



Medication Policy-  
Short Breaks

December

2019

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## Medication Policy

### Introduction

The Quality Care Standards Section 10 states that staff are responsible for maintaining a child's ongoing health treatment, including the management of medication on arrival and departure from the home and recording and sharing information about when medicine was administered. **This policy should be read in conjunction with the Safeguarding policy.**

As all children and young people attending Westland Drive will have some disability, staff will inevitably be responsible for administering and overseeing medication and/or undertaking specific delegated health tasks. Adults with parental responsibility will be asked to sign Medical Consent Forms authorising staff to administer prescribed medication, rescue medication and midazolam. Some children have complex medication regimes which may be subject to frequent adjustment or may require staff to judge when to administer medication, for instance medication to be given in the case of epileptic seizures or pain relief. Staff will have clear written instructions on when this medication is to be used and in what circumstances. This instruction can be found in the child's care plan and emergency medical information. This requires close liaison with parents / carers and medical professionals.

Staff receive annual medication training online and receive specialist training from an appropriate health professional (normally a school nurse or paediatric community nurse) prior to taking responsibility for the administration of medication.

### Legislation

The following legislation/guidance has a direct impact on the handling of medication within a care home for children.

- Care Standards Act 2000
- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs Regulations 2001
- The Data Protection Act 1998

- The Health and Social Care Act 2001
- The Administration and Control of Medicines in Care Homes and Children's Services
- Managing medicines in care homes ( published march 2014 NICE Guidelines )

The aim of this policy is to ensure staff offer a high level of health care to looked after children.

With regard to health care, children in care and children receiving short breaks, should experience the same level of care as children who live with their own families. However there needs to be clear guidelines and some restrictions in order to protect both staff and children within residential/respite care. This policy gives staff and children precise detail on what is acceptable and safe for everyone, whilst ensuring there are clear lines of accountability.

### **3. Designated Staff**

#### **PRACTICE GUIDANCE**

If the competent person feels unwell or tired they must seek guidance from another member of staff and report to a manager. Medication should not be administered by this person, if they have highlighted they are not competent to do so.

In order to comply with the children's home regulations 'designated staff' will be the following:

- A qualified emergency first-aider who is on site (i.e. attended a 2 day paediatric first aid course and holds a valid certificate). In the absence of a first –aider, a senior member of staff or a delegated person can undertake this role. The designated person must be recorded clearly on the handover record.
- Staff who have attended medicine management training in a training setting or online covering key areas of receipt, storage and administration of medication and controlled drugs and annual updates ( if applicable)
- Staff who have attended training on specific medical procedures or medical issues.

The designated staff must read and sign this policy and discuss it in supervision and should attend an annual refresher training session. The designated person must be identified at the beginning of the

shift and their name recorded in the handover book. The keys to the generic drugs cabinet and the controlled drugs cabinet must be passed to the designated person when identified at the handover.

### **Agency staff should not administer medication of any kind as part of their role**

Sessional staff may administer medication on the authorisation of the Registered Manager who will risk assess each situation for which authorisation is given. The risk assessment will be based on whether the casual member of staff:

- Is trained in first aid/ medicine management
- Is familiar to the home and the young person
- Has been employed for a long period of time in the home

### **General Principles**

Whatever the type of medication, there are some general principles to be followed:

- There must be a record of all medication kept in the medicine cabinet recorded on the Medical Administration Record (MAR) sheet. (see appendix 1 and 2 )
- Any medicines administered need to be recorded down on the MAR with staff signature. (see appendix 1 and 2)
- When in doubt ask for advice from a manager.

This policy covers storage, disposal, administration and recording of both prescribed and home remedy medications.

### **Duties of the person with parental responsibility**

Prior to each visit, the medication record sheet is to be completed and signed. Where there is a discrepancy between the medication label and what parents/carers are asking the home to administer, the section of the form that consents to any recent change of medication by parents / medical professionals should be checked and advice / consent should be gained from the prescribing doctor. Confirmation by letter needs to be received by the prescribing doctor if the label does not match that of the MAR sheet. If the prescribing doctor cannot be contacted, the instructions on the medication label should usually be followed.

