The mission and philosophy of the organisation
-  Government legislation
-  Funding body guidelines
-  Your job description
-  Personal qualifications and expertise
-  Personal belief system
-  Emotional and physical energy
-  Other demands on your life

“Scope of practice” therefore includes those tasks which professionals are educated, competent and authorised to perform. Scope of practice can be influenced by context, the client’s needs, the level of competence, education and qualifications and organisational policies.

Employers have a duty of care to both clients and carers. This includes:

- ① Providing carers with adequate medication training and ensuring medication competencies are achieved
- ① Ensuring policies, procedures, directions and guidelines are satisfactory
- ① Ensuring that there is an adequate number of staff provided for all clients

WHAT A CARE WORKER MAY NOT DO

Generally, carers MAY NOT assist clients with:

- ☹ Any drugs that are to be nebulised that have not been dispensed and prepared by a pharmacist into unit doses (NOTE: a nebulizer is a device used to administer medication to people in the form of a mist inhaled into the lungs. It is commonly used in treating cystic fibrosis, asthma, and other respiratory diseases.)

- ⊗ Medicines given via feeding tubes that have not been dispensed and prepared by a pharmacist into unit doses.
- ⊗ All medicines that are administered by the nasogastric route
- ⊗ Medications given into the spinal cord area, abdomen cavity, ventricles of the brain, epidural, intravenous, intramuscular or subcutaneous.

Your workplace will have protocols in place regarding any specialised assessment of your skills that may be conducted.

WHAT A CARE WORKER MAY DO

Depending on your skills, your workplace and the laws in your jurisdiction, you as a worker may assist clients with:

- ☒ Scheduled topical preparations (e.g. creams, lotions) – note assessment of skills required
- ☒ Assisting in rectal and vaginal preparations (e.g. creams and ointments) where a client is self-administering – **note assessment of skills required**
- ☒ Monitoring of subcutaneous dispensed delivery devices where client is on a fixed dose regime (e.g. pre-filled insulin or adrenaline devices) – **note assessment of skills required**
- ☒ Unscheduled medicated topical creams
- ☒ Tablets
- ☒ Oral liquids
- ☒ Eye drops
- ☒ Ear drops
- ☒ Nose drops
- ☒ Sprays (e.g. nasal)
- ☒ Metered dose inhalers that have been dispensed by a pharmacy

Again, it is **ESSENTIAL** that you strictly follow your organisational protocols with regards to any assistance provided to your clients with medication.

Generally speaking, Support Workers usually only assist with medications via an Approved Administration Aid (DAA), like for example Webster Packs.

WHO HAS AUTHORITY TO ASSIST WITH MEDICATION?

“Authority to proceed” is a term often used in health care environments. This refers to:

- ⇒ Ensuring all organisational guidelines are followed
- ⇒ The client has been assessed by a health professional regarding medication administration needs, and that they or their decision maker understand and can make the request for assistance

- ⇒ Ensuring the client has an up to date/current documentation on the level of assistance and support required in relation to medication
- ⇒ Ensuring that all documentation in relation to client's medications has been checked
- ⇒ Ensuring that the prescribing health professional has documented all medications and instructions
- ⇒ It is expected that the client's medication will be managed safely and correctly. These arrangements must fall within legislative requirements

There are lines of accountability in all organisations – what are the lines of accountability in your organisation?

PRN MEDICATIONS

The term "PRN" is a shortened form of the Latin phrase "pro re nata", which translates roughly as "as the thing is needed". PRN, therefore, means a medication that should be taken only as needed.

Pain medicines (e.g. paracetamol), sleeping pills, and cough medicines are common examples of PRN medicines. They are ordered by a GP for a specific client and their use is fully documented by the GP in the client's medication record. A Registered Nurse, using clinical judgement, then initiates, or delegates to an authorised person, when necessary. The administration of PRN medicines must be recorded on the person's medicine record.

PRN does not imply that the client may take the medicine whenever they want, but rather that the medicine may be taken in the prescribed dosage if needed.

① Important

Check your organisation's policies and procedures regarding administration of PRN medication!

NURSE INITIATED MEDICATIONS







Registered nurses may use their clinical assessment and judgement to initiate, or delegate to an appropriate person, S2 or S3 medicines, within their state or territory legislation and according to organisational guidelines. A record of any nurse-initiated medicines should be included on the person's medicine record.

WORKPLACE POLICIES AND PROCEDURES

Your workplace will have a range of policies and procedures which relate to medication assistance. These policies and procedures are designed to protect clients and workers, as well as to support optimal health and wellbeing. They provide information about how clients

can be assisted with their medication. They assist staff to understand their job role, scope of practice and also describe what staff CANNOT do.

Policies and procedures which relate to medication assistance may include:

-  Hygiene policies
-  Medication Assistance Policies
-  Delegation Policies
-  Health and Safety Policies
-  Medication Incident Policies
-  Reporting Policies

Medication assistance policies may specifically detail:

- ➡ Protocols, processes and documentation relating to training, and assessment of training and skills achieved by carers who help clients with medication;
- ➡ A method to identify clients to ensure that the medication is being given to the correct person;
- ➡ Documentation relating to medication;
- ➡ The storage and disposal of medication;
- ➡ Provisions to monitor the activities of you as a worker/carers;
- ➡ A system for managing changes to medication orders and treatment regimes; and
- ➡ A system to report errors, adverse reactions and side effects.

It is ESSENTIAL that you know, understand and follow these protocols. As a Care Worker you are not permitted to provide diagnostic or medication advice. You are not to undertake health assessments of your clients.







You must always follow your organisation's guidelines, especially ones that relate to checking, observing, reporting and hygiene.

OBSERVATION AND DOCUMENTATION

One of your key roles is to observe any changes in your client's condition. This may be due to an emotional condition such as stress or a physical condition such as illness. It is **NOT** your role to diagnose problems but to report objectively what your clients tell you and what you observe to your supervisor or a health professional.

Documentation

Documentation that relates to medication assistance may include:

-  Clients record of medications according to organisational guidelines
-  Incident reports
-  Adverse drug incident reports
-  Medical charts
-  Progress notes
-  Client care plan

A medication sheet filled in and signed by the client's medical practitioner will be placed in your client's file. Details on this sheet include; name of the medication, time and date administered, by whom and signed.

The actual way in which medication is recorded can vary from organisation to organisation. Workers must follow their organisational policies and procedures relating to correct medication documentation.

Important things to consider:

- ❶ Medication given but not signed for, can lead to over-medicating
- ❶ Medications not given but signed for, can lead to under-medicating
- ❶ Administration and recording/reporting should be done at the same time
- ❶ Mistakes should be actioned immediately as per organisational procedures

Your client's file should also include a recent photo of your client to assist with correct identification.

It is essential that you record the giving of medication (including complementary medicines) to a client and have this information in the correct place, preferably with the medication list.

1. Document fact

Fact is what you saw, heard or did in relation to the client's care and condition. You should avoid non-committal documentation, for example the use of words such as appears or seems which do not reflect factual documentation. An extension of this principle is that you should write health care records objectively. Irrespective of where you are recording information i.e. the progress notes, incident forms or statements, documentation should always remain factual and objective and not subjective or emotive.

2. Document all relevant information

In particular, you should document any change in the condition of the client and who was notified of such a change. You should always document, in the relevant notes or on the relevant chart, any deliberate omission of an ordered treatment or procedure and why it was omitted. If a record is not made it may be presumed that the treatment or procedure was merely overlooked or forgotten. Documentation on a change in the client's condition should be very clear.

3. Document in a timely manner

You should record entries in the client's notes as soon as possible after the events to which reference is being made have occurred, with the date and time for each entry recorded. All entries should also include the author's signature, printed name and designation (RN, EEN, PCW, AIN). This clearly indicates when the record was made and by whom and ensures more reliable documentation.

You should never pre-date or pre-time any entry on a client's assessment chart. If an observation is made at a certain time, that time should be recorded on the chart.

4. Maintain the integrity of documentation

This principle refers to the requirement to preserve all that is recorded in a client's record, even if an error is made. You should not attempt to change or delete errors made in the client's notes. An attempt to change or delete an entry could be interpreted as an attempt to cover up events or mislead others. The error should be left so that it is legible, with a single line through it, and initialled. The correct entry should then be recorded on the next line or column. Documentation should not include breaks between entries; this ensures that information cannot be added after the fact. **NEVER EVER USE WHITEOUT!!!**

REPORTING

You should report any changes to your supervisor. Incidents should be reported to a supervisor or other appropriate person in the organisation. Your workplace will have a policy and procedure for reporting incidents. You need to be aware of these policies and procedures. You may have to complete a written report or make a verbal report to your supervisor or another staff member. A sample medication incident report can be found at Appendix B.

If you are unsure about anything related to assisting clients with medication you must consult your supervisor or RN.

Reporting errors

In health and community care settings, any mistake made can have serious, costly or even fatal consequences. It is important that you understand that mistakes will happen BUT it is critical that any mistakes are reported and not hidden. This will allow for clients to be reviewed and/or assessed if needed and to treat or prevent any potential adverse consequences from the error.

Examples of errors and situations requiring an incident report may include:

- Client refusal to take some or all medication
- Incomplete ingestion
- Missing doses
- Medication given via incorrect route
- An error in the recipient of the medication (i.e. given to the wrong client)
- An error in the dosage
- An error in the time
- An error in the frequency

- Missed medication
- Lost or contaminated medication
- Client vomiting
- Errors by doctor or pharmacy

Although some of these errors may not be your responsibility, you are in a position to notice changes in your clients' condition and to report these changes to your supervisor. Medication errors are reported both verbally and by filling out a medication incident form.

Open disclosure

Open disclosure refers to open communication when things go wrong. The keys to open disclosure are:

- An expression of regret
- A factual explanation of what happened
- Consequences of the event
- Steps being taken to manage the event and prevent a recurrence.

An open disclosure standard has been developed by the Australian Council for Safety and Quality in Health Care to:

- Encourage greater openness with regards to adverse events
- To ensure that action is taken to uncover the causes of the event
- To put in place systems to prevent similar events from occurring again.

EXAMPLE TEMPLATES PROVIDED

- Medication Reporting Chart
- Medication Incident Report

EXAMPLE DOCUMENTS PROVIDED

- Medication Management in Residential Aged Care Facilities – Guiding Principles
- Medication Management in the Community – Guiding Principles
- National Residential Medication Chart

CHAPTER 2 - BEST PRACTICE MEDICATION ASSISTANCE

INTRODUCTION

Before you can legally assist with medications, there are two (2) conditions that must be met:

1. The client must request assistance. This request may be verbal, but most often is formalised in a document that provides an authority to proceed.
2. The worker must support the client to take the medication under the directions on the label attached to the dispensed medication (as per Doctor's order)

Your clients may require support with their medication due to age-related changes, disability, illnesses or de-generative conditions.

Varying levels of support or assistance with medication may need to be provided in the client's environment. This may be an aged care facility, other types of care services, or in the client's own home. In order to provide this assistance, you need to be deemed competent with medication assistance.

WHAT IS MEDICATION?

A medication is any chemical substance that changes body function. The terms medication and drugs can be used to mean the same thing.

Medication is something that treats, prevents or alleviates the symptoms of a disease. It can be defined as prescription (doctor ordered) or non-prescription medication (commonly called "over-the-counter" medication).

Prescription medicines

The use of some medicines requires oversight from a health practitioner, so you need a prescription to get them. This might be because:

- your health practitioner needs to assess your condition to determine the most appropriate medicine
- the medicine is for a serious condition
- the way you take the medicine is not straightforward (for example, as an injection)
- the medicine can be addictive or misused.

Your health practitioner will give you a prescription. A pharmacist will dispense the medicine to you, after making sure it is appropriate and discussing potential risks or interactions with other medicines you take.

Pharmacists legally can't dispense prescription medicines without checking that your prescription is valid.

Read more about how prescriptions work.

Non-prescription medicines

Over-the-counter medicines don't need a prescription. How you can access those depends on their level of risk:

- Some can only be supplied by a pharmacist. These are usually ones that have some risk of side effects or might affect other medicines you take.
- Some can only be accessed at a pharmacy, but you don't need to speak to a pharmacist.
- Low-risk medicines that treat mild conditions, including complementary medicines, are available off the shelf at pharmacies, supermarkets and health food shops.

