West Hampshire Clinical Commissioning Group

Handling Medicines in Care Homes

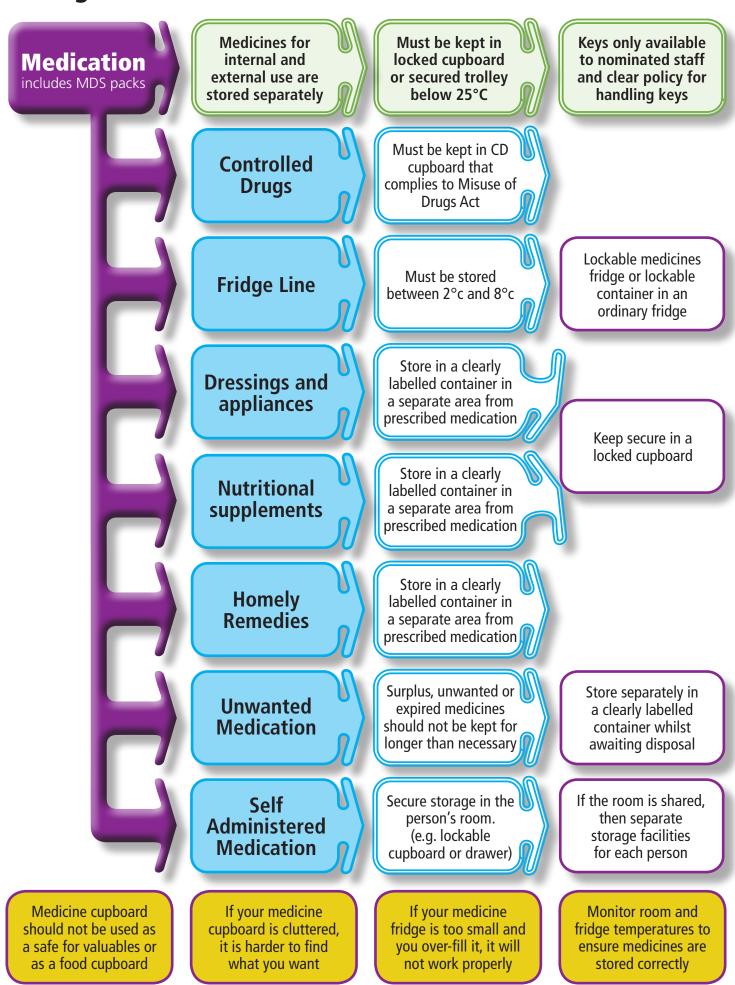
Only order the **Keep all medicines** Keep in original **Medication** medication you secure — see pharmacy supplied 'Storage of Medicines usually need for includes MDS packs container a 28 day period in Care Homes' sheet Some tablets/ Patches:- follow the Controlled capsules may be slow instructions carefully, release - do not crush or open without checking Drugs replacing them at the appropriate interval with a Pharmacist Use a Max/Min Must be stored between 2°c and 8°c thermometer in **Fridge Line** fridge and record Refer to your policy if temperatures daily outside this range Pour bottles with the Measure liquids label uppermost so accurately using a Liquids drips do not spoil the medicine spoon, details syringe or measure Eye/Ear/Nose Drops, Follow the patient Non-oral Inhalers, Patches, information leaflet for **Medicines** Creams, Injections, instructions on how to administer correctly Suppositories... If in the The label attached to the medicine, which has Manufacturers the person's name on it, will also have a date container, use the when the medicine was prepared. If this date expiry date printed is more than six months ago, check with the on the pack Expiry Pharmacist to see if they should still have it as a guide Dates Always read Type of Medicine Use by the label or Liquid antibiotics Can be between seven to 14 days. check with your **Opened containers** Pharmacist Eye drops Discard 28 days after opening. and/or short Preservative free drops can be shorter. courses of Creams/ointments Varies - can be up to six months treatment may from opening. have a shorter expiry. Write the 'When Required' Discard eight weeks after dispensing medicines in MDS date on label. date of opening blister packs on the label Varies: some can be 28 days or up to three months from opening. Other Liquids Medicines must be Doses must not be Incorrectly measured Read the patient given from the put out in medicine pots doses are one of the leaflet for the container they are in advance of commonest medicine medicine for more supplied in administration errors in care homes information

CS36775 - Developed by medicines management teams across Hampshire CCGs. December 2013