Syringes **must** be supplied by the family and these will be booked in with the medications.

Labels on containers must not be altered or removed. If the label becomes detached seek advice from **THE CHILD'S PARENTS OR, IF NOT AVAILABLE, THE PHARMACY**.

All prescribed medication being brought into Westland Drive must be clearly labelled and must state the child's name, name of medication, strength of medication, dose required, date of issue, date of expiry. If it does not have a pharmacy label listing these things, parents must be contacted and asked to bring in a new supply of medication.

Parents must ensure that Westland Drive has contact numbers and arrangements are in place should their child become unwell, a delegated authority form will be completed with parents/carers who are going away on holiday.

### **Receipt of medication into Westland Drive**

The supply of medicines to all children's homes in the UK comes under the remit of the **Medicines Act 1968**. All medicines brought into Westland Drive from whatever source must be recorded on the Medicine Administration Record (MAR) (appendix 1 and 2) as soon as received and the medicine must be put immediately into the medicine cabinet.

The record must show:

- Name and date of birth of the child
- Date of receipt
- Name, strength, and dosage of medicine
- Quantity received
- Signature of the member of staff receiving the medicines

### **Receipt of medication**

- Check the completed booking in medication sheet, that it is completed and signed by parents
- A member of staff should check in the medication via the completed medication record sheet, ensuring that the information on the medication record sheet matches the information on the medication, i.e. name, dose, strength, date of issue, date of expiry
- If a discrepancy is noted then check the section of the form that consents to any recent change of medication by parents / medical professional. Confirmation by letter must be received by the prescribing doctor if the label does not match that of the MAR sheet. If the prescribing doctor

cannot be contacted , the instructions on the label should usually be followed

- Ensure that the amount of liquid or tablet stock is consistent with the amount documented by the parents
- Syringes supplied by parents should also be booked in with medications

#### PRACTICE GUIDANCE

Any discrepancies should first be double-checked by another member of staff

### **Storage of medicines**

- All medication must be stored in its original container with the original dispensing label as received from the pharmacy. The name of the child, dose, frequency and route of administration must be clearly visible on the prescription label.
- All medication must be stored in a locked cupboard / cabinet that is securely fixed to the wall and is used for medication storage only. The security of medicines must not be compromised by the cupboard being used for non-clinical purposes.
- Keys for the medicine cupboard should be kept separate from the master keys for the home. Key security is integral to the security of the medicines, therefore, access should be restricted to designated members of staff only.
- Medication brought into the home should be immediately transferred into the locked cupboard, once it has been checked in and recorded.
- Some medications should not be locked away and should be readily available to the child (e.g. asthma inhalers, EpiPens) either by the young person keeping the medication with them or the medication being held by the designated person and to be accessed easily.
- A separate and secure refrigerator is available in the home to be used exclusively for the storage of medicines requiring cold storage. The fridge temperature should be monitored daily when in use and recorded. The temperature should be set between 2 degrees and 8 degrees. Staff should have a clear understanding of the action to be taken if the temperature is outside the normal range, the temperature will be checked and documented twice a day in the medication fridge temperature book. The fridge should be cleaned and defrosted regularly as per manufacturer's

guidelines.

### **Administration and Recording**

Medicines supplied for an individual child are the property of that child and **The Medicines Act 1968** clearly states that medicines must only be administered to the person for whom they have been prescribed, labelled and supplied. Therefore medicines obtained in this manner may not at any time be used for another child and must not be used for a purpose that is different from that which they were prescribed for.

Care staff must not tamper with prescribed packs of medication i.e. by mixing medicines, as this may lead to potential claims under product liability law. This applies to the receipt of new supply of medications. The original supply must be finished first. It is the responsibility of the designated person to ensure that stock levels of medication are kept at an appropriate level.

