

Asm 34 answers essay



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ASM34 1. 1

Legislation – The Medicines Act, Control of Substances Hazardous to Health (COSHH) Regulations, The Health and Safety at Work Act, The Misuse of Drugs Act, The Misuse of Drugs (Safe Custody) Regulations, Health and Social Care Act The Medication Policy and procedure and Mars Handbook covers assessment of individuals' needs, administering, storage, recording and disposal of medicines including their effects and potential side effects

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Common Types of Medication, Effects, Potential Side Effects Analgesics e. g. paracetamol Analgesics are used to relieve pain such as headaches. Addiction to these can happen if taken over a long period of time. Also, irritation of the stomach, liver damage and sleep disturbances as some analgesics contain caffeine.

Antibiotics e. g. amoxicillin

Antibiotics are used to treat infections caused by bacteria. Diarrhoea, feeling sick and vomiting are the most common side effects. Some people get a fungal infection such as thrush after treatment with antibiotics for a longer period of time. More serious side-effects of antibiotics include kidney problems, blood disorders, increased sensitivity to the sun and deafness. However, these are rare.

Antidepressants e. g. cipramil

Antidepressants work by changing the chemical balance in the brain and that can in turn change the psychological state of the mind such as for depression. Common side effects include: blurred vision, dizziness, drowsiness, increased appetite, nausea, restlessness, shaking or trembling, and difficulty sleeping. Other side effects include: dry mouth, constipation, and sweating.

Anticoagulants e. g. warfarin

Anticoagulants are used to prevent blood clotting A side effect common to all anticoagulants is the risk of excessive bleeding (haemorrhages). This is because these medicines increase the time that it takes clots to form. If clots take too long to form, then you can experience excessive bleeding. Side effects may include passing blood in your urine, or faeces, severe bruising, prolonged nosebleeds (lasting longer than 10 minutes), blood in your vomit, coughing up blood, unusual headaches, sudden severe back pain, difficulty breathing or chest pain. Some side effects with warfarin include rashes, diarrhoea, nausea (feeling sick) and vomiting.

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For certain medications it is important that other checks are made both before and after administering medication. For example blood sugar levels should be checked before administering insulin. An individual's pulse must also be taken before administering medication used for heart irregularities such as digoxin. Blood pressure must also be checked after administering medication that is used for lowering individuals' blood pressure. Regular blood tests are also important if the individual is taking warfarin'.

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Unexpected adverse reactions can happen for any drug potentially that an individual is taking. For example someone who has an adverse reaction to penicillin, will go into anaphylactic shock; the signs of this are the swelling of for example the lips or face, a skin rash and the individual may also have breathing difficulties. This is why it is important that all information about an individual is recorded in full in their care plan and MAR. Other severe adverse reactions could include a fever and skin blistering. If adverse reactions are not treated they could be fatal. These usually occur within an hour of the medications being administered. Sometimes adverse reactions can develop a few weeks after and may cause damage to the kidneys or liver.

When individuals experience adverse reactions to medicines, the policy is to inform the Manager immediately explaining the adverse reactions, the Manager will then inform the individual's GP and pharmacist and seek advice, unless the reactions are so serious then an ambulance will be called and the medication will also be stopped. All adverse reactions and full actions taken following advice given must be recorded in full in the individual's care plan, daily report and MAR.

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The different routes of medicine administration Inhalation Inhalers and nebulisers are used for individuals who have respiratory conditions as these deliver the medication directly to the lungs. Oral This is medication that is taken via the mouth. This can be in the form of tablets and capsules. If an individual finds it difficult to swallow tablets oral medication is also available

in liquids, suspensions and syrups. Sublingual medications are for example when tablets are placed under the tongue to dissolve quickly.

Transdermal

Transdermal medications come in the form of patches that are applied to the skin normally to the chest or upper arm. They work by allowing the medication to be released slowly and then absorbed. For example, Hormone Replacement Therapy (HRT) patches and nicotine patches.

