

The safe handling of medicines unit 2



Section 1| (1) What is the purpose of a prescription The purpose of a prescription is to provide written instructions for the pharmacist to enable him to dispense medicines correctly.| (2) Identify four different types of professionals who can legally write prescriptions.

1) Dentist (Medicines relating to teeth or mouth)2) Optician (optometrists can prescribe medication for eye related conditions) 3) Doctors (Both hospital doctors and GPs)4) Nurses (some nurses can be independent prescribers within their competence) | (3) Identify all the information you would find on a prescription. * The prescribers name, surgery name and telephone number * The prescribers role / position, and signature * The date it was issued * The service users full name and address * The service users date of birth and if under 12 years old their age * The generic name of the prescribed medicine * The route in which the medicine is to be taken * How much should be taken and how often * If the medication is to be taken as required then it should specify the minimum dose interval.| Isabel is a designated person at hop-wood house care home. She has received an order of medication from the pharmacy and needs to check the medication in.| 4) Explain the procedure that Isobel should follow and detail the information she should check. a)The procedure she should follow: All medicines that are received within your place of work should be thoroughly checked and fully documented by the manager or a designated person as soon after receipt of the medication as possible. b)The information she should check: She should check that the medications names, quantities, strength of medication, and form of medication are the same as the names on the MAR chart(Medication administration record).

And she should make sure the medication is labeled with the exact name of the service user| 5) What information should she record once she has checked the medication? She should check and record the following information, The date of receipt, the name strength and dosage of the medication, the total quantity of medication received and add on any left over from a previous prescription. She should record the name of the service user to which the medication has been prescribed and this record should be signed off with the signature of the member/members of staff who checked and received the medication.| 6) Explain the procedure that Isobel should follow if she identifies any discrepancies when checking the medication: If Isobel finds any discrepancies they must be immediately reported to the pharmacist who dispensed the medication and under no circumstances should any discrepancy whatsoever be ignored!| 7) What factors should be taken into consideration when renewing prescriptions? Allow sufficient time from ordering so as not to run out, as this will include processing, dispensing, collecting, receiving, checking, and recording medication. Before ordering check existing stock levels you don't want to be overstocked either. Ensure that a sufficient amount is ordered to ensure it lasts the service user up until the next ordering day is planned.

Check expiry dates on current stocks of medication. As if you order less because of the existing amount of stock and then find out mid cycle that some has to be disposed of it will leave service user without medication.|

8) Describe the procedure that should be followed to renew a repeat prescription. The designated person will check the MAR chart to check for recent changes in medication or dosage and then order the repeat

prescriptions by way of a prescription request form; any changes will be reflected on this form. Prescription requests for repeat prescriptions are usually based on a 28 day cycle and repeats/renewals should be made towards the end of the first week. Once completed the form is then forwarded to the appropriate GP for authorisation and depending on your workplace procedures the now authorised form is either passed on to the designated pharmacy or returned to your care home to take to the pharmacy. | 9) When would you order as and when required (PRN) medication PRN medication can be costly and should only be ordered depending on usage of the last dose administered as great care has to be taken in deciding how much is to be ordered factoring in expiry dates and the frequency of use . because if this type of medication is routinely ordered every cycle then stocks can become mountainous and wastage is inevitable.

| 10) what factors need to be taken into account when ordering as and when required (PRN) medication How much is left from the last cycle. Any changes to how often it may be required. And expiry dates need to be regularly checked. | Stephan is a 39 year old man who lives in a care home which provides care for people who have learning disabilities. He has been feeling unwell for a couple of days. He has a temperature and is coughing a lot. The manager of the care home makes an appointment for Stephan to see his doctor. The doctor diagnoses that Stephan has got a chest infection so the doctor writes a prescription for a course of antibiotics.

| 11) Explain how the manager should obtain the medication which has been prescribed He would obtain the medication from the pharmacy as normal, However if the diagnosis has been made out of hours the doctor may be able

to supply the first few doses or obtain medication from an out of hours pharmacy the details of Stephan's new illness must be added to his MAR chart as soon as possible by a designated person. Mary is being cared for in a supported living environment. She has been seen by her doctor and has been prescribed some medication to help with her pain. The pharmacy is not open.