### **Preparation**

Ensure you have all the equipment required

- Jug of water and cups
- Spoons and syringes
- Medication record charts and pen
- Medication
- Tissues

Wash hands thoroughly and explain the procedure to the child. Administer medication in a quiet area away from distractions. Only administer medication to one child at a time.

The designated person must:

- Check correct names on container, correct medicine, dose and time.
- Check Medication Record Card and the child's picture

Medication should never be secondary dispensed for someone to administer at a later time or date. This is a disciplinary offence.

**MEDICATION MUST BE GIVEN TO THE CHILD IMMEDIATELY BY THE PERSON WHO HAS DRAWN IT UP.**

### **Process of administration of medication**

- Read the medication label for the six rights of administration
  - Right medication
  - Right dose
  - Right time
  - Right route
  - Right child
  - Right to refuse
  
- Carefully check the identity of the child referring to the child's photograph held on records
- It is essential that the person administering the medication cross references the medication label with the MAR and checks that the medication has not already been administered
- Transfer tablets or capsules from the container into another receptacle, i.e. plastic medicine spoon or medicine cup. **Do not** touch by hand
- Pour liquids with the drug label on the bottle facing up to prevent spillage onto the label. Hold the medicine cup at eye level when pouring liquids out
- Give medication to the child and observe that it is swallowed
- Oral medicines should not be administered when a child is lying down. They must be sitting upright or standing
- Record immediately on the MAR that the medicine has been taken by the child and the quantity of medicine dispensed. Sign in the space provided used BLACK ink and lock the medicine away

The MAR is a working document and the signature of the person administering the medication and the date of administration must be linked to a specific medication. This is to facilitate audits at a later date and to ensure that the records are clear. Audits must be completed daily by another designated person that has not administered the medication. This should be clearly noted in the handover book.

**Record also if a child refuses medication.**

**Record if medication is spilt or dropped and re-administer, using fresh medication.**

**Record if medication is regurgitated but DO NOT re-administer.**



If the child refuses to take the medication inform a manager or OOH, if necessary, and if appropriate, the child's parent. Advice may be needed from the GP or 111 health service.

Staff must not ask another member of staff to administer medication they have prepared. This is secondary dispensing and is a disciplinary offence.

When medication is discontinued by the GP or the course has been completed, a line should be drawn through the remaining section of the MAR, dated and signed.

If a child has difficulty accepting medication, advice should be sought from a health professional who knows the child and a plan of action recorded on the child's file as to how best to deal with this. All information will then be documented in the child's care plan.

### **Controlled drugs**

For the receipt of controlled drugs e.g. morphine sulphate, methylphenidate follow as for the receipt of medications section on pages 5 and 6. For the storage of controlled drugs, follow storage of medicines section on page 7.

- Controlled drugs must be stored in a locked box within the locked medicine cupboard.
- The key for the box must be held by the designated person and **MUST NOT** be on the same key chain as for the generic medicines or the master system of the home.
- The receipt of the drugs should be recorded in the controlled drugs book as well as the MAR.
- The controlled drugs book must have a separate page for each medicine for each young person and the details of each drug recorded as in the MAR. The book must be stored securely with the controlled drugs in the locked box within the locked medicine cabinet. The balance of each controlled drug remaining must be checked and recorded after every administration and audit. This balance will be checked at least monthly by the Registered Manager.

### **Administration and recording**

Follow the preparation, process and the six rights of administration as detailed in **section 8**. The MAR must be signed immediately by the designated member of staff administering.

## Disposal

A signature of the receiving pharmacist or carer should be obtained on the MAR stating the amount of medication received

## Medication errors i.e. overdose or medication given to wrong child

If a member of staff suspects a drug error has occurred they must:

- Check the child is not suffering an adverse reaction. Contact the child's GP, a local pharmacist **immediately** for advice.
- If the child is suffering an adverse reaction e.g. collapse/difficulty breathing, call for an ambulance via 999. Provide first aid care.