(source <https://www.health.gov.au/topics/medicines/about-medicines> “about medicines”, viewed March 2022).

What are “complementary medicines”?

Complementary medicines are non-prescription medicines available from health food shops, supermarkets and pharmacies. Most of these medicines are available for purchase on the shelf for consumers to select, unlike prescription medicines (prescribed by a doctor) and some OTC medicines (selected by a pharmacist).

Complementary medicines should not replace medical treatments recommended by healthcare professionals.

Some examples of complementary medicines include:

- traditional herbal medicines
- some nutritional supplements
- vitamins and minerals
- homeopathic (diluted) preparations
- aromatherapy preparations including essential oils
- traditional Chinese medicines
- Ayurvedic (traditional Indian) medicines.

Source: Therapeutic Goods Administration <https://www.tga.gov.au/complementary-medicines-overview>

Medications are used to:

- ★ Maintain health and wellbeing
- ★ Control and prevent symptoms of disease
- ★ Promote optimal function
- ★ Enable the person's independence
- ★ Improve quality of life

A doctor or Registered Nurse is responsible for making clinical assessments of a client's condition. Medications may be required for many reasons:

- ➔ For short-term illnesses
- ➔ For management of chronic conditions
- ➔ To supplement deficiencies (such as in diabetes)
- ➔ To alleviate symptoms of a disease (such as asthma)
- ➔ To manage pain

- To cure disease (such as antibiotics for an infection)
- To prevent disease (such as a vaccine)
- For lifestyle reasons (such as contraceptives).

FORMS OF MEDICATION

- **Oral preparations:** pills, tablets, capsules, liquids, syrups
- **Sublingual:** sprays, wafers, tablets
- **Topical preparations:** eye and ear drops, lotions, creams, ointments, patches, powders
- **Inhalants:** nasal sprays, nose drops



Some medications may need to be mixed with water. Workers should pay careful attention to the directions on the package.

HOW MEDICATION IS GIVEN

1. **Oral medication:** Medication taken by mouth and swallowed, such as tablets, capsules, or liquids. This category includes a wide range of medications, such as antibiotics, painkillers, antacids, and vitamins.
2. **Topical medication:** Medication applied to the skin, such as creams, ointments, gels, or patches. This category includes medications for skin conditions, pain relief, and hormonal therapy.
3. **Inhalation medication:** Medication inhaled into the lungs, such as inhalers or nebulizers. This category includes medications for respiratory conditions like asthma or chronic obstructive pulmonary disease (COPD).
4. **Injection medication:** Medication administered by injection, such as intramuscular, subcutaneous, or intravenous injections. This category includes medications for a wide range of conditions, such as vaccines, insulin, and chemotherapy.
5. **Suppository medication:** Medication delivered through a suppository, which is inserted into the rectum, vagina, or urethra. This category includes medications for constipation, haemorrhoids, and hormone therapy.

6. **Transdermal medication:** Medication delivered through a patch that is placed on the skin, which releases medication through the skin into the bloodstream. This category includes medications for pain relief and hormonal therapy.

PHYSICAL ASSISTANCE

Your clients may require physical assistance with medication. This means that the client has been assessed by a doctor or Registered Nurse as not being able to manage their own medication and requires their medicines to be managed and given by another person.

This assistance may be given by you, the worker, under direction. YOU have legal responsibility for your actions.

Support provided to assist with client medication or support self-medication may include:

- Discussing the process and addressing any likely difficulties within your work role
- Confirming the time and type of medication
- Establishing the type and level of support required by the client to take / receive the medication
- Adjusting posture or position
- Opening bottles or dose administration aids
- Removing tablets or capsules from dose administration aids
- Measuring the amount of liquid required into a medicine cup or a cream onto the affected area
- Crushing or dividing tablets only where indicated by pharmacist or health professional
- Placing medication into nebulisers or spacers
- Dissolving medication in water
- Ensuring that fluids are available to assist with swallowing
- Providing privacy
-

Note

Medication dose must be prepared by a pharmacist

SUPPORTING SELF MEDICATION

Supporting a client with their self-medication usually means that your client is cognitively aware, has been educated about and accepts responsibility for their own medication regime. However, if for some physical reason, the client is unable to take the medication out of the container (e.g. arthritis in the fingers/hands), and/or requires assistance with drinking to take the medication, your client must be assessed by a doctor or Registered Nurse as being capable of self-medicating.

In this situation, your client should liaise with the GP, receive education about and understanding of their medication – when to take it, when not to take it, what the medication is for and what the unwanted side effects are.

An appropriately educated worker, such as a community care worker or disability support worker, may assist the client to take the medication.

Where possible, clients should be responsible for managing and taking their medication.

DISPENSING AND PACKAGING

Medications are dispensed from the pharmacy in a variety of different packages. Manufacturers package most medications ready to use by the consumer. This packaging must meet safety and labelling requirements set down under the Drugs, Poisons and Controlled Substances Act and Therapeutic Goods Administration.

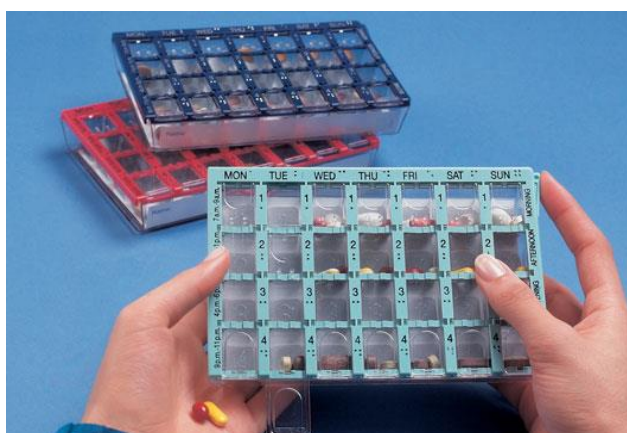


Pharmacists add further identifying information and directions for use as per the doctor's prescription. This includes the client's name, date of dispensing, dose, instructions for use and expiry date.

Sometimes medications are presented in dose administration aids, e.g. Webster pack, Dosette box or sachets. These can assist in avoiding complications and promote self-medication. They are designed to assist clients to take the right medication at the right time.

Picture of Webster Pack. Source: www.webstercare.com.au

Pictured at right is a Dosette Box. These boxes contain four by seven rows of boxes with one row for each day of the week, so medication can be taken at four different times of each day. Each day is covered by a sliding plastic cover that is pulled out to remove the medication at a particular time, beginning with the morning dose. Care does have to be taken if the client is shaky or suffers from tremors as they could drop the medication. If this occurs when sliding the lid off, all doses for the day could spill out.



NOTE - As a care worker, you are unable to assist clients with oral medication from a dosette box as this medication has not been dispensed or packed by a pharmacist. Often dosette boxes are filled by the client or the client's family. You are able to assist with oral medication in Webster Packs or sachets.

What is "blister packaging"?

This is a system of packaging where each blister (or segment) contains the medication needed at a specific time. The blister is pierced when the medication is administered, and all other blisters remain closed. These are child-resistant and moisture-proof and may be difficult for some aged people to manage.

It is essential that you regularly monitor and document your observations of your clients when taking their medication. For example:

- 💣 A client's physical condition may affect their ability to open child-resistant packaging, bottles or blister packs
- 💣 A client may have difficulty managing several different types of drugs, particularly if the medication has to be kept in moisture-proof containers
- 💣 Medication may be mixed up or spilled, particularly if the client has poor eyesight

STORAGE AND DISPOSAL

Medications must be stored correctly. Remember – they are DRUGS and POISONS!!! You should follow your workplace procedures for storing medication. The following are general guidelines. However, you should seek clarification from your supervisor or manager or an appropriate health professional if you are unsure about any issue related to medication.

Where your client is in a residential care facility (e.g. nursing home) and is managing their own medication, a secure place, which is not accessible to other residents, should be available for storage of the medication. Other personal effects such as documents and money could also be stored in this place (e.g. a lockable safe next to the client's bed).

Safe storage

All medication has the potential to be dangerous to other people and so you should take care when storing it. Your workplace should have their own policy and procedures and you should be familiar with these.

However, care workers should also be familiar with the following important points:

- 💀 An aged person may have children regularly visiting them and medication should not be anywhere that the children could reach and mistake for lollies.
- 💀 In some organisations there will be a lockable drawer or cupboard by the bed. It is kept locked so that the medication is safe from others.
- 💀 Drugs listed under Schedule 4 and 8 (i.e. prescription drugs, drugs of addiction and drugs with strict controls e.g. morphine) must be locked away in a receptacle in accordance with State/Territory Drugs and Poisons legislation.
- 💀 Storage of medications must comply with legislation and manufacturing instructions to maximise security and prevent deterioration.
- 💀 Keep medications away from light or heat. Packaging helps to protect the contents. Light may degrade medications – this is why some are in dark bottles. Medications should NOT be de-canted into non-original containers.

- ☠ Most drugs should be stored below 25°C (a few may be stored up to 30°C). Some preparations need to be refrigerated. Check the packaging. Those that do must be kept separate from food such that the food cannot be affected.
- ☠ Always check the medication expiry date. Out of date or unused medicines must be returned to the pharmacy.
- ☠ Substances that are discoloured or appear abnormal should be discarded according to organisational policy.
- ☠ Never put unused medication back into the bottle.

In residential facilities:

- ☠ All medications must be kept in a locked cupboard or trolley.
- ☠ Some preparations need to be stored in a lockable fridge, for example insulin.
- ☠ Drugs of addiction are to be kept in a separate locked cupboard that is firmly fixed to a wall. It is usual for this cupboard to be within another locked cupboard. The person authorised to possess a controlled drug at an organisation in accordance with the State/Territory Drugs and Poisons Act or Regulations, and in line with organisational policy, should personally possess the key or combination to the receptacle or place where the controlled drugs are stored.

As with all client documentation, as a worker it is your responsibility to ensure medication charts/care plans and treatment sheets are securely stored to maintain safety, security and confidentiality (refer to your organisation's policies and procedures).

Do medications “go off”?

The effectiveness of most medications decreases with age, but some actually degrade into harmful by-products. Adrenaline and tetracycline are just 2 of the medications that actually form harmful by-products.

There is a large margin of effectiveness past the expiration date. Nothing goes bad the day after the product expires. The manufacturer can't tell you how much past the expiration date a product is still good.

You should always make sure that out of date medications are properly disposed, e.g. given to nurses, case managers, or pharmacists.

Medications must be stored in the appropriate way so that they can work effectively such as in the fridge, out of the sun or heat, or in a cool, dry place. This ensures that the chemical composition is not changed by the environment and maximises its therapeutic effectiveness. Always store medications in accordance with the instructions on the label.

Exposure – some drugs are more prone to deterioration than others and are usually stored in foil wrap or tightly sealed containers. These drugs should not be left exposed for long periods of time such as in medicine containers, as they break down and may then have

adverse effects. If this has happened, they should be discarded even though they may not have reached their expiry date.

Safe disposal Key Points

- ☠ Medication must be disposed of safely and in a manner that is not harmful to the environment
- ☠ Medication waste should never be disposed of in general, accessible rubbish bins or tipped down sinks
- ☠ Medication waste should be returned to the pharmacy for proper disposal
- ☠ Schedule 8 drugs are associated with increased potential for criminal use so your workplace should maintain an up-to-date record of the dispensing of these drugs and ensure correct protocols are followed for return of these, and other, drugs to the pharmacy

Before providing any medication assistance to clients, it is necessary to confirm with your supervisor and obtain authority to proceed.

The type of assistance clients require will differ according to their needs. Assistance may include reminding and prompting your client to take their medication at the correct time.

This information may be found on your clients' medication chart, care plan or by seeking clarification from your supervisor.

All clients must be assessed by a health care professional to identify what level and type of physical assistance they require with medication assistance.

To ensure medication is given in a safe manner, instructions detailed by the doctor, nurse or manager need to be followed. Each client should have a chart that is clearly written. Do not deviate from these written instructions.

Important

If there is any confusion about the information, contact your supervisor immediately.