However Stan, another service user, is taking the same medication | 12)

Would it be acceptable to use Stan's medication for Mary until the pharmacy re-opens in the morning Give an explanation for your answer. a)

Would it be acceptable to use Stan's medication for Mary No it would not be acceptable for Mary to use Stan's medication. b) Give an explanation for your answer. Because when a course of treatment is prescribed certain

factors are taken into consideration like health problems, the sex and age of the patient, any other health problems and interaction with other medications the service user may be taking. Also any allergies to certain

medications. | 13) Describe what should happen to a service users medication if the person is being transferred to another care setting and also identify the information which must be recorded. This would be the date of transfer along with the service users name, the quantity, name, form, and strength of medication and also any special instructions regarding the medication. The signature of the staff member who is dealing with the transfer and also the signature who receives the medication at the point of transfer.

| Section 2 Storing medications | 1) List three pieces of legislation which relate to the safe storage of medicines 1) The Health and Social Care Act

20082) The Misuse of Drugs Regulations 20013) The Health and Safety at Work Act 1974| 2) Explain why it is important to ensure key security within your care setting: Because no matter how strong and secure the storage cabinets are that the medications are kept in. This counts for nothing if the keys are available to anyone who lays their hands on them. So it is important that the keys are kept safe and correct procedures are followed in obtaining the keys| 3) Where are the keys to medication storage areas kept within your organisation A member of staff is designated each shift to keep the keys on their person.

The master key is kept by the care home manager.| 4) Which people are authorised to access medication storage areas within your workplace Only the person that has been designated on that particular shift as they have been charged with keeping the keys to medication storage on their person, so it is just them and the care home manager| 5) Describe the requirements for the storage of None Controlled medication within the following care settings:- Care setting| Requirements for the storage of non controlled medication| Clinical areas| A dedicated lockable room that is temperature controlled from within as temperature controls should not be accessible from the outside. It should not have a window and should be fitted with a suitable security devise/system. | Residential Care| It is stored according to individual risk assessments some service users may need to keep medication within their own rooms.

Medicines that are stored centrally should be in a locked, temperature controlled room Medicines can be stored in a medicines cupboard fitted with a strong sturdy lock, but only medicines not other equipment. A lockable

refrigerator or refrigerator in a locked room may be required for medications that need to be stored between 2degrees c and 8degrees c.| Day Services| Depending on the outcome of risk assessments some people may be able to take care of and administer their own medication, however others may need help and support.

Medication brought to the setting should be clearly labelled displaying their name, the medication name, prescribed dosage, frequency of use, quantity, and the date the medication was dispensed. In both cases a suitable lockable cupboard should be available. | Domiciliary care | In a person??™s home they should choose suitable place to store medication in accordance with the manufacturer??™s instructions.

A risk assessment however should be done to identify the level of support and guidance they may need to store medicines safely and securely. | Non-care setting| A risk assessment must be taken and the outcome would depend on the setting and the circumstances involved. However in all cases the manufacturer??™s instructions, temperatures and security should be given careful consideration.| Angus works in a care home for individuals who have learning disabilities. He is responsible for arranging a weekend break for a small group of service users. Angus is undertaking the risk assessment for this trip needs to document the requirements for the storage of medication.| 6. Describe the factors Angus will need to take into account for the storage of non-controlled and controlled medication whilst away from the care home:- 1) Non-controlled medication:- Angus should seek advice from the pharmacist in advance, he should make sure that the medications he is taking are clearly labelled with the users name, the medication name,

prescribed dosage, frequency of use, quantity, and the date the medication was dispensed.

Also he must read and understand the manufacturer's instructions for the medications he is taking with him. 2) Controlled medication:-Angus should follow all the procedures mentioned above for non controlled medication. But in addition to this he should be aware that the requirements of The misuse of drugs regulations 1973/ as amended in 2007 are that storage facilities should consist of a specific gage metal medicines cabinet with specific requirements. Although this would not be possible in this circumstance he should maybe consider a lockable tin box or sturdy lockable case. | 7) Which piece of legislation sets out the storage requirements for controlled medication The misuse of drugs regulations 1973/ as amended in 2007 | 8) Describe the requirements for the storage of controlled medication within the following care settings:- Care setting | Requirements for the storage of controlled medication | Clinical areas | Misuse of drugs regulation must be adhered to requiring a specific gage of cabinet fixed with rag bolts to awall with a steel plate mounted behind it, and have a double locking mechanism. Only authorised people should access the cabinet with an authorised person having possession of the keys.

And have adequate temperature control. | Residential care | Some service users may opt to take care of their own medication in their own rooms which is acceptable after a suitable risk assessment is done. Otherwise the same controls must be in place as in clinical care following the misuse of drugs regulations. | Day Services | If the people after a suitable risk assessment is done wish to look after their own medication they may. Otherwise it must be

stored following the misuse of drugs regulations as in clinical and residential settings. | Domiciliary care| A risk assessment should be done to identify the level of support and guidance they may need to store controlled medicines safely and securely. And they should always follow manufacturers instructions.