A manager must be informed (or out of hours service) and, where appropriate, the child's parents

The medication error must be documented in the child's records and on the MAR. For confidentiality a separate report should be written with name of person that has made the error and this must be passed to a manager before leaving shift. The person who identifies the error will need to record the incident by completing the following documents

- Incident / accident form
- Report sheet
- Medication Investigation form ( section 1 ) of appendix 3 (section 2 ) to be completed by a manager

### PRACTICE GUIDANCE

The controlled drugs book is an audit tool and not a record of administration; however this is a legal requirement. All administration must be recorded on the MAR. Any discrepancies must be reported immediately to the Registered Manager or the on call manager (see the rota for contact details)

## **Disposal of medication**

- Parents / carers must be informed if they supply prescribed medication or home remedies which are not in date.
- All medication must be returned to parents / carers after each period of care. The MAR records in respect of the child should then be crossed through so no more entries can be made.
- Empty bottles must be sent home to the parents / carers after each visit for disposal and recorded on the medication form (appendix 4)

## **Administration away from the home**

When a child is away from the home or away overnight, medication must be taken in its original container within a secure box/tin. Medicines must not be dispensed into unsuitable containers i.e. enveloped.

When leaving the home, staff must ensure that the MAR sheet is taken with them and the medication folder which will be secured in the designated Ruck sack. This must be kept with the designated person. This is to ensure that staff have a copy of any reports and contra-indicators that are relevant.

If a child/young person has prescribed medication that it is to be taken both at home and at school, it is vital that the staff liaise closely with the designated teacher and the school health advisor to discuss how best this should be managed as this is a potential risk for overdosing. Westland Drive has contacted all schools the children at Westland Drive attend, explaining that if medication has been administered then they must document this in the home-school communication book.

## **Home remedies**

A home remedies list is intended to meet a recognised need to treat minor ailments without necessarily consulting the child's GP. Preparations listed for use as home remedies must be agreed and supplied by parents / carers on an individual basis. The use of home remedies for the children at Westland Drive should be similar to their use within a home setting. Home remedies should be administered at the discretion of the person in charge of the home and can be delegated down at the discretion of the person in charge.

Home remedies are to be taken by mouth and should be used for acute self-limiting conditions only and may be administered to a child for a maximum of 48 hours providing that there is not deterioration in the child's condition. If it is considered that there is a need for continued treatment, the child's GP should be contacted. Topical / external preparations included in the list should be used according to the criteria and instructions given. Any home remedy given to a child must be recorded on the MAR sheet and should be stored, administered and disposed of as for prescribed medication. Now medication such as paracetamol or antihistamines may not be prescribed due to central government directive to the NHS, thus some remedies will be purchased over the counter and may be brought into the home without pharmacy labels, if this is the case the home will need to know when the bottle has been opened in case it states a use by date.

When a child commences a service at Westland Drive the key worker should ensure that the following information is clearly recorded:

- Any allergies the child has
- Any medication the child is taking
- Any reactions the child has had to medications

At the planning meeting consent should be sought from whoever has parental responsibility as to the administration of the identified home remedies that the child may be given. A clear understanding as to when the medication would be administered must be given.

The consent to home remedies form must be signed by the person with parental responsibility and retained in the child's file.

#### **Minor Conditions that may be resolved with a home remedy:**

Advice about minor ailments that do not require a consultation with the child's GP can be obtained from the local community pharmacist. It is advisable that such advice is sought before the use of home remedies.

- **Cuts and Grazes** - Carers should be advised to wear gloves if dressing any open wounds and where contact with body fluids is likely to occur. Refer to "Control of Infection Policy." Cuts and grazes should be washed with water and cleaned thoroughly and allowed to dry. They can be covered with a hypoallergenic plaster or an individually wrapped dressing. The use of

antiseptic creams is not recommended.

