

Support use of medication in social care settings essay sample

[Health & Medicine](#)



The Misuse Of Drugs Act 1971

The Safer Management of Controlled Drugs 2006

The Data Protection Act 1998

Health and Safety at Work Act 1974

The Control of Substances Hazardous to Health Regulations (COSHH)

Hazardous Waste Regulations 2005

Mental Capacity Act 2005

The Access to Health Records Act 1990

The classification of medicines are all related to the Medicines Act 1968, while working with medication it is good to have an understanding and working knowledge of the common types of medication by training that should be provided by you company that you work for. Drug

Penalty for supply

Penalty for possession

Class A:

Diamorphine (heroin), cocaine, MDMA, LSD, methamphetamine, strong opiates

Up to seven years or unlimited fine or both

Up to life in prison or fine or both

Class B:

Amphetamine, barbiturates, cannabis, less potent opiates

Up to five years or unlimited fine or both

Up to 14 years or fine or both

Class C:

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Benzodiazepines, ketamine, steroids and GHB

Up to two years or unlimited fine or both

Up to 14 years or fine or both

The policies and procedures are put in place to make sure that legislation is being followed so that all people in the setting, are being cared for are safe, this includes staff and service users. Also that their needs are being met, inclusive practise and diversity is being followed out and that the setting is staying within the law. They must reflect on legislation so that the policies and procedures are correct and are the correct way of doing things. For example if a health and safety procedure was put in place and was not in-line with legislation then this could cause the setting to get in trouble with the law and could cause harm to the person who was in need of health and safety requirements could become harmed.

Know about common types of medication and their use.

Medicine Name

List conditions for which the medication may be prescribed for

Physical reactions to the medication

Mental well-being reaction to the medication

Risperdal

Mental/Mood disorders such as:

Schizophrenia

Bipolar disorder

Irritability

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Autistic disorder

Depression

Drowsiness

Dizziness

Light-headedness

Drooling

Nausea

Weight gain

Tiredness

Difficulty swallowing

Muscle spasms

Shaking

Mental/Mood changes:

Anxiety

Restlessness

Lorazepam

Anxiety

Alcohol withdrawal

Prevent nausea and vomiting due to chemotherapy

Insomnia

Drowsiness

Dizziness

Loss of coordination

Headache

Nausea

Blurred vision

Change in sexual interest/ability

Constipation

Heartburn

Change in appetite

Mental/Mood changes such as

Hallucinations

Depression

Thoughts of suicide

Memory problems

Chlorpromazine

Mental/Mood disorders such as:

Schizophrenia

psychotic disorders

manic phase of bipolar disorder

severe behavioural problems in children

Reduce aggressive behaviour and the desire to hurt yourself/other Decrease

hallucinations (hearing and seeing things)

Help control nausea/vomiting

Relieve prolonged hiccups

Relieve restlessness/anxiety before surgery

Drowsiness

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Dizziness

Dry mouth

Blurred vision

Tiredness

Nausea

Constipation

Weight gain

Trouble sleeping

Muscle/Nervous system problems

Anxiety

Agitation

Jitteriness

Restlessness

Constant need to move

Understand roles and responsibilities in the use of medication in social care settings. The prescriber should select suitable medicine. The prescriber must check that there are no known allergies to the medicine, no interactions with existing medication and no contraindications. The prescription must include the following: The patient's name, address and date of birth

The drug name and strength

When to take the drug

How much to dispense

The prescriber's signature

The prescriber's address

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The prescriber should explain what the drug is for, why it should be taken and any common side effects. The prescriber should review the need for long term medication at regular intervals whilst monitoring the person's medical condition throughout. The pharmacist will check the validity of the prescription and accurately dispense the medication and legally label the container with: The name of the individual

Date of supply

Name and address of the supplier

Name of the medication

Dosage of the medication

Route of administration

Directions for use/frequency

Special instructions, warnings or cautions

Expiry date

Some pharmacists will deliver medication to people who are house bound. Pharmacists dispose of medicine brought back from care homes and private homes. They are there to give advice on all aspects of medication, deliver supply devices and containers to help people take their medicine The role of a care home manager is to ensure all the staffs are trained properly to dispense of medication. Put policies and procedures in place for everyone to read and follow, provide personal protective equipment if needed. Assess how the service user likes to take their medicine. Risk assess the capabilities of the service user to self-medicate. Write a care plan describing the help needed to order, collect, store and administer medication for an individual.

Keep and store accurate records of all medication that comes into and leaves the home, to also ensure that all Medication Administration Record (MAR) sheets are correct and signed every time medication is given. The role of the carer is to assist with medication according to the plan of care. Also to follow the seven R's: Right Route: Check that the medicine is being administered through the right route - orally, topically, eye drops etc. Right Person: Check that the medicines you have are for the person you are giving it to. Right Time: Check that the time is right for the medicine and if there is a requirement for before or after food. Right Dose: Check the dose against the MAR and on the label. Right Drug: Check that these are the medicines that are on the person's Medicine Administration Record (MAR). Right Outcome: it is important that the medicine achieves the right outcome that of improving someone's condition. Right to Refuse: if they do this seek GP advice.

Also to give medication respecting the person's dignity and choice, to only give authorised medication from a labelled container, to give the medication according to the training received. Also to help to inform and educate the person about their medicine should they wish to know, to be aware of common side effects. It's also important to record episodes of care accurately, also to report any problems to the manager. Many people buy homeopathic and herbal remedies and take them alongside their prescribed medication. These remedies are not so strictly controlled but may still interact with the prescribed medicine and cause side effects, it is advisable for the GP's advice to be sought and care staff should not give any remedies to service users without GP authorisation.

