

Appendix 1: Safe Practice For The Administration of Medication Guidance

Checklist: If you wish, you may print out this Appendix, [Click Here](#) download a PDF version, then print it off.

These guidelines form part of the Administration of Medication Policy.

Aim

- To ensure the safe administration of prescribed medicines;
- To ensure safe practice regarding homely medicines;
- To ensure the administration of medicines is appropriately recorded;
- To ensure all staff are confident and safe to administer such medicines.

Practice

Only staff who have been identified and trained in medication administration may administer a child/young person's medication, whether homely or prescribed.

The medication cupboard must be kept locked at all times.

Only one child/young person's medication is to be taken out of the medication cupboard at a time.

- Wash hands first;
- Ensure you have the correct medicine pots/spoons ready;
- Check the name of the child/young person;
- Check the name of the medication on the child/young person's medication record;
- Check the medication is in date, in line with administration requirements (i.e. number of days prescribed) and within guidelines of opening date (where applicable);
- Check the time the medication is to be administered;
- Check the name on the medicine;
- Check the dose/strength;
- Check the route of administration, e.g. oral or inhaler;
- Check any specific instructions, e.g. after food;
- Administer the medication in a calm manner.

If in any doubt seek advice from another designated member of staff, from a senior member of staff, from the pharmacist or the child/young person's General Practitioner.

Similarly, if a child/young person refuses medication seek advice from the pharmacist or the General Practitioner who prescribed the medication.

If a medication has a when required dose (p.r.n.) it is usually prescribed to meet short term or an intermittent medical condition, i.e. it is not to be taken regularly. To ensure the medication is given as intended a specific plan for administration must be recorded and kept with the MAR sheet (see Appendix 1). Information on why the medication has been prescribed and how to give it should be sought from the prescriber or other health care professionals involved in the treatment of the child/young person.

Recording

The MAR sheets are a legal document and therefore only **black ink** is acceptable. Management monitoring which is done in green ink and Regulation 33 monitoring which is done in red should occur on a separate sheet (see [Appendix 2 CH22a - Monitoring Sheet](#)). This will be placed at the front of the MAR sheets in the MAR sheet folder.

Any entries on the MAR sheets detailing medication received into the Home which are handwritten rather than printed by Boots must be double signed and dated.

The date on which creams, bottles and other short life preparations, e.g. eye drops, ear drops, are opened must be recorded on the container.

Expiry dates for these products once opened are as follows:-

- Cream in screw top tub containers - 1 month after opening;
- Cream in a tube or in a container with pump tops - 3 months after opening;
- Eye drops - 28 days after opening;
- Cough medicines - 6 months after opening.

The information sheet (PIL) accompanying each medication prescribed for a child/young person must be put in a clear pocket on the child/young person's medical file. If there is no information sheet with the medication then a request should be made to Boots for one. This information should also be included in the child/young person's Day to Day Care Plan and Child Risk Assessment, in particular any side effects and actions required in the event of reactions. This **MUST** be shared with school.

Homely Medications

The administration of homely medication must be recorded on a separate MAR sheet from the one where prescribed medication is recorded. Each child/young person receiving homely medication must have their own sheet. The details of the child/young person should be entered on the front of the sheet and the details of the medication administered on the back. Homely medication must only be given for up to 48 hours, after this the child/young person's GP must be consulted.

The codes on the MAR sheets must be used in the following way:-

- A = Refusal - when a child/young person has been offered their medication and has refused it.
- C = Hospitalised - only to be used if a child/young person is in hospital.
- D = Social Leave - when a child/young person is Home on contact or is away on school trips. This is accompanied by medication being signed out of/into the house to and from a named person. Information must be recorded on the back of the MARR sheet indicating what medication has left the building and what medication has been returned after the time away.
- G = See notes overleaf - when a child/young person does not have their medication for any reason other than refusal by the child/young person. A full explanation of why medication was not given must be written on the back of the MAR sheet.
- N = "When required" (p.r.n.) medication offered according to doctor's instructions but not required - this medication must be available to the child/young person but should **NOT** be routinely offered at every drug round.

Storage

All medicines must be stored according to the instructions accompanying the medication.

There are separate storage areas for medicine as follows:-

- Prescribed medicines for internal use;
- Prescribed medicines for external use;
- Homely medications for internal use;
- Homely medications for external use;
- Controlled drugs cabinet (if required this cabinet will be fitted);
- Lockable fridge for medicines requiring refrigeration.

All medicines must be clearly marked with the child/young person's name and should be stored in separate boxes with the child/young person's name clearly identified.

Social Leave

If medication is required whilst the child/young person is away from the Home provision must be made to make it available at the appropriate time.

It may be possible to alter the dosage time to avoid this need and the doctor or pharmacist can provide guidance on this. If this is not appropriate a protocol should be in place to ensure consistency of supply:

- The pharmacy's original packaging with full labelling should be used;
- Where this is not possible and the use of another container is the only option, an appropriate container must be used and labelled with all information normally on that medication;

- An appropriate container is one that protects the medication from moisture, light or damage;
- A copy of the PIL sheet should be given with the medication;
- Two members of staff should check the correct medication has been selected, decanted and that the labelling is appropriate; The reason why the use of an alternative container was unavoidable must be recorded on the Social Leave Form (see [Appendix 3: Social Leave and Medication](#));
- All medication taken away from the Home must be counted, listed and signed for by the parent/carer;
- A Social Leave form (see [Appendix 3: Social Leave and Medication](#)) should be completed and handed to the responsible individual;
- All medication returned to the Home must be signed back in;
- Any information supplied on administration of these medicines whilst away from Home should be recorded on the back of the MAR sheet.

Waste/Expired Medication

All unused medication must be listed in the returned medicines book and returned to the pharmacy who should sign for receipt before destroying.

Empty packaging should have confidential information removed and should then be discarded into a designated waste facility within the Home.