- **Dry Skin** - Aqueous Cream is a useful moisturiser. Also consider E-45 Cream – a non-greasy softening / soothing unperfumed cream. This is useful for dry chapped skin. Some people may be allergic to the lanolin content.
- **Sunburn** - Prevention is better than cure. Use a sunscreen with a high blocking factor, i.e. Factor 20 and above, particularly for sensitive skins. Hats and tee shirts should be worn during the summer. Summer sun should be avoided between 12 mid-day and 3pm. Calamine Lotion will help to relieve mild burning. If sunburn is severe, seek medical advice. Certain drugs may predispose towards photosensitivity reactions, i.e. may react to the sun. Check with the local community pharmacist.
- **Eye Care** - For foreign bodies bathe eye in warm water. An eye bath may be used. Consult NHS Direct or child's GP if eye splashed with irritants i.e. bleach. If the eye or surrounding skin is inflamed and has a yellow / green discharge or is encrusted, consult the child's GP.
- **Foot Care** - Always get a diagnosis from the child's GP if either athlete's foot or a verruca is suspected. Children with Diabetes Mellitus must always see the GP for foot care.
- **Bites / Stings (internal)** - If the bite or sting is to the mouth, ear, eye or nose, **consult the child's GP or NHS 111**. If the lips begin to swell or the child has difficulty breathing dial **999 immediately**
- **Bites / Stings (external)** - Children aged 10 years and over, 1% Hydrocortisone Cream (Hc45)  
- Children aged 2 to 10 years, after bite cream.

**NB: DO NOT use hydrocortisone cream on the face**

- **Urticaria** (itching from nettle rash) – calamine lotion or witch hazel gel can be applied directly to the skin for the relief of itching:
- **Constipation** - Children who are known to suffer with constipation will in general already be receiving treatment from their GP. Advice should be sought from parents / carers or their GP if this treatment is not working effectively or is causing pain and discomfort to the child.
- **Cough** - Parents should supply a linctus for their child
- **Diarrhoea** - Consult the child's GP and inform the parents / carers.
- **Pain (Mild) i.e. headache, toothache, period pain etc** - Pain relief can be give as long as the box belongs to that young person, it has their name on it and the date that it was opened this is on line with the new change in government legislation around certain medication. This

medication should accompany the child with clear instructions on when to administer and in what circumstances.

Do not administer aspirin to a young person under the age of 16 years.

### **Drug Alerts**

The residential homes are registered to receive drug alerts via the website [www.mhra.gov.uk](http://www.mhra.gov.uk). When an alert is received the Registered Manager/Assistant manager will check to see if any action needs to be taken by the home

### **Legislative**

The following legislation/guidance has a direct impact on the handling of medication within a care home for children.

- Care Standards Act 2000
- The Medicines Act 1968
- The Misuse of Drugs Act 1971
- The Misuse of Drugs regulations 2001
- The Data Protection Act 1998
- The Health and Social Care Act 2001
- The Administration and Control of Medicines in Care Homes and Children's Services
- Managing medicines in care homes ( published march 2014 NICE Guidelines )

### **Procedures**

Parents/carers are responsible for informing residential staff of any changes to medication and ensuring all medication is in date with the correct label attached.

Parents/carers should complete and send in a MAR sheet at the beginning of their child's stay.

Staff should administer medication as per the medication policy and follow guidance in the control of infection.

