

Hsc 3047 support use of medication



HSC3047 SUPPORT THE USE OF MEDICATION IN SOCIAL CARE There are several legislations to help with the administration of medications in the social care setting:—MEDICINES ACT 1968— This requires that all pharmacist or other dispensing bodies comply to and can only do this using the correct current form of prescription in an appropriate authorised source. MISUSE OF DRUGS ACT 1971— This helps control the use and administration of Controlled Drugs such as Morphine and Oromorph. MISUSE OF DRUGS (SAFE CUSTODY) REGULATIONS 2007— This is to help with the safekeeping and recording of controlled drugs, they should be kept away from other medication in a lockable cabinet, where the key is kept with the person in charge at all times. HEALTH AND SAFETY AT WORK ACT 1974— This helps employers and its employees maintain a safe working environment within the workplace, it helps maintain a safe and risk free workplace for all who enter the premises. CONTROL OF SUBSTANCE HAZARDOUS TO HEALTH (COSHH) REGULATIONS 1999— This is required to help protect employees against risk when using substances in the work place, employers are to provide personal protective equipment (ppe) to all who come into contact with harmful substances.

MENTAL CAPACITY ACT 2005— This helps people who may not have the capacity to speak out for themselves, it helps plan for their future, helps them with problems they need to come to terms with, it upholds the principle for the best interest of the individual, it holds a criminal offence for those wilfully neglecting someone with low or no capacity. ACCESS TO HEALTH RECORDS ACT 1990— This act gives guidance to individuals the right to access their own medical health records without any obstruction. DATA

PROTECTION ACT 1998— This act requires all organisations to keep all information regarding individuals that they have on computer safe and secure, only the individual and person upholding the records should be allowed access, the information should be accurate and relevant to the individuals care. Policies are give guidance and achieve the correct outcomes needed for a smooth running risk free organisation, policies are arranged by the board and/or other senior management body within the organisation.

Policies are not rules or laws they help prevent mistakes, avoid unnecessary risks, same time and money and ensure consistency in the work place. There are many different types of medication to treat a wide range of disabilities, ailments and disorders, some are taken on a long term and/or short term basis and some are when required (PRN). Medications can cause some adverse effects on individuals this could be caused by an allergic reaction, a reaction to other medication taking or just one of the mild reactions known with the medication.

, all reactions should be reported and recorded and if needed the GP may need to be notified and the medication may need to be changed or dosage altered, common side affects are rashes, behavioural changes, frequent headaches, nausea, constipation, diarrhoea, swellings, fatigue and weight gain/loss. There is a vast amount of different medications but some common ones within a care setting are PARACETAMOL, ASPIRIN, IBRUPROFEN, CO-CODAMOL- To treat pain some for general pain others for inflammation pain, Aspirin can also be used as a blood thinner for those at risk of clots and strokes, comes in various forms, creams, soluble or solid tablets. AD-CAL-To

help with the strengthening of bones and increase calcium intake comes in a chewable tablet. METFORMIN & STATINS— To treat diabetes it lowers the blood sugars comes in tablets and solution. CITLOPRAM— To treat depression and anxiety normally comes in tablet form. WARFARIN— To treat those who is prone to clots, can come in tablet form if the blood test is low in cells a liquid form of vitamin k is given. DIPROBASE—Is used to treat eczema and dry skin comes in a cream form.

Various medical professions can prescribe medications but only to their own competence and abilities—DOCTORS—They can determine the individuals needs and are responsible for the correct type, dose and amount of medication need to treat the individual, regular reviews are necessary to check medication is still effective and needed. NURSE PRACTITIONERS— They can determine the individuals needs and can also prescribe correct type, dose and amount of medication needed within their own competence, they can even prescribe controlled drugs if needed, however they may get some advice from GP. PHARMACIST INDEPENDANT PRESCRIBERS— They can prescribe medications for any condition within their competence but cant prescribe controlled drugs. OPTOMETRIST— They can prescribe any medication that is for treatment of the eyes, surrounding area and tissues, they cant prescribe controlled drugs. DENTIST— They can give prescriptions for treatment of the mouth, teeth and gums, if any other treatment or medication required they will refer to the GP. PHARMACY— They are to dispense the correct medication, dose and amount that is on the authorised prescription, they can advice on ailments to their own competence or advice you to seek help from GP. TRAINED CARERS— They are to ensure that the

individual take the correct medication at correct time. Some medication can be taken that are not prescribed these are known as homely remedies or over the counter medication, such as paracetamol, immodium, rennie and senna.