Topical

Topical medications come in the form of creams and gels and are applied directly to the skin surface usually to treat skin conditions. Instillation
Instillation medications come in the form of drops or ointments and can be instilled via the eyes, nose or ears. Drops can be used for ear or eye infections. Nose sprays are used for treating for example hay fever.

Intravenous

Intravenous medication enters directly into the veins and absorbed quickly.
Rectal/Vaginal Rectal medications are absorbed very quickly. Suppositories are available and are given into the rectum. Pessaries are given into the vagina. Subcutaneous Subcutaneous medications are injected just beneath the skin i. e. insulin is administered in this way. Intramuscular Intramuscular medication is injected directly into the large muscles in the body, i. e. the legs or bottom.

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Routes of Administration Types, Purpose, Function of Materials and Equipment Inhalation Gloves must be worn and hands washed before and after when administering medication by all routes. For those with respiratory difficulties Inhalers are used and can be either worked by the individual when they breathe in or set automatically to activate when the individual breathes in which is measured by the doctor prescribing this. Nebulisers can also be used and work differently; a liquid is placed into a chamber at the base of a mask, a fine mist of the medication is released into the mask and the individual inhales.

Oral

This is medication that is taken via the mouth commonly in the form of tablets; using a non-touch technique these should be administered; direct from the MDS system if being used which is tablets and capsules only contained in blister packs. Medication cups and spoons can be used to administer these. Some tablets must not be crushed as this can change how the medication works.

Transdermal

Transdermal medications come in the form of patches that are applied to the skin; the locations of where they should be applied and how to change these will be explained in the instructions that come with these.

Topical

Topical medications come in the form of creams and gels and instructions should be followed. Instillation Instillation medications come in the form of

drops or ointments and can be instilled via the eyes, nose or ears. Drops, sprays and ointment tubes need to be available and instructions followed.

Intravenous

Intravenous medication involves giving an injection. This route can only be done by a doctor or trained nurse. Rectal/Vaginal Rectal medications are absorbed very quickly. Suppositories are available and are given into the rectum. Pessaries are given into the vagina. Only after training can these medications be administered. Access to a bed pan, commode and/or toilet close by must be given in case of sudden urge for individual to empty their bowels.

Subcutaneous

Subcutaneous medications involve giving an injection. Only after training can these medications be administered. Intramuscular Intramuscular medications involve giving an injection. This route can only be done by a doctor or trained nurse.

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The individual's details, their full name, address and date of birth. The medication, the name of the medication, the dose, strength, frequency to be taken, the route and form, when the medication should be started and ended Other, special instructions, any known allergies, prescriber signature.

ASM34 4. 2

Some medication is spread over the day as too much at one dose could be harmful and other medication is timed for specific reasons for example - diuretics are given in the morning so that the person is awake and can access the toilet safely; temazepam is given at night to aid sleep (if given in the day, the person might suffer a fall); insulin is given before meals to allow it to work effectively.

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Sometimes individuals refuse their medication, this is their right to. As I cannot legally and according to our medication policy administer their medication without their consent. I must listen to why they are refusing, sometimes because they can't understand why they need to have their medication, other times because they can't swallow tablets. I must explain what their medication is for and their effects and also give them information about how medication is available in liquid form which they would find easier to swallow. If the client refuses their medication I have to record it on their MAR and in their care plan and inform my Manager who will then contact the individual's doctor for advice. This may involve a medication review to see what else can be offered.

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To make sure that that the individual is taking their prescribed medication and that their condition does not deteriorate. If the individual passes it to others, this could result in other individuals overdosing, taking medication that is not prescribed for them, this can cause them to feel ill or can be fatal.

If medication is not taken and left out then others might misuse this too which is abuse.

ASM34 5. 7

Sometimes when individuals leave the home or stop taking their medication because it is not agreeing with them then the home is left with out-of-date and part-used medications. Under the care home standards, the hazardous waste regulations and the medication policy it is a requirement for all medications to be disposed of safely. The medication returns book where the medication that is to be disposed of is entered in here, then packaged up and placed in the medication cupboard securely until the pharmacy collect this, this usually happens when the new MDS is delivered the medications for disposal are collected; these are signed for and recorded.