## Process

|    | <b>ACTION</b>   | <b>RATIONALE</b>   |
|----|---|--|
| 1  | Wash hands thoroughly as per control of infection guidance.   | To prevent cross-infection.  |
| 2  | Collect all equipment, syringes, medication, flush and list of medication.<br>Put on apron and gloves.  | To facilitate the procedure.<br>To reduce the risk of cross infection. |
| 3  | Check that the MAR corresponds with the label on the medication. If the MAR and label differ in any way <b>DO NOT ADMINISTER THE MEDICATION. Contact the parent/carer and seek GP consent, if necessary.</b><br><br>Ensure the following details are present: and check the 6 rights <ul style="list-style-type: none"> <li>➤ <i>Right Client's name</i></li> <li>➤ <i>Right medication</i></li> <li>➤ <i>Right strength/dose of medication</i></li> <li>➤ <i>Right time of administration</i></li> <li>➤ <i>Right Route of administration</i></li> <li>➤ <i>Right to refuse</i></li> </ul> | To ensure safe, correct administration of medication.                  |
| 4  | Draw up the correct dose of medication into the enteral or oral medication syringe, as per MAR and label. Place on tray. Draw up water flush into syringe as per child's care plan.   | To facilitate the process.   |
| 5  | Explain the procedure to the child.   | To reduce anxiety and promote comfort and compliance.                  |
| 6  | Ensure the child is sitting in a comfortable position, with head and shoulders raised.  | To help prevent reflux, aspiration and promote comfort.                |
| 7  | Locate gastrostomy tube, ensuring it is free from kinks and available for use.  | To ensure delivery of medication.                                      |
| 8  | Attach the enteral or oral medication syringe containing medication to the end of the gastrostomy tube/extension tube. Open clamp. Slowly administer medication by pushing gently on the plunger of the syringe until the syringe is empty. Close clamp and remove syringe. If more than one medication is to be administered, repeat the process for each one. Check the child's care plan when to give a water flush.   | To reduce the risk of gastric irritation and promote comfort.          |
| 9  | If the medication will not flow due to a blocked tube, <b>DO NOT FORCE IT.</b> Contact parents/Paediatric Community Nurse or Ward B11 for assistance.   | To reduce gastric irritation and ensure safe practice.                 |
| 10 | Attach the enteral or oral medication syringe containing water flush to the end of the gastrostomy tube/extension tube. Open clamp. Slowly administer water flush as per child's care plan. Close clamp and remove syringe.   | To flush tube of medication and prevent blockage.                      |

|    |  |  |
|----|--|--|
| 11 | Close cap on gastrostomy tube. Replace back under clothes. If mic-key button is being used, turn extension tube anti-clockwise to unlock and pull out of mic-key button. Recap mic-key button. | To ensure the tube is safe and less likely of being accidentally pulled. |
|----|--|--|



## Appendix 1

| Medication Administration Record Sheet PRN   |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|--|-------------------|------|-------|--|-------------------|------|------------|-----------------|-------------------|------|----------------|----|
| Parents/Carers please explain why and when we are giving this medication in the medication details                           |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
| PRN  | Date              |      |       |  | Date              |      |            |                 | Date              |      |                |    |
| Medication Details   | Time<br>am or pm? | Dose | Adm   | WT   | Time<br>am or pm? | Dose | Adm        | WT              | Time<br>am or pm? | Dose | Adm            | WT |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  | Amount received   |      |       | Staff Initials   |                   |      |            | Amount returned |                   |      | Staff initials |    |
| PRN  | Date              |      |       |  | Date              |      |            |                 | Date              |      |                |    |
| Medication Details   | Time<br>am or pm? | Dose | Adm   | WT   | Time<br>am or pm? | Dose | Adm        | WT              | Time<br>am or pm? | Dose | Adm            | WT |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  | Amount received   |      |       | Staff Initials   |                   |      |            | Amount returned |                   |      | Staff initials |    |
| PRN  | Date              |      |       |  | Date              |      |            |                 | Date              |      |                |    |
| Medication Details   | Time<br>am or pm? | Dose | Adm   | WT   | Time<br>am or pm? | Dose | Adm        | WT              | Time<br>am or pm? | Dose | Adm            | WT |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  | Amount received   |      |       | Staff Initials   |                   |      |            | Amount returned |                   |      | Staff initials |    |
| Codes to be used: R= Refused, H=Hospitalised, S=Spat out, V=Vomited, NR=Not Required, Adm=Administrated by, WT=Witnessed by. |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
| <b>MEDICATION AUDITS</b>   |                   |      | NAME: |  |                   |      | SIGNATURE: |                 |                   |      | DATE:          |    |
| Comments:  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
| If there is an error, have you contacted OOH, registered manager and NHS 111 for advice? Have you written a report?          |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
| WESTLAND DRIVE STAFF ONLY  |                   |      |       | COMMENTS REGARDING MEDICATION E.G. REFUSAL SICKNESS ETC. |                   |      |            |                 |                   |      |                |    |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |
|  |                   |      |       |  |                   |      |            |                 |                   |      |                |    |