Assistance provided to administer medication or support self-medication may include:

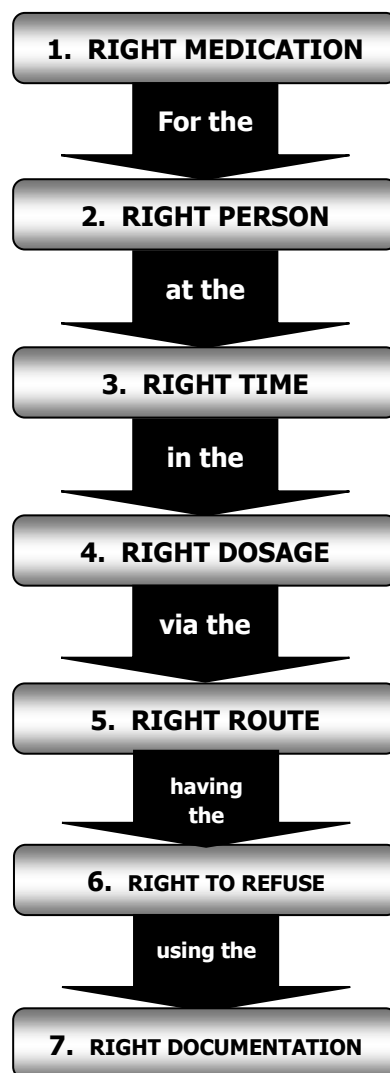
- Discussing the process and addressing any likely issues
- Confirming the time and type of medication
- Establishing the type and level of support required by the client to take/receive the medication
- Adjusting posture or position
- Checking the medication for expiry date and any obvious discrepancies such as colour changes, disintegration or deterioration
- Opening bottles or dose administration aids
- Placing tablets/capsules from dose administration aids into a medicine cup

- Measuring the amount of liquid required into a medicine cup/spoon or a cream onto the affected area
- Crushing or dividing tablets where indicated by pharmacist or health professional
- Placing medications into nebulisers or spacers
- Dissolving medication in water
- Ensuring that fluids are available to assist with swallowing
- Providing privacy

Organisational policies and procedures need to be followed at all times.

SEVEN RULES TO MEDICATION SAFETY

There are seven (7) rules for the safe administration of medication. They are to give the:



This often referred to as the 7 Rights for Safe Medication Administration.

You are expected to adhere to these rules to avoid medication errors and ensure medication safety. These are rules that you need to teach to your clients as well. Clients should learn to adhere to the 7 Rights for Safe Medication Administration

It's extremely important that you follow each one of these steps, exactly. Also, don't allow yourself to get distracted. Never leave medication unattended on a trolley or in a person's room. And if you take medication out of the fridge, you need to put it back in the fridge.

Medication errors are all too often the result of carelessness. Taking and giving medications is an act that needs to be done carefully and taken quite seriously. All efforts need to be made to avoid errors. Report any and all discrepancies, errors, omissions and/or variations to your supervisor. If in doubt or if you have any concerns, seek clarification and guidance from your supervisor.

1. RIGHT MEDICATION

- ➡ Do you have the right medication? Comparison of the medication to the medication order is imperative.
- ➡ Is this the medication the practitioner ordered?
- ➡ Is this a generic version?
- ➡ It is very important to check all labels, orders and instructions carefully before you assist with medication to prevent errors.
- ➡ It is important to check that the medication has not deteriorated or been contaminated, and the packaging is intact.

ⓘ Important

If medication has deteriorated or been contaminated, or the packaging is broken or not intact, you **MUST NOT** give out that medication to a client. Report the situation to your supervisor.

Follow your organisation's procedures for checking medication.

This may include:

- ☒ Checking medication is free from contamination or deterioration
- ☒ Checking that the assistance, instructions and the identity of the client correlate with documentation
- ☒ Checking dose administration aids for evidence of tampering
- ☒ Checking that any discrepancies with assistance are documented appropriately
- ☒ Checking the procedure for infection control, storage and disposal

Equipment used in the administration of medication

Equipment that you may use could include:

- | | |
|--|---------------------------|
| ✕ Assistance aid/medication pack | ✕ Measuring cups |
| ✕ Applicator for lotions/ointments | ✕ Medicine dishes/cups |
| ✕ Aprons | ✕ Mortar and pestle |
| ✕ Containers for dirty spoons/dishes | ✕ Nebuliser/spacer |
| ✕ Cotton wool/gauze | ✕ Paper towel and tissues |
| ✕ Medication administration record | ✕ Spoons |
| ✕ Gloves | ✕ Tablet divider |
| ✕ Health/care/support plan | ✕ Tumblers |
| ✕ Keys to medication storage/cupboard/area | ✕ Water jug and cup |

Some of this equipment is disposable (one use) equipment (e.g. gloves). Disposable equipment should be discarded immediately after use as per organisational procedures. Other types of non-disposable equipment need to be cleaned thoroughly in between use to prevent cross contamination. For example, a mortar and pestle which is used for crushing medication. The mortar and pestle would need to be cleaned thoroughly between uses to prevent clients from ingesting medication residue from each other's medication.

① Important

Refer to your organisational procedures for correct usage and cleaning of all equipment to be used for medication administration.

Crushing medications

Medications may only be crushed when written permission has been given by the General Practitioner (GP) prescribing the medication. Medications must be crushed using a mortar and pestle or within the sachet dispensed by the pharmacy. Crushed medications are often then mixed with fruit puree or honey. The mortar and pestle are both washed and dried after it is used for each client.

Medication comes in different forms. These may include:

- | | | |
|-------------|--------------------|-----------|
| ☠ Capsules | ☠ Liquid | ☠ Patches |
| ☠ Eardrops | ☠ Lotion and cream | ☠ Powder |
| ☠ Eye-drops | ☠ Nose-drops | ☠ Tablets |
| ☠ Inhalants | ☠ Ointments | ☠ Wafers |

Important

Ensure you confirm the procedure to be used for medication to be administered.

If the medication is listed as a generic equivalent and you are not sure it is the same as what is ordered on the medication record, consult your supervisor to confirm that the medication you are going to give is the one ordered. Certain medications are frequently confused with another with a similar name or appearance, so it is important to make sure you're giving the correct one.

2. RIGHT PERSON

Do you have the right person? You must identify the client to ensure the right client is receiving the right medication as described in the medication order.

Is this the client's medication or is it for someone else? Never take someone else's medication.

It is essential that you ensure correct identification of your client prior to assisting with medication.

It is not enough just to ask the person what their name is. If the name on the DAA is different from the name on the medication chart, you must report immediately to your supervisor

Sometimes the client is confused, their level of consciousness may be altered due to medication or a procedure, or they may be non-verbal.

Clients can be identified in a number of ways, these can include:

- ☒ Photographic identification; all clients should have photo identification on their medication charts. Photographs should be current and show good likeness to allow clients to be easily identified.
- ☒ Visual recognition; in some organisations, workers must get to know the clients in their care prior to administering medication. These organisations believe that personal recognition is the best form of identification.
- ☒ Response by client; verify orally, if possible, that you have the right person. The correct client is recognised by their response.
- ☒ Confirmation from nursing/care staff or client's family/friends.

If a client who is self-administering fails to identify themselves correctly, report immediately to your supervisor.

① Important

Prior to assisting with any medication, always explain to the client what you are about to do and gain their consent.

Ensure they are willing to participate.

After you have correctly identified your client, it is then necessary to “greet” them and prepare them for medication assistance.

This includes:

- ☺ Greet your client by their preferred name
- ☺ Introduce yourself and explain why you are there
- ☺ Discuss the procedure
- ☺ Encourage client’s participation
- ☺ Adjust posture and position
- ☺ Seek assistance from other staff if available and required
- ☺ Provide privacy and maintain confidentiality
- ☺ Ensure appropriate exposure of treatment area (in the case of lotion application)

📌 Important

Always refer to the client care/support plan to confirm level of support needed.

Observation of clients is always important. Observation **prior** to (as well as during and after) assistance with medication is vital, to identify any physical or behavioural changes that may indicate a need to report to supervisor or health professional.

It is important that, if you do identify any of these changes, you **DO NOT** assist with medication.

In these circumstances, you **MUST REPORT IMMEDIATELY TO YOUR SUPERVISOR** and wait for further directions/instructions.

The following are a list of possible changes in the condition of the client that must be immediately reported prior to assistance with medication:

- 👉 Changes to airway (e.g. choking)
- 👉 Changes to breathing (including slowed, fast, absent breathing)
- 👉 Changes in person’s colour (e.g. pale or flushed appearance or bluish tinge)
- 👉 Changes to circulation (including unexpected drowsiness, loss of consciousness, and absence of pulse)
- 👉 Rash
- 👉 Inflammation or redness
- 👉 Swelling
- 👉 Headaches
- 👉 Skin tone
- 👉 Feelings of dizziness
- 👉 Slurring of speech

- ☞ Nausea and vomiting
- ☞ Blurred vision
- ☞ Confusion
- ☞ Changes in behaviour
- ☞ Anything that appears different from client's usual state

This list is not exhaustive.

3. RIGHT TIME

Right Time - You must check the medication order to ensure that the medication is given at the right time. The prescriber will identify the times that the medication is to be given. Your role is also to prompt and remind the client to take their medication at the right time.

What time of day should the medication be taken?

What about food?

Should it be taken before a meal, with a meal, after a meal, or with a snack?

Medications are spaced at specific intervals for a good reason. Levels may need to be maintained in the bloodstream, certain medications may need to be given an hour or more apart from other medications, or they may need to be taken in specific relation to meals.

Absorption and efficacy may be affected if you incorrectly administer the medications, so make sure you look at the client's medication record and refer to your supervisor if needed in order to make sure you are following the guidelines appropriate for the ordered medication.

4. RIGHT DOSAGE

Right Dose - To ensure that the right dose is given, ask the following questions:

- How many tablets or doses are to be taken each day?
- How many times each day?
- How long does the client need to continue to take the medication?

You may be confronted with the need to give more than one of a specific tablet or capsules, or to measure a liquid into a dose cup. Double-check your measurements and make sure you have the correct number of pills or capsules before you take the medication to the client. Tablets may need to be split.

A "dose" is a measured portion of medicine taken at any one time. The appropriate dosage of medicine is often described as a measurement such as grams (G), milligrams (mg), micrograms (mcG), litres (L), millilitres (mL).

Many medications will be dispensed with instructions to “take 2 tablets”. The dose of the medication will appear on the package.

Strengths of medication may vary depending on the client’s age, weight, and the amount needed for a therapeutic effect. Again, you must follow the instructions on the package to avoid risks of toxicity or non-effect.

It is very important to follow the instructions about doses to prevent medication errors

Dose administration aids

Dose administration aids (DAAs) are devices such as compartmentalised boxes, sachet packs or blister packs which are used to aid the administration of solid, oral medications. The use of DAAs can assist in managing the administration of medicine, including compliance.

DAA come in a variety of formats including single medications or multiple medications. They can be dispensed for varying periods usually either a week or a month. The older format is a dosette box containing the medications to be taken at a particular time in separate compartment. This format requires the person administering the medication to select the correct compartment. The newer formats are in the form of pre-loaded blister packs that can either contain one or all medications to be taken. At the designated time, the medication in the next blister is given.

Accurate use of dose administration aids is critical.

DO NO HARM

Medications are both therapeutic and toxic. Following the instructions as to the time and day that medications are to be given is essential.

Failure to comply with these instructions may cause harm to the client and will be viewed as a serious breach of your duty of care.

5. RIGHT ROUTE

Right Route - You must give the medication via the right route. In preparing the medication, your check will identify the route to be given on the medication order.

This includes such items as how to take the medication:

- Is it to be swallowed or chewed?
- Can it be crushed if necessary?
- Take with a sip of water or a full glass?
- Does it come in liquid form?

Medications are given via different routes depending on the area that is to be treated. For example, oral medication is given so one gets the required blood level, whilst skin medications are given directly to the affected area requiring treatment.

Ways or routes in which medication can be given:

- | | |
|--|-------------------|
| ➡ Orally (absorbed by the stomach or lower in the bowel) | ➡ Mouth (puffers) |
| ➡ Skin (creams and ointments) | ➡ Nebuliser |
| ➡ Eyes (drops) | ➡ Patches |
| ➡ Ears (drops) | ➡ Powder |
| ➡ Nose (drops) | ➡ Water |
| ➡ Rectal insertion | ➡ Injection |
| ➡ Vaginal insertion | |

Important

Refer to organisational policies and procedures regarding your scope of practice in relation to assisting with the different routes of medication.

