

# Explain safe practice in the administration and storage of medicines essay



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There are many ways safe practice can be promoted. Members of staff who are to be administering medication should understand how they could be administering and storing the medicines in a safer way. In this assignment, I will be shadowing a nurse as it is my first day in placement at the University Hospital of North Staffordshire. Safe practice can be promoted through many ways; there were many policies and procedures being put in place for members of staff to follow.

There are six rights which the staff would have to follow. These include: right person, right drug, right dose, right time, right route and right documentation. These six rights will be discussed later on in the assignment. The first thing I witnessed during my placement was the fact that members of staff would gain consent from the patient for administering the medication. There were four patients in the bay, the member of staff approached the first patient and explained to them the procedure.

This patient was recently admitted to the hospital and did not have an intravenous needle for a drip which can be used for antibiotics. The member of staff explained to the patient the procedure that she was going to be undertaking. The member of staff then discussed about the medication that the patient was on and how the medication could benefit the patient. Then the member of staff explained the possible side effects from the medication that they will be taking. After all this information was given to the patient, the member of staff asked for their consent to carry on with the procedure.

I later asked the member of staff to what they would do if the patient was refusing to follow the procedure. The member of staff replied saying " I

would firstly encourage them and if they still carried on refusing then I would come back to them later on". To me this was very good practice as the patient was not being forced to do anything against their own will. The patient later on agreed and the member of staff explained the procedure to them. For example, the member of staff was communicating to the patient saying that the needle will only feel like a small scratch and then once it goes into the client they won't be able to feel it much unless they kept on touching that area.

The NMC have certain requirements which would need to be met. These requirements include: to gain consent from clients for any medical treatments they may have, including medication. The client should be provided with sufficient information regarding the prescribed drugs. If the client is not able to give consent, then family members, advocates and other professionals should get together to get the best consent for the client. By the members of staff gaining consent, it shows that they are following the NMC requirements and are respecting the client's decisions.

If the client is not able to make the decision for themselves due to lack of mental capacity then the professionals and the family members or advocates would have the responsibility to ensure that the decision made is made in the best interest of the client. The member of staff then approached the second patient Jones with their medication. Jones refused to take his medication and just wanted to go home. The member of staff encouraged Jones by speaking to him about how the medication will benefit him and how they would have a quicker and a better recovery. Jones still disagreed and did not take the medication.

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The member of staff went into the office and wrote it on the MAR chart stating 'refused to take medication'. The member of staff had to respect Jones' decision and left the scene. The member of staff did not want to insist Jones to take his medication, as it could make the situation become even worse as Jones may not want to take the medication later on. After a while, the nurse approached Jones and asked him whether he was ready to have his medication. Jones still refused to take the medication. The member of staff then approached their senior staff and the prescriber.

The senior staff then approached Jones and asked him whether he would prefer his family members coming in to give him the medication. After a while, Jones agreed with having his family to come in to give him his medication. Confidentiality was maintained as the senior staff took the name of the next of kin and then contacted them, asking them to come in. A risk assessment was later made and this information was put into Jones care plan. The third patient was a patient who self-medicates themselves. They took full responsibility of taking their own medication.

However, I still observed, the member of staff asking them whether they have taken their medication. This was only so they were on the safe side and were fully aware that the patient had taken their medication. Although, the client was self-administering, the member of staff still spoke to the client and said that they may feel a little tired and sleepy once they have had the medication. This made the client aware of the side effects they may have, once they have had their medication. There were situations where the patients were not able to open their containers which stopped them from taking their medication or delayed them from having their medication.

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For this reason the member of staff asks them, to be certain that they have had their medication and if the patient needs any help, the member of staff could support them. There are more risks for people who self-administer their medication as other patients may take their medication which will make them feel that they have already taken it as the medication is not there any more. Members of staff had to take risk assessments to minimise the risks. These risk assessments would be taken regularly and would identify who would be administering the medication to the client and where it will be given. Secondary administration involved a client's family member coming in to give them their medication. This did not take place whilst I was observing.

The fourth client was to be given their medication from the member of staff as they preferred the member of staff administering them their medication as they may forget to take it. At this time of the day, the member of staff started to get tired and stressed as there were many patients and visitors coming in and out. There were patients who required a lot of attention due to the different needs they had. When the nurse was putting the patient's medication together, they mistakenly put a different tablet in without realising.

This was because the staff was talking to other members of staff and was instructing them to go to a certain patient as they need support. The member of staff still did not realise that they had the wrong medication in the container. This was because she was distracted whilst putting the medication together for this patient. The member of staff then gave the patient the medication.

When the member of staff went to write this on the clients chart to state that they have had their medication she realised that something was wrong. The nurse went back to the trolley and looked into the medication that the client was to be taking. She realised that she did not give the medication that she was supposed to give as the quantity of medication on the trolley, was the same. The member of staff started to get worried and did not know what to do. However, the nurse went and approached the senior staff and told them that she made a mistake.

She then contacted the patients GP asking for advice on what to do. After this, the nurse contacted the pharmacy and confirmed with them what action should be taken. The nurse then approached the patient and told them that she made a mistake and apologised. The nurse then informed the patient that she will be observing his health.

Risk assessments were made again and then the senior staff took over.

During my shadowing, I observed many hygiene procedures being carried out from the members of staff in the hospital. The members of staff would wash their hands once they were in contact with a patient and also washed their hands every time they went to the toilets. The members of staff were wearing personal protective clothing which included gloves and aprons. These were mainly used when they were cleaning the beds and were taking the patient to the toilets. The members of staff also wore protective clothing when handling medication.

There are many ways to how medication can be stored. Controlled Drugs (CDs) would be put in a metal container and would be stored in a cabinet

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which would fulfil the Misuse Drugs (Safe Custody) Regulations (1973). There should be a record of the drugs that are being kept and the record book should be page numbered. This will ensure that investigations are carried out properly without any information being missing.

All clients' medication should be kept separately and there should be a register on the quantity of CDs that may be held. The trolley which has the medication would always have to be locked so no one can access it. The trolley would have to be stored in a locked room and would have to be kept clean at all times. This is because if the trolley is not clean then it could spread germs and infections. The medication fridge would also have to be locked and kept clean at all times.

The medication fridge would not be the same as a kitchen fridge. The temperature for the fridge would always be monitored. There are many reasons to why a medication would need to be disposed. This may be because the client may die, the client may leave the home or maybe the treatment may not need to be continued.

However, if a client dies, the organisation would be required to keep the medication for 7 days before disposing it. This is because the investigations that will be carried out for the client's death would identify whether the client died by their medication or for any other reason. Medication that needs to be disposed should always be safely disposed. This is because if the organisation does not dispose the medication they will not be meeting the National Minimum Standards. This procedure would be carried out in all health and social organisations.