## Appendix 2

| Parent/Guardian please sign at the bottom of MAR Sheet   |      |                  |                   |     |                            |                   |     |    |                   | Medication Administration Record Sheet Westland Drive |    |                   |     |      |                   |     |    |                   |     |    |  |
|--|------|------------------|-------------------|-----|----------------------------|-------------------|-----|----|-------------------|---|----|-------------------|-----|------|-------------------|-----|----|-------------------|-----|----|--|
| Child's name:  |      |                  |                   |     | ID number:                 |                   |     |    |                   | Date admitted:  |    |                   |     |      |                   |     |    |                   |     |    |  |
| Date of birth:   |      |                  |                   |     | Telephone:                 |                   |     |    |                   | Postcode:   |    |                   |     |      | Date discharged:  |     |    |                   |     |    |  |
| Doctor:  |      |                  |                   |     | WARRINGTON Borough Council |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| Please note: If medication is not labelled correctly with prescription label that is clear and in original box - medication will not be administered.                                      |      |                  |                   |     |                            |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| Medication details   |      | Date             |                   |     |                            | Date              |     |    |                   | Date  |    |                   |     | Date |                   |     |    | Date              |     |    |  |
|  | Dose | time to be given | Actual time given | Adm | WT                         | Actual time given | Adm | WT | Actual time given | Adm   | WT | Actual time given | Adm | WT   | Actual time given | Adm | WT | Actual time given | Adm | WT |  |
| Amount received  |      |                  |                   |     | Staff initials             |                   |     |    |                   | Amount returned                                       |    |                   |     |      | Staff initials    |     |    |                   |     |    |  |
| Contra-indications checked   |      |                  |                   |     |                            |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| Medication details   |      | Date             |                   |     |                            | Date              |     |    |                   | Date  |    |                   |     | Date |                   |     |    | Date              |     |    |  |
|  | Dose | time to be given | Actual time given | Adm | WT                         | Actual time given | Adm | WT | Actual time given | Adm   | WT | Actual time given | Adm | WT   | Actual time given | Adm | WT | Actual time given | Adm | WT |  |
| Amount received  |      |                  |                   |     | Staff initials             |                   |     |    |                   | Amount returned                                       |    |                   |     |      | Staff initials    |     |    |                   |     |    |  |
| Contra-indications checked   |      |                  |                   |     |                            |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| Medication details   |      | Date             |                   |     |                            | Date              |     |    |                   | Date  |    |                   |     | Date |                   |     |    | Date              |     |    |  |
|  | Dose | time to be given | Actual time given | Adm | WT                         | Actual time given | Adm | WT | Actual time given | Adm   | WT | Actual time given | Adm | WT   | Actual time given | Adm | WT | Actual time given | Adm | WT |  |
| Amount received  |      |                  |                   |     | Staff initials             |                   |     |    |                   | Amount returned                                       |    |                   |     |      | Staff initials    |     |    |                   |     |    |  |
| Contra-indications checked   |      |                  |                   |     |                            |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| Medication details   |      | Date             |                   |     |                            | Date              |     |    |                   | Date  |    |                   |     | Date |                   |     |    | Date              |     |    |  |
|  | Dose | time to be given | Actual time given | Adm | WT                         | Actual time given | Adm | WT | Actual time given | Adm   | WT | Actual time given | Adm | WT   | Actual time given | Adm | WT | Actual time given | Adm | WT |  |
| Amount received  |      |                  |                   |     | Staff initials             |                   |     |    |                   | Amount returned                                       |    |                   |     |      | Staff initials    |     |    |                   |     |    |  |
| Contra-indications checked   |      |                  |                   |     |                            |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| Medication details   |      | Date             |                   |     |                            | Date              |     |    |                   | Date  |    |                   |     | Date |                   |     |    | Date              |     |    |  |
|  | Dose | time to be given | Actual time given | Adm | WT                         | Actual time given | Adm | WT | Actual time given | Adm   | WT | Actual time given | Adm | WT   | Actual time given | Adm | WT | Actual time given | Adm | WT |  |
| Amount received  |      |                  |                   |     | Staff initials             |                   |     |    |                   | Amount returned                                       |    |                   |     |      | Staff initials    |     |    |                   |     |    |  |
| Contra-indications checked   |      |                  |                   |     |                            |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| Codes to be used: R=Refused, H=Hospitalised, S=Spit out, V=Vomited, NR=Not Required, Adm=Administered by, WT=Witnessed by.   |      |                  |                   |     |                            |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| Have there been any changes to your child's medication since their last visit to Westland Drive? Yes/No  |      |                  |                   |     |                            |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| If yes, what are they and who has made the change?.....  |      |                  |                   |     |                            |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| I confirm that my child should be given the above medication at the stated times and that all medication is within expiry date and, where applicable, once opened within its used by date. |      |                  |                   |     |                            |                   |     |    |                   |   |    |                   |     |      |                   |     |    |                   |     |    |  |
| Name .....   |      |                  |                   |     | Signature .....            |                   |     |    |                   | Date .....  |    |                   |     |      |                   |     |    |                   |     |    |  |