Don't just leave the medication on the bedside table. Watch the client to make sure the medication is taken correctly. Clients have been known to ingest suppositories or make other mistakes while confused or under the influence of pain medications.

6. RIGHT TO REFUSE

The resident has the right to refuse to take a medication. If a resident refuse to take their medication, this must be recorded on the Medication Distribution Record, and contact should be made with the resident's medical practitioner or pharmacist and their instructions followed.

7. RIGHT DOCUMENTATION

Ensure that the medication is signed for by the staff member on the relevant form and that the correct code for specific circumstances is used when applicable. When assisting with medications, avoiding interruptions will also help to reduce the risk of error.

GUIDELINES FOR ASSISTING WITH MEDICATION

The following is a set of guidelines for assisting with medication. It has been designed so that you have a step-by-step procedure to follow to safely ensure that clients receive their medication. It may be that you are not frequently required to perform this task. These guidelines will act as a prompt to ensure that the procedure has the desired outcome.

Before assisting a client with medication, the care worker should:

- Ensure correct identification of your client
- Greet your client by their preferred name
- Introduce yourself and explain why you are there
- Discuss and explain the procedure
- Encourage client's participation
- Adjust posture and position
- Seek assistance from other staff if available and required
- Provide privacy and maintain confidentiality
- Ensure appropriate exposure of treatment area (in the case of lotion application)
- Observation of client prior to assisting with medication is vital, to identify any physical or behavioural changes that may indicate a need to report to supervisor or health professional.

GUIDELINES FOR ASSISTING WITH ORAL MEDICATION

Drugs are taken orally because of convenience, absorption of the drug, and ease of use. It is, therefore, the most common method used. Oral drugs can be prescribed to be taken at different intervals, before, after, or with food. They can be in either liquid or solid form. Drugs are prescribed to be taken at specific times and with specific intervals between doses to make sure that the dose has been absorbed, used, and excreted by the body before the next dose is taken. This reduces the risk of drug accumulation and overdose.

Equipment required	Procedure
<ul style="list-style-type: none">• Medication, correctly packaged• Medication sheet• Jug and glass of water	<ul style="list-style-type: none">• Greet the client, identify the client, and check authority to proceed• Provide privacy• Explain procedure• Position client either sitting or standing to aid ingestion• Check the seven rights of medication administration• Check the expiry date• Thoroughly wash and dry hands• Dispense medication into a suitable medication container• Hand the person a glass of water and advise them to have a sip• Hand the medication cup/container to the client• Observe ingestion• Dispose of used items• Wash and dry hands• Record on the medication sheet• Continue to observe for signs and symptoms of adverse reaction and that medication has had the desired effect• Report and record any concern or change in the person's condition or behaviour

GUIDELINES FOR ASSISTING WITH LIQUID MEASURED DOSES

If the oral medication is liquid, the procedure is the same as above, plus the following method of dispensing the medication:

Equipment required	Procedure
<ul style="list-style-type: none">• Same as oral medication (see table above)	<ul style="list-style-type: none">• The correct dose should be read from the label and checked against the medication record.• The bottle should be shaken, the cap removed, and the bottle held at eye level with the label turned upwards, to prevent staining.• The correct dose should then be poured into a measuring cup, the cap replaced on the bottle, and the neck of the bottle wiped if necessary.• Do not allow the inside of the cap to touch the bench or other contaminated surface.

GUIDELINES FOR ASSISTING WITH SUBLINGUAL MEDICATION

Equipment required	Procedure
<ul style="list-style-type: none">• Medication sheet• Medication correctly dosed.• Water to rinse mouth	<ul style="list-style-type: none">• Greet the client, identify the client, and check authority to proceed• Provide privacy• Explain procedure, including that they may be able to taste the medication• Instruct client to leave medication under their tongue to dissolve.• Instruct client not to chew or swallow medication.• Check the expiry date• Thoroughly wash and dry hands• Put on disposable gloves• Have the person sitting upright or in a standing position• Check the seven rights of medication administration• Check the expiry date• Dispense medication into suitable container or place in client's hand.• Instruct client to place medication under tongue or care worker to place under tongue and observe.• Inform client not to eat or drink anything for 15 minutes.• Provide client with glass of water to have if they desire (after 15 mins).• Discard gloves, wash and dry hands• Record on the medication sheet• Report and record any concern or change in the person's condition or behaviour

GUIDELINES FOR ASSISTING WITH METERED DOSE INHALERS

Equipment required	Procedure
<ul style="list-style-type: none"> • Medication sheet • Metered dose inhaler (puffer) • Spacer device, if required • Facial tissues, if required • Water to rinse mouth 	<ul style="list-style-type: none"> • Greet the client, identify the client, and check authority to proceed • Provide privacy • Explain procedure, including that they may be able to taste the medication • Check the expiry date • Thoroughly wash and dry hands • Put on disposable gloves • Have the person sitting upright or in a standing position • Remove the cover from the mouthpiece and shake well in an up and down movement • Ask the person to breathe out fully • Place the mouthpiece in the mouth and ask the person to close their lips around it • Ask the person to breathe in deeply as you depress the canister and hold their breath for as long as they can • Repeat if more than one puff is required • Wipe the mouthpiece, replace the cap, and return to storage • Rinse mouth • Discard gloves, wash and dry hands • Record on the medication sheet • Report and record any concern or change in the person's condition or behaviour. <p>If a spacer is used to assist with delivering the dose Complete the first nine steps as above and then:</p> <ul style="list-style-type: none"> • Insert the puffer into the squared-off end of the spacer and hold in place • Place the mouthpiece of the spacer in the client's mouth and ask the person to close their mouth around it. • Depress the canister to release the required number of doses • Ask the person to breathe in and out normally for four breaths • Rinse out the space when completed and store appropriately • Rinse mouth • Discard gloves, wash and dry hands • Record on the medication sheet • Report and record any concern or change in the person's condition or behaviour.

GUIDELINES FOR ASSISTING WITH NEBULISED MEDICATION

Equipment required	Procedure
<ul style="list-style-type: none">• Medication sheet• Nebuliser with tubing and mask• Medication to be nebulised	<ul style="list-style-type: none">• Wash and dry hands• Place nebuliser next to client and plug it into mains• Assemble the nebuliser• Unscrew the top and pour the prescribed solution into the nebuliser chamber• Ensure the top is firmly reapplied• Ask the client to apply the mask, ensuring it fits well• Turn on the nebulizer; the solution to be nebulised should begin to "mist"• Once "misting" has stopped, switch off the nebuliser and remove the mask• Wash and dry the chamber/equipment as necessary• Wash and dry hands• Record on the medication sheet• Report and record any concern or change in the person's condition or behaviour.

GUIDELINES FOR ASSISTING WITH APPLYING TOPICAL CREAM OR OINTMENT

Equipment required	Procedure
<ul style="list-style-type: none">• Medication sheet• Bowl of warm water• Tissues• Wooden spatula for cream or ointment• Gauze swabs for lotion	<ul style="list-style-type: none">• Greet the client, identify the client, and check authority to proceed• Provide privacy explain procedure• Check the expiry date and the prescribed method of administration on the label• Check the seven rights of medication administration• Thoroughly wash and dry hands• Put on disposable gloves• Remove the cap or lid and do not allow the inside of the lid to touch the bench surface• Cleanse the affected area of the skin with warm water• Allow to air dry apply medication to swab or spatula• Apply medication to skin• Cover or leave open, as directed by the doctor• Discard swabs, spatula, and gloves into a tied plastic bag• Wash and dry hands• Record on the medication sheet• Report and record any concern or change in the person's condition or behaviour.

GUIDELINES FOR ASSISTING WITH EYE DROPS

Equipment required	Procedure
<ul style="list-style-type: none">• Medication sheet• Eye drops• Tissues• Disposable gloves	<ul style="list-style-type: none">• Greet the client, identify the client, and check authority to proceed• Provide privacy• Explain procedure• Check the seven rights of medication administration• Check the expiry date on the bottle• Thoroughly wash and dry hands• Put on disposable gloves• Tilt the client's head back• Remove the cap from the bottle, ensuring the inside of the cap does not touch any surface• Create a pocket in the front of the eye by pulling the lower lid down with an index finger or by gently pinching the lower lid outward with the thumb and index finger• Let one drop fall into the pocket, without touching the eye, eyelid, or lashes with the bottle• Advise the client to keep their eyes closed for three to five minutes after instilling the drop• Before the eyes are opened, dab unabsorbed drops and tears from the closed lids with a tissue• If two eye drops are required, wait at least five minutes before instilling the second drop• Remove gloves and discard• Wash and dry hands• Replace cap and return medication to storage record on the medication sheet• Report and record any concern or change in the person's condition or behaviour.

GUIDELINES FOR ASSISTING WITH NOSE DROPS/NASAL SPRAYS

Equipment required	Procedure
<ul style="list-style-type: none"> • Medication sheet • Disposable gloves • Drops or spray • Tissues 	<p>For nose drops</p> <ul style="list-style-type: none"> • Wash and dry hands • Put on disposable gloves • Ask client to “blow” their nose to clear the nasal passage • Position client on their back with their head tilted backwards • Insert dropper into nostril and apply drops • Give the client a tissue • Ask the client to remain in that position for about 2 minutes to allow sufficient contact of medication with nasal tissue • Wipe dropper with a tissue before replacing the cap • Discard gloves, wash and dry hands • Record on the medication sheet • Report and record any concern or change in the person's condition or behaviour. <p>For Nasal spray</p> <ul style="list-style-type: none"> • Wash and dry hands • Put on disposable gloves • Ask client to “blow” their nose to clear the nasal passage • Client to be sitting upright with head slightly tilted back • Insert spray into client's nostril and spray quickly and forcefully while client “sniffs” quickly • Give the client a tissue • Wipe spray with a tissue before replacing the cap • Discard gloves, wash and dry hands • Record on the medication sheet • Report and record any concern or change in the person's condition or behaviour.

GUIDELINES FOR ASSISTING WITH EAR DROPS

Equipment required	Procedure
<ul style="list-style-type: none"> Medication bottle with dropper (medication needs to be brought to room temperature before application – this can be done by holding the bottle in the hand) Tissues Cotton buds Gauze swabs Disposable gloves Medication sheet 	<ul style="list-style-type: none"> Greet the client, identify the client, and check authority to proceed Provide privacy Explain procedure Check the seven rights of medication administration Check the expiry date on the bottle Thoroughly wash and dry hands Put on disposable gloves Check the outer ear and clean if required Sit the person down and ask them to turn their head so that the affected ear is facing up or, preferable, ask them to lie down with the affected ear facing up Shake the bottle If breaking the seal on the bottle, record the date on the label Gently pull the earlobe downwards and backwards to straighten the ear canal Instil the prescribed amount of ear drops, holding the dropper 1cm above the ear canal and making sure the drops run down the side of the canal prevent air lock. Ensure neither the bottle nor the dropper touches the ear As soon as the drop has left the dropper, gently pull on the top of the earlobe to open the ear canal Insert gauze swab, if direct, and remove after fifteen minutes Ask the person to remain in position for at least three minutes Dry outer ear and lobe with a tissue and discard Remove gloves and discard Wash and dry hands Replace cap and return medication to storage Record on the medication sheet Report and record any concern or change in the person's condition or behaviour





GUIDELINES FOR ASSISTING WITH TRANSDERMAL PATCHES

Equipment required	Procedure
<ul style="list-style-type: none"> • Medication sheet • Clean gloves • Sharps container • Wipes and towel, if required • Prescribed transdermal patch 	<ul style="list-style-type: none"> • Greet the client, identify the client, and check authority to proceed • Provide privacy • Explain procedure • Check the seven right of medication administration • Check the expiry date • Inspect the site of the last transdermal patch and check for redness or swelling • Thoroughly wash and dry hands • Put on disposable gloves • Remove used patch and clean any excess medication from skin • Place used patch in sharps container • Select new site, as directed by the service plan, and ensure skin is intact • Ensure skin is clean, dry, hairless, and free of creams or oils • Remove cover from medication patch and document date, time and initial before applying to client. • Apply firmly to selected site • Remove gloves and dispose of used items • Wash and dry hands • Record on the medication chart • Report and record any concern or change in the person's condition or behaviour

CHAPTER 3 - EFFECTS OF MEDICATION

INTRODUCTION

Medication can have a wide range of effects within the body. It is important to understand the desired and possible adverse effects because:

-  You often have close contact with your client
-  Your client may turn to you for advice or to express a concern about the tablets that they are taking
-  You are the liaison person between the Health practitioner (e.g. Registered/Endorsed/Enrolled Nurses or GP) and your client
-  Your knowledge of the person over a long term enables you to pass on information about symptoms that led to the taking of medication that are not as obvious, or about side effects that have occurred since taking the medication.