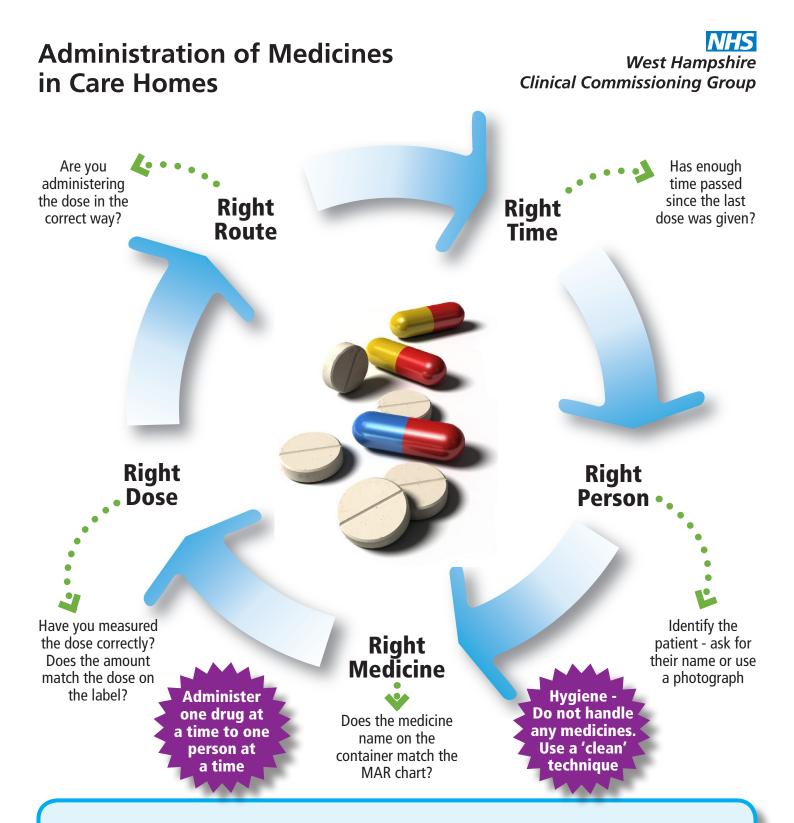
NHS

Storage of Medicines in Care Homes

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Check the MAR chart before administering the medicine - has it already been given or has enough time elapsed since the last dose?

Check the Five Rights - see above - on the medication label and the MAR chart.

Administer the dose, following any instructions or warnings on the label, and record immediately on the MAR what has been given or record if it has been refused or omitted using the correct code.

MAR charts should not have gaps and records must be made in ink. No Tipp-Ex for mistakes!

Medicines that have been prescribed and dispensed for one person should not, under any circumstances, be given to another person.

You should only give medicines that you have been trained to give.

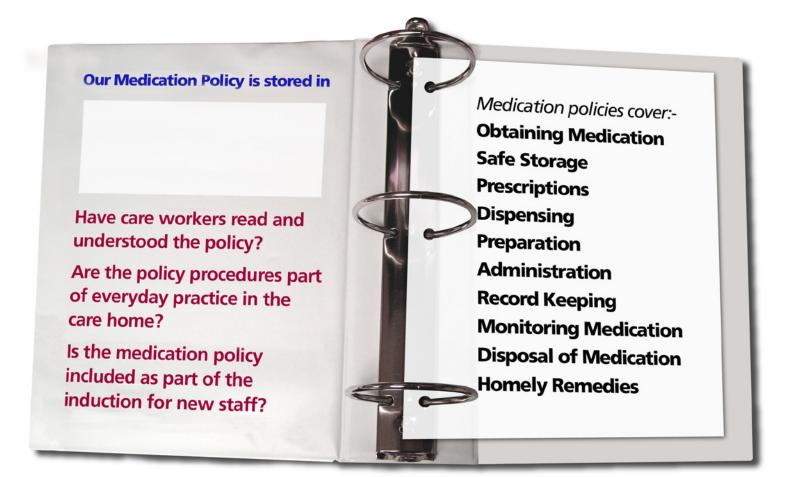
Disguising medication (or covert administration) can only happen when all the necessary conditions are met and are documented accordingly. It should not happen routinely.

Record Controlled Drugs in the CD register as well as on the MAR chart immediately.

Check your medication policy for full details.

Medication Policies in Care Homes

NHS West Hampshire Clinical Commissioning Group



Medication policies should include: -

- How 'as required' (PRN) medicines are handled and used.
- Details of training for staff who handle medicines so they have the necessary competency.
- The arrangements for requesting a second opinion in relation to medicines for people detained under the Mental Health Act 1983.
- The full procedure and recording requirements if covert administration is identified as necessary.
- The arrangements for assessing if a person is able to self-administer their medicines.
- The recording of when medicines are given to the person.
- How to deal with relevant medicine-related patient safety communications.
- There is an up-to-date list of medicines taken by the person when they begin to use the service.

- The management of discharge medicine to allow for continuity of care.
- How to deal with and report adverse events, incidents, errors, near misses, share concerns about mishandling and have systems in place to reflect on the findings of incident reviews so that the risk of them being repeated is reduced to a minimum.
- What to do with medicines following a patient's death.

Clear procedures for controlled drugs including:-

 Systems in place to comply with the requirements of the Medicines Act 1968 and the Misuse of Drugs Act 1971, and their associated regulations, the Safer Management of Controlled Drugs Regulations 2006, and other relevant professional guidance, as well as all of the above.