It is an important principle that all people receiving a service should be fully informed and consulted in matters relating to their health and well-being and agrees to the care provided. Some care providers will ask the service user to sign a consent form to allow their medication to be administered by care staff. On each occasion medication should only be given with full consent. This can be implied by positive body language and cooperative behaviour. If the service user declines or refuses, this choice should be documented. The manager and/ or GP should be informed. Understand techniques for administering medication.

Below are routes by which medication can be administered:

Orally - The majority of medicines are administered via this route. Tablets, capsules, liquids. Sublingually - This is where tablets or liquids are administered under the tongue for speed of absorption. Common examples of medicines administered sublingually are GTN spray and tablets for angina. Inhalation administration - This method is used mostly for patients who have chronic respiratory problems such as asthma. This enables the medicine to be delivered to the site where it is most needed - the lungs. Intramuscular (IM) injection administration - This medicine is injected directly into large muscles in the body. Intravenous (IV) injection administration - The medicine is administered directly into the veins. Subcutaneous injection administration - With this injection, the medicine is administered directly under the skin. A common example of a medicine administered via this route is insulin.

Instillation administration - the medicine is in the form of a suspension or liquid that can be instilled in a number of ways; via the eyes, nose or ears.

Rectal administration - Medicines administered into the body by this route are absorbed very quickly. Vaginal administration - These are normally used to treat conditions of the vagina - for example vaginal thrush. Topical application administration - This is where creams, ointments and gels are applied directly to the skin. Transdermal patch administration - The transdermal patch is a more common route of administration than a few years ago. Examples include HRT patches and nicotine patches. The drug is slowly released slowly from the patch over a set period of time and is absorbed through the skin and into the bloodstream. Medication may be presented in different forms. They can all come in different colours, shapes, sizes, strengths and tastes: Creams/Ointment: are semi-solid preparations, containing the medicinal substance, to be used externally.

They are applied directly onto the skin or into the eyes or ears. Tablet/Pills: there normally a round or oval shape that contains medicine and is swallowed. Some are 'enteric-coated' with a substance which only dissolves when it reaches the intestines; this ensures that the active ingredient reaches the site of action or site of absorption. Inhalants - a medication that is taken into the body through the nose or respiratory system, through inhalation. Asthma medication, is available in inhaler formulations Liquid: a concentrated solution of a sugar in water, with medication dissolved in the liquid. Cough mixtures are commonly sold in liquid form; liquid medicines are particularly useful in children and the elderly, both of whom may struggle to swallow tablets or capsules. Injection - the administration of a liquid, into a part such as vein or subcutaneous tissue. An injection usually brings about a quicker effect, particularly if the drug is injected directly into the

bloodstream. Lozenges – a medicated tablet that is allowed to dissolve in the mouth.

Throat conditions are most commonly treated with lozenges, which often have a mild anaesthetic effect to numb a sore throat. Pessary – the medication is usually mixed with a suitable oil, which is solid at room temperature, and is in the form of a large “tablet shape” to be inserted into the vagina, often used in vaginal infections. There are a number of materials and equipment that can assist in administering medication. PPE: gloves and aprons can assist when administering creams and ointments as it helps control the infection and is more hygienic. Compliance aids – these are used to encourage and support people to take their medicines e. g. tots, spoon, syringes.

Monitored dosage system (MDS) – An MDS is usually used for solid oral dosage medicines such as tablets or capsules. Inhalers – A variety of different inhalers are available on the market. Aerosols, dry powder inhalers, nebulas and powder inhalers are marketed in a variety of preparations from turbo halers, auto halers, accu halers and evo halers. Percutaneous endoscopic gastrostomy (PEG) and naso gastric (NG) tube administration – some people may not be able to swallow medicines in the conventional way but they could be administered via NG or PEG tubes.

Know how to promote the rights of the individual when managing medication. Risk assessments will not eliminate risks, but they will identify ways to reduce the risks as much as possible. Exercising a duty of care, a care setting must undertake a risk assessment if someone wants to self-

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medicate. Good risk assessments do not stop people from doing things; they should enable people to do more because safeguards are put in place to support people in doing what they want. The questions to be asked of someone in a risk assessment are likely to be around how much information they have about what is involved, do they know how to store medicines and all the requirements of locked cupboards. They may also look at whether a person can open child proof containers and if plain tops would help, whether people need to be able to see the labels clearly, or the labels need to change. All aspects of self-medication need to be considered.

If the risk assessment starts from the idea that everyone should be able to self-medicate and seeks to find ways to make it happen rather than to stop it, then it is more likely that the person will be able to maintain a level of control over their life through managing their own medicines. Difficult issues arise when someone decides they no longer wish to continue with treatment, even though this may mean that they will die or their quality of life will become very poor. In this situation, you can only make sure that they have all possible information and have had plenty of opportunity to discuss their decision with health professionals, family and friends. Unless there are issues of capacity, the decision is theirs to make. Other issues can arise over matters of personal or religious convictions.

Vegans, vegetarians and some people's religious beliefs mean that they are not willing to take capsules that are made from gelatine which is an animal based product. Often this can be resolved by a discussion with the doctor and prescribing the same medicines in a different formulation. There can be

religious and cultural issues around the administration of medicines during fasting. All sorts of issues can arise with medicines that need to be taken with food or at times when someone is fasting and cannot take the tablets. This can often be resolved as there are exemptions from the requirements of fasting for people who are ill. It may also be possible to discuss with the doctor the possibility of adjusting the times of the administration.