Case study

Mrs Green is taking Digoxin for a heart condition. She also takes diuretics to get rid of excess fluid which has caused swelling in her ankles. Lately she has been complaining of confusion, incontinence, weakness and dizziness when she stands up. The problem with incontinence is particularly causing her a lot of embarrassment and distress.

After discussing these side effects with Mrs Green, you communicate your observations to your Supervisor. After listening to your verbal report and reading your documented observations, your Supervisor contacts Mrs Green's GP, who prescribes a change in the dose of the medication, which will serve the same purpose but with reduced side effects.

This example illustrates the importance of your observation and reporting. When problems are detected early, then action can be taken to prevent further deterioration

When a client has taken the correct dose of medication, they can show signs of side effects that indicate that there is a need for review. There may also be signs of side effects that your client has taken too much medication, because of their forgetfulness or confusion, or that they have not actually taken their medication.

DESIRED EFFECTS

Knowing why a drug is used means that you can successfully identify when symptoms are occurring that are not obviously related to the drug or the condition. This will also minimise assumptions about a person's behaviour related to their medication. It may be useful to talk with your supervisor about the medication a client may be taking, so that you can ask about actions and possible side effects. This will ensure good observation and reporting, and so minimise potential problems for your client.

Knowledge of potential side effects is important as it allows you to observe and monitor for any changes in your client. These changes then need to be reported and recorded as required by your organisation.

Important

As a worker, it is your responsibility to observe your client for any possible medication effects and report to a supervisor or health profession

UNWANTED EFFECTS OF MEDICATIONS

Unwanted effects may be expected and are not necessarily harmful. For example, Ventolin (inhalant for asthma) can cause a racing heartbeat. All unwanted effects should be reported to your supervisor.

Some people may suffer minor side effects which occur infrequently and pass without too much bother. Now and again side effects can be annoying and upsetting and only occasionally are they alarming or dangerous. However, you should report ANY change in a client's health and functions to your supervisor immediately.

Adverse reactions

There may be harmful or serious unwanted effects of medication. For example, a client may feel dizzy after taking a medication to lower blood pressure.

Allergy

Allergy to medication may produce a reaction, giving rise to skin rashes, swelling, itching, significant discomfort, an undesirable change in mental status, or feelings of tightness in the chest. A very severe adverse reaction may cause anaphylactic shock.

What is "anaphylactic shock"?

This is a severe and sometimes fatal systemic reaction upon exposure to a specific antigen such as wasp venom or penicillin. It is characterised by respiratory symptoms, fainting, itching, swelling of the throat or other mucous membranes and a sudden decline in blood pressure.

A severe rash or life-threatening breathing difficulties require immediate emergency care.

Information on client allergies must be reported to your supervisor. The pharmacy and the client's GP should be advised, and information recorded in the client's records.

Toxicity

This condition arises when the amount of circulating medication builds up to a level which causes tissue damage or alteration to normal body functioning. For example, paracetamol (Panadol) causes liver damage if consumed in large quantities.

Intolerance

Individuals have different thresholds of tolerance to the normal action and dosage of a particular medication. Tolerance and intolerance to the same drug may vary in different circumstances. For example, some people may not tolerate the codeine in stronger analgesics such as Panadeine Forte. This is quite different from allergy as mentioned above.

Drug interactions

Whenever a medication is taken a reaction occurs. If a second medication is taken, the response to the first medication may be altered. This is known as a drug interaction. Some drug interactions are useful, but some may be undesired and harmful.

Some of your clients may take a combination of medications. Their prescribing doctor will be aware of the possible interactions.

It is also possible for a client to take “over the counter” medication or alcohol and not be aware that there could be a potential harmful effect when these are combined with their prescribed medications.

COMMONLY USED MEDICATIONS

Following is a list of medication families and potential side effects.

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Anti-inflammatory drugs	Anti-inflammatory drugs, also known as Nonsteroidal anti-inflammatory drugs (NSAIDs), are a class of medications used to reduce inflammation, pain, and fever. These medications work by inhibiting the production of prostaglandins, which are responsible for inflammation and pain.	<p>Ibuprofen: used for pain relief, inflammation, and fever reduction</p> <p>Naproxen: used for pain relief and inflammation</p> <p>Aspirin: used for pain relief, inflammation, and fever reduction</p>	The desired effects of anti-inflammatory drugs include reducing pain, inflammation, and fever. These medications are commonly used to treat conditions such as arthritis, menstrual cramps, headaches, and general pain.	Increased chance of heart attack or stroke, skin reactions, stomach or intestine problems, such as bleeding and ulcers.
Anti-anxiety drugs	Drugs that suppress anxiety and relax muscles.	<p>Alprazolam: used for the treatment of anxiety and panic disorders</p> <p>Diazepam: used for the treatment of anxiety, seizures, and muscle spasms</p> <p>Lorazepam: used for the treatment of anxiety, insomnia, and seizure disorders</p>	The desired effects of anti-anxiety drugs include reducing anxiety and promoting relaxation. These medications can also improve mood and help to reduce symptoms associated with anxiety disorders, such as panic attacks and insomnia.	Dizziness, light-headedness, drowsiness, clumsiness, unsteadiness, slurred speech.

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Analgesics	Analgesics, also known as pain relievers, are a class of medications used to relieve pain. These medications work by inhibiting the transmission of pain signals to the brain or altering the perception of pain.	<p>Acetaminophen: used for the relief of mild to moderate pain and fever</p> <p>Ibuprofen: used for pain relief, inflammation, and fever reduction</p> <p>Morphine: used for the relief of severe pain, such as after surgery or in cancer patients</p>	The desired effects of analgesics include reducing pain and improving the quality of life for individuals suffering from pain. These medications can be used to treat a variety of conditions, such as headaches, menstrual cramps, arthritis, and post-surgical pain.	Side effects of narcotic analgesics are addiction, constipation and respiratory depression. Side effects of simple analgesics include light-headedness.
Antacids	Antacids are a class of medications used to neutralize stomach acid and relieve symptoms of acid reflux, heartburn, and indigestion. These medications work by raising the pH level in the stomach, which reduces the acidity of the stomach acid.	<p>Calcium carbonate: used for the relief of acid reflux, heartburn, and indigestion</p> <p>Magnesium hydroxide: used for the relief of acid reflux, heartburn, and constipation</p> <p>Aluminum hydroxide: used for the relief of acid reflux, heartburn, and stomach ulcers</p>	The desired effects of antacids include reducing stomach acidity, neutralizing stomach acid, and relieving symptoms of acid reflux, heartburn, and indigestion. These medications can provide quick relief of symptoms and are generally safe for short-term use.	Chalky taste, mild constipation or diarrhoea, thirst, stomach cramps. Long-term use of some antacids can also lead to electrolyte imbalances and vitamin deficiencies

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Antiarrhythmics	Antiarrhythmics are a class of medications used to treat abnormal heart rhythms, also known as arrhythmias. These medications work by slowing the electrical signals in the heart, which can help to restore a normal heart rhythm.	<p>Amiodarone: used for the treatment of various types of arrhythmias, including atrial fibrillation and ventricular tachycardia</p> <p>Flecainide: used for the treatment of atrial fibrillation and ventricular arrhythmias</p> <p>Sotalol: used for the treatment of ventricular arrhythmias and atrial fibrillation</p>	The desired effects of antiarrhythmic medications include restoring a normal heart rhythm, reducing the risk of complications associated with arrhythmias, such as stroke or heart failure, and improving overall heart function.	Dry mouth and throat, diarrhoea and loss of appetite.
Antibacterial	Antibacterial medications are a class of medications used to treat bacterial infections. These medications work by either killing the bacteria or preventing their growth and replication.	<p>Penicillin: used for the treatment of various bacterial infections, such as strep throat and skin infections</p> <p>Ciprofloxacin: used for the treatment of urinary tract infections, respiratory infections, and gastrointestinal infections</p> <p>Azithromycin: used for the treatment of respiratory infections, skin infections, and sexually transmitted infections</p>	The desired effects of antibacterial medications include eliminating the bacterial infection, reducing the symptoms associated with the infection, and preventing the spread of the infection to others.	Stomach upset, diarrhea, and allergic reactions. Overuse or misuse of antibacterial medications can also lead to the development of antibiotic-resistant bacteria, which can be difficult to treat and may require more aggressive interventions.

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Antibiotics	Antibiotics are a class of medications used to treat bacterial infections. These medications work by either killing bacteria or stopping bacteria from growing.	<p>Amoxicillin: used for the treatment of various bacterial infections, such as ear infections and strep throat</p> <p>Azithromycin: used for the treatment of respiratory infections, such as pneumonia and bronchitis</p> <p>Ciprofloxacin: used for the treatment of urinary tract infections and other bacterial infections</p>	The desired effects of antibiotic medications include eliminating the bacterial infection, reducing symptoms such as fever and inflammation, and preventing the spread of the infection to others.	Skin rashes, hypersensitivity, dizziness, diarrhoea.
Anti-coagulants	Anticoagulants, also known as blood thinners, are a class of medications used to prevent blood clots from forming or getting larger. These medications work by altering the chemical balance in the blood to prevent the formation of clots.	<p>Warfarin: used for the prevention and treatment of blood clots in conditions such as deep vein thrombosis (DVT) and pulmonary embolism</p> <p>Heparin: used for the prevention and treatment of blood clots in conditions such as DVT, pulmonary embolism, and heart attacks</p> <p>Apixaban: used for the prevention and treatment of blood clots in conditions such as DVT and stroke prevention in individuals with atrial fibrillation</p>	The desired effects of anticoagulants include preventing blood clots from forming or getting larger, reducing the risk of complications associated with blood clots, such as stroke or heart attack, and improving overall blood flow.	Bloating or gas, bleeding gums, unexplained nose bleeds, blood in urine, dizziness.

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Anticonvulsants	Anticonvulsants, also known as antiepileptic drugs, are a class of medications used to prevent or control seizures in individuals with epilepsy or other seizure disorders. These medications work by altering the electrical signals in the brain to prevent the occurrence of seizures.	<p>Carbamazepine: used for the treatment of seizures, trigeminal neuralgia, and mood disorders such as bipolar disorder</p> <p>Valproic acid: used for the treatment of seizures, migraine headaches, and bipolar disorder</p> <p>Lamotrigine: used for the treatment of seizures and bipolar disorder</p>	The desired effects of anticonvulsants include preventing or controlling seizures, improving overall quality of life, and reducing the risk of complications associated with seizures, such as injury or status epilepticus (a prolonged seizure).	Dizziness, drowsiness, confusion, liver or kidney damage
Antidepressants	Antidepressants are a class of medications used to treat depression, anxiety disorders, and other mood disorders. These medications work by altering the levels of certain chemicals in the brain, such as serotonin, norepinephrine, and dopamine.	<p>Selective serotonin reuptake inhibitors (SSRIs): used for the treatment of depression, anxiety disorders, and obsessive-compulsive disorder. Examples include fluoxetine (Prozac), sertraline (Zoloft), and citalopram (Celexa).</p> <p>Serotonin-norepinephrine reuptake inhibitors (SNRIs): used for the treatment of depression and anxiety disorders. Examples include venlafaxine (Effexor), duloxetine (Cymbalta), and desvenlafaxine (Pristiq).</p> <p>Tricyclic antidepressants (TCAs): used for the treatment of depression and chronic pain. Examples include amitriptyline (Elavil), nortriptyline (Pamelor), and imipramine (Tofranil).</p>	The desired effects of antidepressants include improving mood, reducing symptoms of depression and anxiety, improving overall quality of life, and preventing the recurrence of depressive episodes.	Constipation, drowsiness, dry mouth and eyes, weight gain, headaches, sexual dysfunction