Appendix 3

Medication Investigation Form

**Section One**

Completed by the staff member identifying the error, you must notify the Registered Manager/ Assistant Manager asap and the on call manager if appropriate- this form should be completed after medical advice has been sought, the safety and welfare of the child is always paramount

|                                |  |
|--------------------------------|--|
| Name of Person completing Form |  |
| Position                       |  |
| Date                           |  |

|                                      |  |
|--------------------------------------|--|
| Name of Medication/ Strength         |  |
| Person Medication belongs to         |  |
| Prescribed/Non-prescribed Medication |  |

|  |
|--|
| <p>Details of Error that has Occurred, <i>please ensure that the report is clearly recorded with all details, ie amount of medication missing, details on labels, including who has identified the medication error.</i></p> |
|--|

|   |
|---|
| What is the advice from the medical professional? |
| <br><br><br><br><br><br><br><br><br><br>          |

|  |
|--|
| What time were parents/ carers notified and details of the discussion. |
| <br><br><br><br><br><br><br><br><br><br>                               |

|  |
|--|
| Staff on shift during the medication error |
| <br>                                       |
| <br>                                       |
| <br>                                       |
| <br>                                       |

|   |
|---|
| Staff member responsible for medication |
| <br><br>                                |

|                                       |          |
|---------------------------------------|----------|
| Staff signature completing form/ Date | <br><br> |
|---------------------------------------|----------|

**Section two to be completed by Registered Manager/Assistant Manager**

|   |
|---|
| Investigation details completed by Registered Manager/Assistant Manager |
| <br><br><br><br><br><br><br><br><br><br>                                |

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|--|
| Actions identified by Registered Manager |
|  |

|   |  |
|---|--|
| Signature of Investigating Manager and Date |  |
|---|--|

|                                       |  |
|---------------------------------------|--|
| Registered Manager Signature and Date |  |
|---------------------------------------|--|