They should be encourage to store the drugs securely. | None care setting| A risk assessment should always be carried out to identify controls needed to store drugs safely and securely and manufacturer??™ s instructions should always be followed carefully, | George lives in a care home which provides care for 12 service users. A risk assessment has been undertaken as George has requested that he would like to take responsibility for his own medication| 9) Outline how George can be supported to take and store his medication safely:- Where service users request to take responsibility for their own medication, the first thing that must be undertaken is a risk assessment and this should be reviewed on a regular basis to ensure George is coping with his responsibility and to ascertain any changes to Georges needs or abilities.

If the outcome of the risk assessment confirms Georges ability to manage his own medication he must be provided with lockable facilities to store his medications and it would be his own responsibility for the safe keeping of the key, access to anyone else would only be available with Georges consent. | 10) Explain why it is important to follow instructions issued by the manufacturer when storing medication:- The manufacturer??™ s instructions will have been produced considering current regulations such as the misuse of drugs regulations 1973/ as amended in 2007 and will provide you with <https://assignbuster.com/the-safe-handling-of-medicines-unit-2/>

correct temperatures to store the medications. Manufacturer's instructions must be read and considered carefully when conducting a risk assessment regarding the storage of medicines. | 11) Where should medication be stored if the manufacturer's instructions indicate it should be stored between 2°C and 8°C In a designated refrigerator either lockable or in a lockable storage room to ensure there is no access to temperature controls from outside.

Nothing else should be stored in this refrigerator, i. e. food or specimens |

12) Give two examples of medication which require storage between 2°C and 8°C 1. Insulin Aspart Cartridges used to treat diabetes 2.

Tobramycin inhaler or Pulmozyme solution used to treat people with cystic fibrosis. | 13) Give two examples of medication which need to be protected

from direct sunlight:- 1. Pulmozyme solution used to treat people with cystic fibrosis. 2. Nasonex a nasal spray used to treat allergies. 3. Or any aerosol

sprays | 14) Explain why medication, due to be returned to the pharmacy,

must be stored separately from medication which is in current usage:- To

eliminate the risk of it being mixed with currently used medication and

inadvertently administered to service users. And depending on the reason

for return the consequences of this could cause serious harm or even fatality to service user.

| Section3: SAFE DISPOSAL OF MEDICINES| 1) Give five examples which

explain why medication might need to be disposed of before it is used:- 1.

The medication has been discontinued by the prescriber 2. The medication is reaching or reached its expiry date 3. It has been dropped, damaged,

contaminated or soiled⁴. It has been stored incorrectly one example could be it was stored at the wrong temperature⁵.

Medication has been changed by the prescriber. | 2) How long must you keep medication following the death of a service user It must be kept for a minimum of 7 days as it may be required at a coroners inquest. | 3) Which piece of legislation governs the disposal of medication within the United Kingdom Hazardous waste regulations 2005 | 4) Complete the following table to indicate the correct procedure for the disposal of medication and equipment within different care settings:-

Care setting	Non controlled medication	Controlled medication	Associated Equipment
Home providing nursing care	Should be carried out in accordance with the hazardous waste regs 2005 through a waste disposal company who hold a waste management licence	Much the same procedures as none controlled drugs but these drugs must be denatured prior to disposal this process must be carried out by one person and witnessed and recorded by a second person Guide lines must be followed as regards sharps and must be collected along with other equipment by a clinical waste company, monitored dose systems must always be returned to a pharmacist. PPE such as aprons and glove can be put in with household waste.	Home providing personal care
Although medication disposed of in a care home is classed as household waste it should be returned to the pharmacist so it can be disposed of in the correct manner. It must never be disposed by staff within the care home setting ,			
These must be returned to the dispensing pharmacist and a receipt to confirm its return should be issued by the pharmacist.			

A record of its return should be entered in the controlled drugs book this must be witnessed and counter-signed by a second member of staff| AS above| Domiciliary care| Service users in their own homes should always be encouraged to return unwanted medications to their pharmacist, however care staff must remember that medication is the service users personal property and cannot remove it without the service users consent| Controlled drugs should always be returned to the dispensing pharmacist.| AS above| 5)

Explain why it is important to dispose of medication and equipment in line with national agreed procedures:- All organisations and individuals within have a responsibility and a duty of care to comply with current legislation and regulations requirements Incorrect disposal of medications and/or equipment could have harmful consequences to both individuals and the environment. All care settings have a responsibility to account for every item of medication used and disposed of and must be able to provide records and documented evidence when audited, and they must be able to explain the reasons for any medication not accounted for.

Not correctly disposing of medicines could lead to managers and/or members of staff being liable to prosecution leading to fines and/or imprisonment being imposed on them. |