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Antidiabetic	Antidiabetic medications are used to treat and manage diabetes, a condition in which the body has difficulty regulating blood sugar levels.	<p>Metformin is a medication that works by reducing the amount of glucose (sugar) that is released by the liver and by increasing the sensitivity of cells to insulin, a hormone that regulates blood sugar levels. Metformin is typically used to treat type 2 diabetes, and is often the first medication prescribed to individuals with this condition.</p> <p>Insulin is a hormone that is produced by the pancreas, and helps to regulate blood sugar levels by allowing cells to absorb glucose from the blood. For individuals with diabetes, the body may not produce enough insulin, or the cells may not respond properly to insulin. In these cases, insulin therapy may be prescribed to help regulate blood sugar levels. Insulin can be administered through injections or an insulin pump.</p> <p>Glyburide is a medication that works by stimulating the pancreas to release more insulin, which helps to lower blood sugar levels. Glyburide is typically used to treat type 2 diabetes, and is often prescribed in combination with other diabetes medications.</p>	Lower blood sugar levels and prevent complications associated with diabetes	Hypoglycaemia (low blood sugar), weight gain, gastrointestinal upset

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Antidiarrheals	Antidiarrheals are a class of medications used to treat diarrhea, a condition that is characterized by frequent loose or watery bowel movements. These medications work by reducing the activity of the gastrointestinal tract and slowing down the movement of food through the intestines..	<p>Loperamide: used for the treatment of acute and chronic diarrhea</p> <p>Bismuth subsalicylate: used for the treatment of acute diarrhea, traveller's diarrhea, and indigestion</p> <p>Diphenoxylate and atropine: used for the treatment of moderate to severe diarrhea</p>	The desired effects of antidiarrheals include reducing the frequency and intensity of bowel movements, improving bowel function, and reducing associated symptoms such as abdominal pain and cramping.	Constipation, nausea, cramping, bloody stools
Antiemetics	Antiemetics are a class of medications used to treat nausea and vomiting. These medications work by blocking signals in the brain that trigger the vomiting reflex, or by reducing the activity of the gastrointestinal tract.	<p>Ondansetron: used for the treatment of nausea and vomiting caused by chemotherapy, radiation therapy, and surgery</p> <p>Metoclopramide: used for the treatment of nausea and vomiting caused by migraine headaches and gastroparesis</p> <p>Prochlorperazine: used for the treatment of nausea and vomiting caused by chemotherapy, radiation therapy, and surgery</p>	The desired effects of antiemetics include reducing nausea and vomiting, improving overall comfort and quality of life, and preventing complications such as dehydration and electrolyte imbalances.	Can cause your tongue or stool to turn black (bismuth sub salicylate).

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Antifungals	Antifungals are a class of medications used to treat fungal infections. These medications work by interfering with the growth and reproduction of fungi, or by killing the fungi directly.	<p>Fluconazole: used for the treatment of yeast infections, including thrush and vaginal yeast infections</p> <p>Terbinafine: used for the treatment of fungal infections of the skin, hair, and nails</p> <p>Amphotericin B: used for the treatment of severe or systemic fungal infections</p>	The desired effects of antifungals include eliminating the fungal infection, reducing associated symptoms such as itching and inflammation, and preventing the spread of infection to other parts of the body.	Skin rash or itching, high blood pressure, drowsiness.
Antihistamines	Antihistamines are a class of medications used to treat allergy symptoms, such as sneezing, itching, and hives. These medications work by blocking the action of histamine, a chemical released by the body during an allergic reaction.	<p>Diphenhydramine: used for the treatment of allergies, insomnia, and motion sickness</p> <p>Loratadine: used for the treatment of allergies, such as hay fever and hives</p> <p>Fexofenadine: used for the treatment of allergies, such as hay fever and hives</p>	The desired effects of antihistamines include reducing allergy symptoms, such as sneezing, itching, and hives, and improving overall comfort and quality of life.	Drowsiness, blurred vision, confusion.

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Antihypertensives	Antihypertensives are a class of medications used to treat high blood pressure (hypertension). These medications work by relaxing blood vessels, reducing the workload on the heart, and decreasing the overall blood pressure.	<p>Lisinopril: used for the treatment of hypertension, heart failure, and kidney disease</p> <p>Amlodipine: used for the treatment of hypertension, angina, and coronary artery disease</p> <p>Hydrochlorothiazide: used for the treatment of hypertension and oedema</p>	The desired effects of antihypertensive medications include reducing high blood pressure, improving blood flow, and reducing the risk of heart attack, stroke, and other complications of hypertension.	Dizziness, light-headedness, drowsiness, tiredness, nausea, diarrhoea, unusual dreams.
Antineoplastic	Antineoplastic medications are a class of medications used to treat cancer. These medications work by targeting and destroying cancer cells or by preventing their growth and replication.	<p>Paclitaxel: used for the treatment of breast, ovarian, and lung cancers</p> <p>Methotrexate: used for the treatment of leukemia, lymphoma, and breast cancer</p> <p>Imatinib: used for the treatment of chronic myeloid leukemia and gastrointestinal stromal tumours</p>	The desired effects of antineoplastic medications include destroying cancer cells, reducing the size of tumours, and preventing the spread of cancer to other parts of the body. These medications can help individuals achieve remission or prevent the recurrence of cancer.	Hair loss, neuropathy, fatigue, weakness, stomach upset, diarrhoea.

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Antipsychotics	Antipsychotics are a class of medications used to treat various mental health disorders, such as schizophrenia, bipolar disorder, and depression with psychosis. These medications work by affecting the levels of certain chemicals in the brain, such as dopamine and serotonin.	<p>Risperidone: used for the treatment of schizophrenia, bipolar disorder, and irritability associated with autism</p> <p>Quetiapine: used for the treatment of schizophrenia, bipolar disorder, and major depressive disorder</p> <p>Olanzapine: used for the treatment of schizophrenia, bipolar disorder, and agitation associated with dementia</p>	The desired effects of antipsychotic medications include reducing the severity and frequency of psychotic symptoms, improving overall functioning and quality of life, and preventing the recurrence of symptoms.	Dizziness, drowsiness, fatigue, dry mouth, constipation, runny nose.
Antipyretics	Antipyretics are a class of medications used to treat fever. These medications work by reducing the body's temperature and providing relief from fever-related symptoms, such as headache and muscle aches.	<p>Acetaminophen (Tylenol): used for the treatment of fever, pain, and inflammation</p> <p>Ibuprofen (Advil, Motrin): used for the treatment of fever, pain, and inflammation</p> <p>Aspirin: used for the treatment of fever, pain, and inflammation</p>	The desired effects of antipyretic medications include reducing fever, providing relief from fever-related symptoms, and improving overall comfort and quality of life.	Stomach ache, heartburn, loss of appetite and small amounts of blood in stools.

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Antivirals	Antivirals are a class of medications used to treat viral infections. These medications work by either preventing the virus from replicating or by boosting the immune system's response to the virus.	<p>Acyclovir: used for the treatment of herpes simplex virus (HSV) and varicella-zoster virus (VZV)</p> <p>Oseltamivir: used for the treatment of influenza virus</p> <p>Sofosbuvir: used for the treatment of hepatitis C virus (HCV)</p>	The desired effects of antiviral medications include reducing the severity and duration of viral symptoms, preventing the spread of the virus to others, and improving overall recovery and quality of life.	Diarrhoea, nausea, vomiting, stomach cramps, skin rash.
Beta-blockers	Beta-blockers are a class of medications used to treat conditions such as high blood pressure, heart failure, and migraines	<p>Metoprolol is commonly used to treat high blood pressure, chest pain, and heart failure. It works by blocking the effects of adrenaline on the heart, which reduces the heart rate and blood pressure.</p> <p>Atenolol is also used to treat high blood pressure, as well as chest pain and heart failure. It works by slowing down the heart rate and reducing the workload on the heart. Atenolol is often prescribed to individuals who may not tolerate other beta-blockers due to side effects.</p> <p>Propranolol is commonly used to treat high blood pressure, migraines, and tremors. It works by blocking the effects of adrenaline on the heart and blood vessels, which reduces the heart rate and blood pressure. Propranolol is also used off-label to treat anxiety and stage fright.</p>	Lower heart rate and blood pressure, reduce symptoms such as chest pain and palpitations	Fatigue, dizziness, cold hands and feet, worsened breathing in individuals with respiratory conditions

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Bronchodilators	Bronchodilators are a class of medications used to treat respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD).	<p>Albuterol, Salmeterol, and Formoterol are medications that belong to the class of medications called bronchodilators. These medications are used to treat respiratory conditions such as asthma and chronic obstructive pulmonary disease (COPD).</p> <p>Albuterol is a short-acting bronchodilator that is often used for the relief of acute symptoms of asthma, such as wheezing and shortness of breath. It works by relaxing the muscles in the airways, which improves breathing and reduces symptoms. Albuterol is typically administered through an inhaler or nebulizer.</p> <p>Salmeterol and Formoterol are both long-acting bronchodilators that are used to provide ongoing control of asthma and COPD symptoms. They work by relaxing the muscles in the airways over a longer period of time than Albuterol, which helps to prevent symptoms such as coughing and wheezing. Salmeterol and Formoterol are typically administered through inhalers.</p>	Relax the muscles in the airways to improve breathing and reduce symptoms such as wheezing and coughing	Rapid heartbeat, jitteriness, tremors, increased blood pressure

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Corticosteroids	Corticosteroids are a class of medications used to reduce inflammation and suppress the immune system. These medications mimic the effects of the body's natural hormones and are often used to treat a range of conditions, such as asthma, allergies, and inflammatory disorders.	<p>Prednisone: used for the treatment of inflammatory disorders, such as rheumatoid arthritis and lupus</p> <p>Dexamethasone: used for the treatment of inflammation and swelling associated with certain cancers</p> <p>Fluticasone: used for the treatment of asthma and allergies</p>	The desired effects of corticosteroid medications include reducing inflammation, suppressing the immune system, and improving symptoms such as pain and swelling.	Increased appetite, indigestion, nervousness or restlessness, fluid retention
Diuretics	Diuretics are a class of medications used to increase urine output and reduce fluid buildup in the body. These medications are often used to treat conditions such as high blood pressure, heart failure, and kidney disease.	<p>Furosemide: used for the treatment of oedema associated with heart failure or kidney disease</p> <p>Hydrochlorothiazide: used for the treatment of high blood pressure and oedema</p> <p>Spironolactone: used for the treatment of oedema associated with heart failure and cirrhosis</p>	The desired effects of diuretic medications include reducing fluid buildup in the body, lowering blood pressure, and improving overall symptoms such as swelling and shortness of breath.	Dry mouth, thirst, nausea, vomiting, feeling weak, drowsy, uneven heartbeat.

Medication Family	Description	Example Medications	Desired Effects	Undesired Effects
Laxatives	Laxatives are a class of medications used to promote bowel movements and treat constipation. These medications work by increasing the amount of water in the stool, softening the stool, or stimulating the muscles in the intestines.	<p>Bisacodyl: used for the treatment of constipation and to empty the bowel before certain medical procedures</p> <p>Polyethylene glycol: used for the treatment of constipation and to prepare the bowel for colonoscopy</p> <p>Senna: used for the treatment of constipation</p>	The desired effects of laxative medications include promoting bowel movements, relieving constipation, and improving overall comfort and quality of life.	Cramping, gas, bloating, nausea, diarrhoea.

SYSTEMS OF THE BODY AND SOME POSSIBLE ADVERSE REACTIONS

System of the Body	Possible Adverse Reactions
Alimentary tract	Digestive: constipation, diarrhoea, anorexia, dysphagia, nausea
Cardiovascular system	Headaches, bradycardia, tachycardia, hypotension, dizziness, sweating, mental confusion
Respiratory system	Nausea, drowsiness, broncho-spasm, nausea, headaches, dry mouth, palpitations
Nervous system	Respiratory and cough depression, central nervous system depression, pallor, headaches, drowsiness, nausea, tinnitus
Endocrine system	Sodium and fluid retention, potassium and calcium depletion, hypertension, headaches, obesity, nausea, hypoglycaemia
Genitourinary system	Gastrointestinal disturbances, headaches, visual disturbances, nausea, visual disturbances, electrolyte imbalance
Immune system	Sedation, hypotension, dizziness, pyrexia, headaches, hypotension
Skin and mucous membranes	Hair loss, dryness of mucus membrane, hypersensitivity reactions

CHAPTER 4 - VULNERABLE CLIENTS

INTRODUCTION

The elderly constitutes 13% of the population, and they consume 25 - 30% of all prescriptive medications.