If an individual within the care setting has their own over the counter medication then I would advice them that I would look after them for them in the lockable cupboard as they shouldnt have them about their person in-case another individual can access them, I would also report my findings and keep an eye that the individual doesnt obtain any more, if the individual is allowed to have them about their person then a risk assessment should be in place. Medication can be administered in several ways:—ORALLY—Tablets, capsules and liquidsSUBLINGUALLY— Tablets, sprays and liquids, placed under the tongue for a quicker absorption (GTN spray)INHALATION— Taken via the mouth with a inhaler for the spray to be absorbed into the lungs (sabutamol)INTRAMUSCULAR— By injection into a large muscle only to be done by professional or trained persons (epilepsy)INTRAVENOUS— By injection, cannula put into vein and medication administered into cannula, this is absorb rapidly and done by professionals only (morphine)SUBCUTANEOUS INJECTION —By injection straight under the skin into the fat layer, only trained staff to administer (insulin)INSTILLATION ADMINISTRATION— Ophthalmics, ontological & nasal given by drops, sprays creams or ointments (conjunctivitis, sinusitis)RECTAL ADMINISTRATION— This is given direct into the rectum using a suppository can be absorb quickly and pain medication can be given this way, only given by trained staff (pain medication, constipation)VAGINAL ADMINISTRATION—This is given straight

into the vagina via a disposable applicator (pessary for thrush) TRANSDERMAL PATCH ADMINISTRATION—This is given through an adhesive patch put onto the skin normally the back, the drug is slowly released into the blood stream and replaced weekly (severe pain) A deprivation of liberty safe guarding assessment may be needed to administer medication to some individuals to safe guard them thesis put in place when an individual is vulnerable and lacking capacity and requires medication for their well being, they still have the right to refuse medication, staff can try again at a later time but remembering the time differences needed between medication, if the individual continues to refuse or it becomes a pattern talking to them may help, they may be refusing because they are feeling nausea, faint, head achy etc when taking them or may be having difficulty swallowing them, all refusals should be reported and recorded and discussions with the GP may be needed as an alternative could be prescribed. All medication that the individual is taking should be on a need to know basis only, and all information is recorded in appropriate records kept in lockable cupboards, medication information should be confidential and anyone needing to know should only be informed if it is relevant to them such as GP, Physio, Consultant and other such significant others. You must always obtain the individuals consent to administer medication and NEVER put into food or disguise in any other way, nor must you tell the individual they are sweets be honest and tell them its their medication, if they refuse its their choice and no amount of force to take the medication should be used. The individual if they have the capacity and it is appropriate in the care setting should always be encouraged to self medicate, this will help boost their self esteem and keep their independence,

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if an individual is self medicating then they should have lockable cabinets in their own room and a risk assesment should be in place and these should be reviewed regulaly any changes noted I. e forgetting to take medication etc should be reported and recorded and risk assements altered and updated. Privacy and dignity should always be uphelded when dealing with medication, Mrs M dosent want to be asked if she wants a laxative whislt sat at the tea table nor does Mr B want to be shouted at cos hes hard of hearing do you want a pain killer, ask them discreetly respecting their wishes.

Mrs G has her insulin before meals so she should be taken to her room where its private as her skin is exposed for the needle to go in also she doesnt want it common knowledge that she is diabetic. Medication is kept in a lockable trolley which is secured to a wall in safe place this should have a thermometer in and should be kept at a temperature of 26 degrees, medication is administered with the help of mar sheets, dosage system, spoons, syringes, med pots and water. The mar sheets and dosage systems should always tally with each other any dicrepancies should be dealt with asap and the GP or Pharmacy contacted before administering medication, even if you know what the correct dose etc is because its the regular tablet you still need it confirming by professional source.

All medication should be signed for on the mar sheet even if its a refusal this needs documenting on mar sheet, controlled drugs need signing in a book too with two signatures on mar sheet and in book, controlled drugs are also counted every time one is administerd and this is documented in controlled drugs book. Controlled drugs are kept in a secure lockable cabinet away from other medications. Medication that appear the same in colour and size

are not to be put in same dosage bubble as medication needs to be easily recognised and identified. Some medication cant be put into the dosage system as they are liquid form, short term, prn or perishable, these are kept in original packaging which is named and kept in trolley along with other medication unless otherwise stated and should be kept in a lockable fridge. There may be some ethical issues surrounding the use and administering of medication, these issues should be addressed and adhered to remembering the privacy and dignity of the individual, you should avoid any confrontation and ignore your own views and opinions and respect the views of the individual, these ethical issues should be recorded and may even need risks assessments especially for those that fast for their religious beliefs.