The level of medication use increases with age, with approximately 86 per cent of people aged over 65 using medication, compared with 59 per cent for the general public.¹ The relatively higher use of medicines by older people can be attributed to their higher rates of chronic illness.

Older people are also more likely to take multiple medications, with over 20 per cent of older people using more than four types of medicines,² thus increasing the risk of adverse drug reactions.

Age-related changes of the body, such as loss of vision and hearing can affect the ability to follow correct dosages.

THE ELDERLY

As we age, changes in our body can affect the way medications are absorbed and utilised. We become more sensitive to medications, and we are more likely to experience increased side effects, drug interactions and other adverse drug reactions.

The reasons are:

1. Amount of chronic illness: Older adults are more likely to have one or more chronic illnesses, such as high cholesterol, coronary artery disease, high blood pressure, type 2 diabetes, arthritis and depression.

These chronic medical conditions can affect the way drugs are used. For example, type 2 diabetes may cause an eye condition, known as diabetic retinopathy, which can make it difficult to read a prescription label.

2. Multiple medications: Due to the increased risk of chronic illness, many older people may be taking five or more medications. The more drugs you take, the more likely you are to have a drug interaction with other medications, food or alcohol.
3. Types of medication: It is not uncommon for older adults to have a group of chronic conditions. For example, many older adults with type 2 diabetes also have high blood pressure, high cholesterol and depression. Typical medications for this group of people may include an oral diabetes medication, a blood pressure medication, a medication to lower cholesterol, and an antidepressant.

The combination of these medications has significant potential for causing adverse reactions.

4. Complicated dosage schedules: Taking multiple medications at different times of the day can be complicated and increase the risk of making a mistake. For example, a

client may forget to take medication at the correct time or may take a dose twice.

Effects of the normal ageing process

For medications to be effective, they have to be absorbed in to the body (usually through the intestine), distributed in the body to where they are needed (usually via the bloodstream), chemically changed or metabolised (often in the liver) and then removed from the body (usually through the urine).

The normal ageing process can change the way medications are absorbed, metabolised, distributed and removed from the body, causing challenges to the correct use of medications

These include:

- 📌 **Increase in the Percentage of Body Fat** - As we age, our bodies have more fat relative to our bones and muscles. Although our weight may remain the same, the percentage of body fat increases. Medications that dissolve in fat may get trapped in the body's fat cells and be less effective. They also may remain in the body system for a long period of time.
- 📌 **Decrease in Body Fluid** - As we age, the cells in our body lose some of their water, and they are less able to dissolve water-soluble medications. As a result, some medications may become too concentrated in the body, possibly increasing the medication's effect.
- 📌 **Decrease in Digestive System Function** - As we age, there are changes in our digestive system that can affect how quickly medications enter our bloodstream. The movements in our stomach slow down, and it takes longer for medications to get into our intestines, where they are later absorbed. Also, our stomachs produce less acid, and it takes longer for some drugs to break down. These changes may cause the action of a medication to be decreased or delayed.
- 📌 **Decrease in Liver Function** - The liver is one of the most important organs in our body for metabolising or breaking down medications. As we age, the liver gets smaller, blood flow to the liver decreases and the chemicals (enzymes) in the liver that break down medications decline. This can result in medications collecting in the liver, thereby causing unwanted side effects and possible damage to the liver.
- 📌 **Decrease in Kidney Function** - Similar to the liver, changes in our kidney function occur as we age. The kidneys may get smaller, blood flow to the kidneys may decrease and our kidneys may become less effective at eliminating "left-over" medications. Starting around age 40, our kidney function declines approximately 1% each year. As a result, medication stays in the body longer, increasing the risk of side effects.
- 📌 **Decrease in Memory** - Memory lapses are common in older adults, and as we age, the risk of Alzheimer's disease and other types of dementia increases. Memory problems can cause people to forget to take medications, which can lead to poor control of their chronic illness. Furthermore, people with dementia may not be able to understand or follow a healthcare provider's instructions, especially managing complex medication schedules.

- 📌 **Decrease in Vision and Hearing** - Visual problems, such as diabetic retinopathy, glaucoma and cataracts, are common in older adults and people with eye conditions, causing difficulty in reading labels on prescription medication containers and over-the-counter products. Hearing problems can make it difficult for people to hear instructions from their doctors and pharmacists.
- 📌 **Decrease in Dexterity** - Many older people have arthritis, physical disabilities and nervous system disorders, such as Parkinson's disease. These conditions can make it difficult to open bottles, pick up small pills or handle medications (eye drops, inhalers for asthma and COPD and insulin injections).

PEOPLE WITH A DISABILITY

Disability is a normal part of life. Anyone in the community might experience a disability at some stage of their life - men and women, young and old, city and country dwellers. In fact, almost 20% of Australians - 3.96 million - have some sort of disability.

People with a disability are not 'unwell' and, while many may have health management plans, these should not be a preoccupation of service provision. People with a disability expect to be able to lead regular lives in the community.

Disability is a multidimensional experience for the person involved. It may affect the body structure and function, which in turn will have an effect on the person's ability to participate in activity. How a person is defined by their ability will also affect the way in which they participate.

Disability that affects the function of a person may include physical impairment, sensory impairment, cognitive impairment, intellectual impairment and various types of chronic disease.

Medication is taken in liquid, tablet, inhaler and injection forms by many people with disability on a daily basis. Improper management of medication can lead to the person experiencing minor or serious side effects.

Physical disability

👤 **Mobility and physical impairments**

This category of disability includes people with varying types of physical disabilities including:

- ⇒ Upper limb(s) disability
- ⇒ Lower limb(s) disability
- ⇒ Manual dexterity
- ⇒ Disability in co-ordination with different organs of the body

Disability in mobility can be present at birth or acquired with age. It could also be the effect of a disease. People who have a broken bone also fall into this category of disability.

Spinal cord disability

Spinal Cord Injury (SCI) can sometimes lead to lifelong disabilities. This kind of injury mostly occurs due to severe accidents. The injury can be either complete or incomplete. In an incomplete injury, the messages conveyed by the spinal cord are not completely lost, whereas a complete injury results in a total dis-functioning of the sensory organs. In some cases, spinal cord disability can be a birth defect.

Head injuries - brain disability

A disability in the brain occurs due to a brain injury. The magnitude of the brain injury can range from mild, moderate and severe. Brain injury is often the result of a trauma to the head and/or brain. Road accidents are a major cause of Acquired Brain Injury (ABI). Heart attacks, infections, and lack of oxygen to the brain may also result in a neurological disability.

Neurological disabilities may affect a person's capacity to move and manipulate things. These disabilities may also change the way they act, tolerate or express feelings. The way they think, and process information may also be significantly changed.

Nearly 40 per cent of people with a head injury experience some degree of memory loss.

Reflection

Consider the above description of physical disabilities. Suppose one of your clients has a head injury. How do you think this would impact their ability to self-medicate? Your client may have difficulty remembering when to take their medication, how much medication, and may have difficulty opening the medication packaging, or using a dose administration aid.

Learning and intellectual disability (cognitive disability)

Defining cognitive disability is not easy, and definitions of cognitive disability are usually broad. Persons with cognitive disabilities may have difficulty with various types of mental tasks.

Many cognitive disabilities have a base in physiological or biological processes within the individual, such as a genetic disorder or a traumatic brain injury. Other cognitive disabilities may be based in the chemistry or structure of the person's brain. Persons with more profound cognitive disabilities often need assistance with aspects of daily living. Persons with minor learning disabilities might be able to function adequately despite their disability, maybe to the point where their disability is never diagnosed or noticed.

Intellectual disability is a developmental disorder. People with intellectual disability have significantly more difficulty than others in learning new things, understanding concepts, solving problems, concentrating and remembering. Consequently, they require extra support to learn and achieve their full potential.

A formal assessment by a psychologist or other appropriately qualified professional is generally required to diagnose intellectual disability. An assessment of the person's living skills may also be required. This is usually assessed by asking a parent, teacher or someone

else who knows the referred person well to fill out a questionnaire or participate in an interview.

Reflection

Consider the above description of physical and intellectual disabilities. Suppose one of your clients has a head injury. How do you think this would impact their ability to self-medicate?

Your client may have difficulty:

- ☒ Remembering when to take their medication,
- ☒ Remembering how much medication
- ☒ Difficulty opening the medication packaging,
- ☒ Difficulty using a dose administration aid.
- ☒ Unable to understand instructions
- ☒ Unable to read instructions or directions.

Psychiatric disability (mental illness)

The term 'psychiatric disability' is used when mental illness significantly interferes with the performance of major life activities, such as learning, working and communicating.

Someone can experience a mental illness over many years. The type, intensity and duration of symptoms vary from person to person. They come and go and do not always follow a regular pattern, making it difficult to predict when symptoms and functioning will flare-up, even if treatment recommendations are followed.

The symptoms of mental illness often are effectively controlled through medication and/or psychotherapy and may even go into remission. For some people, the illness continues to cause periodic episodes that require treatment. Consequently, some people with mental illness will need no support, others may need only occasional support, and still others may require more substantial, ongoing support to maintain their productivity.

The most common forms of mental illness are anxiety disorders, mood disorders and schizophrenia disorders.

Sensory disability - visual impairment

There are hundreds of thousands of people that suffer from minor to very serious vision disability or impairments. These injuries can also result into some serious problems or diseases like blindness and ocular trauma. Some of the common vision impairment includes scratched cornea, scratches on the sclera, diabetes related eye conditions, dry eyes and corneal graft.

Some people with visual impairment have medication for their visual condition; some require pressure drops, etc., regularly, and some may have glasses and portable lenses for different tasks, which may be cumbersome and unattractive. Visually impaired clients may also be on medication for other conditions.

Sensory disability - hearing impairment

Distinctions can and should be made between people who are deaf and those who have a hearing impairment. People who have hearing up to three years of age are often most proficient at lip-reading and often enjoy comparatively good speech. Deafness and hearing loss can be caused by a range of factors including physical damage, birth defects, disease or exposure to very loud noises.

Medical condition or 'hidden disabilities'

This term captures a whole spectrum of hidden disabilities or challenges that are primarily neurological in nature. People with some kinds of invisible disabilities, such as chronic pain or some kind of sleep disorder, are often accused of faking or imagining their disabilities. These symptoms can occur due to chronic illness, chronic pain, injury, birth disorders, etc. and are not always obvious to the onlooker.

Dose administration aids

A range of aids are available to assist people correctly administer medication independently and therefore enable them to maintain their optimum level of health.

For people with limited hand mobility, strength, finger dexterity unsteadiness of the hand or visual impairment, measuring and administering correct dosages of medication independently can prove challenging. Depending on the form of medication taken, there are various aids to assist independent measurement and dispensing of these within the workplace, allowing management of a medical condition.

- **Medication taken in liquid form**

A range of non-spill medicine spoons and cups are available that minimise or restrict spillage of medicine for those with unsteady hands.

- **Medication taken in tablet form**

Tablets may be required to be cut in half prior to taking—to allow this to be done independently there are a range of tablet or pill cutters with and without magnification.

- **Medication taken by injection**

A range of injection aids including needle guides, insulin bottle holders and dispensers are available to assist those with restricted hand dexterity to independently manage their diabetes.

- **Medication taken through inhalers**

A range of appliances and aids are available to assist with management of asthma and other respiratory conditions and diseases including a plastic lever that can attach to an inhaler to assist operation for those with reduced strength and hand dexterity.

- **Medication taken by suppository**

For those with restricted upper limb mobility which makes it difficult to reach behind, long handled suppository inserters are available.

- **Eye drops**

Eye drops are used by people with a range of disabilities for simple conditions such as conjunctivitis, through to long term eye conditions requiring regular medicating throughout the day. For people with restricted hand mobility or strength, unsteadiness

in the hands or visual impairment, the process of administering eye drops can be difficult to undertake independently and therefore eye drop administering guides can be used to assist. The following aids are available:

- aids to assist with squeezing of the eye drop bottle to assist in dispensing drops for those with reduced grip strength and finger dexterity
- eye drop guides which clip onto the eye drop bottle and can be positioned over the eye to hold the eye lids open—this improves aim and allows the eye drops to be administered with one hand or with reduced finger dexterity or strength
- eye drop guides in the form of glasses in which the eye drops bottle screws onto and therefore requires only squeezing of the bottle to administer

POLYPHARMACY

What is “polypharmacy”?

Polypharmacy is the concurrent use of multiple medications. It can be associated with the prescription and use of too many or unnecessary medicines at dosages or frequencies higher than therapeutically essential. However, multiple medications are often necessary and can constitute best care for clients.

Source: National Prescribing Service Newsletter 13, 2000

Older people have higher rates of chronic illness and are more likely to be taking multiple medications. Polypharmacy increases the risk of adverse drug events such as falls, confusion and functional decline. Changes in physiology and social and physical circumstances contribute to the risk of adverse drug events.

Older people are more likely to experience poor vision, hearing and memory loss and have altered metabolic rates, such as declining renal function. Adverse reactions may go undetected because symptoms may mimic problems associated with older age such as forgetfulness, weakness or tremor.

Adverse reactions may also be misinterpreted as a medical condition and lead to the prescription of additional drugs.

Case study

Johann Braun is visited at home by you. You have noticed in recent weeks that he has been displaying unusual behaviour which you feel is quite out of character. He has grabbed you, tried to hug you and is calling you “Charmaine” (not your name!). Once he managed to pull you down on to the bed. He also becomes loud and starts to take off clothing. You have found it difficult to calm him and have become quite concerned.

You report your observations and concerns to your workplace manager and also mention that Mr Braun has recently started new medication. Your manager refers to the community nurse who says that the drug, Diazepam, is known to stay in the body for long periods of

time, resulting in confusion and challenging behaviours. The GP is contacted; she reviews and alters Mr Braun's medication, resulting in Mr Braun returning to his former behaviour.

In summary, it is important to realise that changes that affect the body's ability to metabolise drugs, reduces a client's ability to cope with multiple medications. Prescribing medications for your clients is the responsibility of the medical practitioner, however, the medical practitioner acts on information provided by staff.

Carers in the community or in residential nursing homes or hostels observe the first signs that could indicate an adverse drug interaction such as:

- ☠ Increase in falls
- ☠ Increase in confusion
- ☠ Increase in agitation
- ☠ Decreased urinary output
- ☠ Decreased appetite

Important

This information needs to be documented.

Carers can ensure that clients receive adequate nutrition and hydration which will be a significant factor in reducing drug toxicity.

Reflection

What can you do within your area of responsibility to recognise, and report any changes that may indicate that one of your clients is adversely affected by a drug, or drug interaction?

HELPFUL SERVICES AVAILABLE TO YOUR CLIENTS

Home Medicine Reviews

A Home Medicine Review (HMR) is a service provided jointly by General Practitioners and pharmacists. It allows a thorough check of all the medicines a client is taking, including prescriptions from the pharmacy, and any non-prescription medication such as vitamins or herbal preparations.

The Review is conducted by a pharmacist, in the client's home. An HMR can only be conducted following a referral from a General Practitioner. A specially accredited pharmacist will then conduct the HMR and provide a report back to the patient's GP, who will then discuss any recommendations with the client and may make changes to their medication regime based on the findings of the HMR.

A client's GP should forward a copy of the client medication management plan to the pharmacy. This plan enables the pharmacy to assist in the prevention of any medication errors and to take any other actions the GP may request such as provision of Dose Administration Aids for the client.

It is also important if a change in medication regime occurs following the HMR, to ensure the client does not get a previous medication dispensed.

Clients who may benefit from an HMR include those:

- taking 5 or more regular medications;
- who are confused or worried about their medicines (or forget to take their medicines);
- taking more than 12 doses of medication per day;
- who have had a significant change to their medication regime;
- with literacy or language difficulties, dexterity problems, impaired sight, or those with cognitive difficulties such as dementia;
- seeing a number of different doctors, including GPs and specialists;
- recently discharged from hospital.

Residential Medications Management Review

If your client is a resident in an aged care home, they may be eligible to access the Residential Medications Management Review service (RMMR). A RMMR is a service for permanent residents of aged care homes. It includes collaboration between the doctor and a pharmacist to review the medication management needs for the client.

RMMRs are designed to enhance the quality of medical care provided – helping to minimise any possible adverse effects of some medicines.

A RMMR should form the basis for developing your client's medication management plan with them and if preferred their carer/family. As a worker employed by an aged care facility, you are required to ensure your client's medication is managed safely. Good practice medication management in aged care homes includes the development of Medications Management plans for all residents.

CHAPTER 5 - MANAGING ISSUES

INTRODUCTION

What rights do clients have in relation to medication?

1. The right to give informed consent for any medical intervention, including medication
2. The right to refuse medication
3. The right to be properly counselled on the potential outcomes of refusing medication

When assisting with medication it is likely that you will experience challenges from time to time. These challenges may include:

- ✗ Client refusal to take some or all medication
- ✗ Incomplete ingestion
- ✗ Missed doses
- ✗ Missing doses

INCOMPLETE INGESTION

When assisting with medication, it is necessary to supervise and observe clients carefully to confirm with them their ingestion or completion.

Incomplete ingestion may include:

- ☹ Inability or difficulties in swallowing tablets
- ☹ Vomiting
- ☹ Refusal to take medications (may include spitting out)
- ☹ Ejection of medication

Important

Incomplete ingestion needs to be reported and documented.

Often clients will spit out medication. At times the client may be happy to take the same medication (the one they spat out) again, as long as the medication is “intact”.

However, if they do not wish to have the medication, you must scoop up the medication that has been spat out and keep it to show your supervisor. Never give another dose, unless directed by your supervisor to do so (and always report and document).

Important

If your client’s medication is missing or unaccounted for, it is UNACCEPTABLE to:

- give them the next dose in the Webster pack or a medication meant for another day or time.
- give them another resident’s medication

Always document and report any anomalies immediately to your supervisor for direction.

REFUSAL TO TAKE MEDICATION

Often clients will refuse to take medication for a variety of different reasons. It is acceptable to re-approach clients 2-3 times to encourage them to take their medication or get another worker to try to get them to take it.

A client must not be forced to take medication against his or her wishes. However; every effort must be made to give medication as prescribed.

If a client refuses to take their medication, you should:

1. Ask the client why they do not wish to take their medication.
2. Explain to the client the reason for taking the medication and the possible effects on their health if medication is not taken.
3. Wait 15 minutes and ask the client to take the medication again.
4. Contact your supervisor and verbally report the problem. If the client still refuses, then the prescribing Doctor may be contacted for instructions.
5. Observe the client for changes in behaviour or wellbeing as a result of the medication mistake and report these to your Supervisor or Doctor.
6. Record all details in the appropriate documentation.

NON-COMPLIANCE

A client is compliant with medication when they take all doses of a prescribed medication correctly for the prescribed length of therapy. When the client does not do this, they are considered non-compliant.

Behaviours or evidence that may indicate that a client is not taking their medication or is taking it incorrectly include:

- ➡ Failure to respond to therapy
- ➡ Worsening of symptoms for which the drug was prescribed
- ➡ Failure to pick up prescriptions
- ➡ The amount of medication within the home remaining the same
- ➡ A change in behaviour from non-compliance to compliance. The client may not want to take the medication, but because you are watching and encouraging them, they may store it in the side of their mouth and spit it out later. You may need to observe closely to ensure that it has been swallowed.
- ➡ An increase in side effects, which may occur if the client is taking too much medication.

When a client is not taking their medication, the health professionals may think that the drug is not working and increase the dosage or query the diagnosis. You have a key role to play in observing, documenting and reporting any changes in behaviour. It does not matter how minor you feel it may be; it could be a critical factor in identifying a medication problem. The key issue is that if you have concerns about medication, you should report them to your supervisor to avoid your client's suffering.

Reason for non-compliance

There could be a number of reasons why your clients may not comply with their prescribed medication.

These include:






- ⊗ Difficulty swallowing – the client may have problems swallowing tablets and even when crushed the texture may be unpleasant for them. Informing the doctor could result in the prescription of an alternative, less unpleasant medication.
- ⊗ Changes in taste buds related to ageing, causing the person to become concerned that a particular drug is not what they thought it was and refuse to take it.
- ⊗ Gastric problems – studies indicate that a large percentage of aged people fail to take their medication because of an upset stomach.
- ⊗ Forgetfulness – studies show that a large percentage of aged people forget to take their medication.
- ⊗ Financial difficulties – the cost of a visit to the doctor and medications may deter a client from seeking advice and/or collecting their prescriptions. They may purchase over-the-counter medicines, borrow from friends or save drugs by only taking one instead of two tablets. Alternatively, they may stop the drug once symptoms disappear, putting the medication away for a later date.
- ⊗ Inability to open the bottle or pack due to the child-proof nature of the containers
- ⊗ Difficulty handling medication due to physical conditions such as arthritis, tremors, etc. a person may drop and/or lose tablets which can then be difficult to find.
- ⊗ Dissatisfaction with the prescriber of the medication or the diagnosis

What should you do?

If you have any concerns about your client's medication the first step for you to take is to check your workplace policy and procedures.








Reporting to your supervisor or manager may be the next step, although these people may not necessarily be aware of particular issues related to medication. The local community nurse, general practitioner or pharmacist may be of assistance.

You should always document clearly, stating your concerns in precise, objective language; in other words, state the facts. You may be required to:

-  Phone the supervisor or the appropriate qualified person.
-  Speak to the supervisor face to face
-  Record in handover books, if the matter is not deemed too urgent
-  Fill in an incident report if necessary
-  Follow contingency procedures as set out in the policy and procedures manuals.

OTHER DIFFICULTIES/CHALLENGES

Other difficulties/challenges may include:

-  An error in the recipient of the medication (i.e. given to the wrong client)
-  An error in the dosage
-  An error in the time
-  An error in the frequency
-  Missed medication
-  Loss of contaminated medication
-  Client vomiting

The above-mentioned difficulties/challenges are “medication errors”. Medication errors:

1. Should be reported immediately
2. An incident report should be completed

In the event of missing or contaminated medication, your supervisor will direct you on what you are to do. Out of date medications are usually returned to the pharmacy for disposal. Check your organisation’s policy and procedure.

Important

It is imperative that you check the date on medications before administering.

PREVENTING ERRORS

To prevent errors:

- ☠ Check date/time
- ☠ Read medication labels carefully
- ☠ Be aware that many medications have similar names
- ☠ Check the expiry date on the medication label
- ☠ Do not assist with medication if the label is illegible
- ☠ Use administrative equipment with distinct markings, for example, a medicine glass
- ☠ Do not prepare medication in advance
- ☠ Do not leave prepared medication unattended
- ☠ Give your full attention to the task

USEFUL REFERENCES

- **Guiding Principles for Medication Management in Residential Aged care Facilities – Department of Health and Aged Care November 2022**
 - <https://www.health.gov.au/resources/publications/guiding-principles-for-medication-management-in-residential-aged-care-facilities?language=en>
- **Guiding Principles for Medication Management in the Community – Department of Health and Aged Care November 2022**
 - <https://www.health.gov.au/resources/collections/guiding-principles-for-medication-management-in-the-community-collection>
- **Aged Care Quality Standards – Guidance for Providers – Aged Care Quality and Safety Commission**
 - <https://www.agedcarequality.gov.au/resources/guidance-and-resources-providers-support-aged-care-quality-standards>
- **National Disability Insurance Scheme Practice Standards – NDIS Commission**
 - <https://www.ndiscommission.gov.au/providers/registered-ndis-providers/provider-obligations-and-requirements/ndis-practice-standards-0>
- **Medicines and Poisons Act 2019 QLD**
 - <https://www.legislation.qld.gov.au/view/whole/html/inforce/current/act-2019-026>
- **National Prescribing Services Limited**
 - <https://www.nps.org.au/australian-prescriber/articles/national-prescribing-service-ltd-nps-information-hotlines>
- **State and Territory Health Department websites**
 - NSW: www.health.nsw.gov.au/
 - QLD: www.health.qld.gov.au
 - VIC: www.health.vic.gov.au
 - SA: www.health.sa.gov.au
 - WA: www.health.wa.gov.au
 - TAS: www.dhhs.tas.gov.au/
 - ACT: www.health.act.gov.au
 - NT: www.health.nt.gov.au