**Medication Management**



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# Introduction

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| **Purpose** | The purpose of this document is to ensure that:   * People engaged with the service make informed choices to take medication. * Persons being responsible for medication processes complete their tasks in a manner that is consistent with legislation, relevant standards and guidelines. |
| **Scope** | The processes described in this document apply to persons involved in the service’s medication management processes.  ***This document does not apply to aged care facilities.*** |
| **Policy** | The service will:   * Maintain systems that ensure safe medicines management processes. * Support the person engaged with the service to make informed choices. * Ensure adherence with contractual responsibilities and duty of care. * Support people to gain and/or maintain independence in managing their medication and other remedies.   At all times, the person the medication is prescribed for is the focus of the medicines management system. |
| **Quality Indicators** | To measure the effectiveness of the medication management system, the following quality indicators are put in place:   * Documentation, analysis and resulting improvements of medication related incidents/adverse events. * Number of people engaged with the service that have achieved a defined level of independence in managing their medication. * Adherence to the medication competency systems. * External audit results show that required standards/criteria for medication management processes have been met. |
| **References** | |
| Legislation | [Medicines Act 1981](http://www.legislation.govt.nz/act/public/1981/0118/latest/DLM53790.html)  [Medicines (Standing Order) Regulations 2002](http://www.legislation.govt.nz/regulation/public/2002/0373/10.0/DLM170107.html)  [Misuse of Drugs Act 1975](http://www.legislation.govt.nz/act/public/1975/0116/latest/DLM436101.html)  [Health Practitioner Assurance and Competency Act 2003](http://www.legislation.govt.nz/act/public/2003/0048/latest/DLM203312.html) |
| Guidelines | [HealthNavigator resources](https://www.healthnavigator.org.nz/medicines/)  [Medication safety programme](https://www.hqsc.govt.nz/our-programmes/medication-safety/)  [Medicines Management Guide for Community Residential and Facility-based Services](http://www.health.govt.nz/publication/medicines-management-guide-community-residential-and-facility-based-services-disability-mental)  [Medicines Reconciliation Standard](https://www.health.govt.nz/publication/medication-charting-and-medicine-reconciliation-standards)  [New Zealand Nurses Organisation Medicines Guidelines](http://www.nzno.org.nz/resources/medicines_-_guidelines_and_information)  [Standing Order Guidelines 2016](http://www.health.govt.nz/publication/standing-order-guidelines)  [Tikanga ā-Rongoā](http://www.health.govt.nz/publication/tikanga-rongoa) |
| Standards | [Medication Charting Standards.](http://www.hqsc.govt.nz/assets/Medication-Safety/NMC-PR/Presentations-Medication-Charting-Standards.pdf) 2011. Health Quality and Safety Commission.  [Good Prescribing Practice. Medical Council NZ. 2016](https://www.mcnz.org.nz/our-standards/current-standards/medical-care-and-prescribing/good-prescribing-practice/)  NZS 8134:2008 Health and Disability Services Standards |
| Organisational Policies and Procedures | Adverse Events/Incident Management  Open Disclosure  Informed Consent |

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# Responsibilities for Medication Management Processes

## Medicines reconciliation and prescribing

[**Medicines Reconciliation**](http://www.hqsc.govt.nz/our-programmes/medication-safety/publications-and-resources/publication/616/)

A process of obtaining the person’s most accurate list of medicines and other remedies, allergies and adverse drug reactions and comparing this with the current prescribed medications, documented allergies and adverse drug reactions.

**Staff/Service Providers**

**Person engaging with the service/whānau**

**Medical Practitioner/Prescriber**

* Facilitates that the required information is given to the prescriber and/or clinical team member.

(Nurses can do medicines reconciliation)

Provides the prescriber with information:

* On the current and past medication taken.
* On adverse responses to medication/allergies.

(brochure for person engaging with the service)

* Obtains the required information from the service user and others.
* Documents the medication information obtained.
* Provides the service with confirmation that medicines reconciliation occurred.



Todesignate or order the use of a medicine, remedy or treatment.

[**Prescribing**](http://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96518.html)

**Staff/Service Providers**

**Medical Practitioner/Prescriber**

**Service User/Family**

* Facilitates the processing of the prescription as required.

**Do not transcribe**

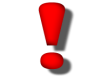
**Medication**

* Ensures that medication reviews occur as required.
* Attends doctors’ visits to ensure ongoing supply of medication.
* Processes the prescription as required.
* Asks any questions if the prescription is not clear.
* Accesses [information](http://www.medsafe.govt.nz/consumers/cmi/CMIIndex.htm) about the medication prescribed.
* Initiates a medication review as necessary.
* Informs the service user of the reason, effects and side effects of the medication prescribed.
* Prescribes the medication.
* Ensures that the prescription is given to the identified person(s).

Example: pharmacist, service user, service provider.

* Reviews the medication

regime at least 3 monthly.



## Dispensing and administering – responsibilities cont.

**Dispensing**

The preparation of a medicine for sale including the

packaging, labelling, recording, and delivery of a medicine.

**Staff/Service Providers**

**Medical Practitioner**

**Pharmacist**

**Person engaged with the service**

Do not tamper with the original package of the dispensed medication.

Ensures to leave the medication in its original package/container.

Only prescribers and pharmacists can dispense medication.

**Nurses are legally not authorised to dispense medication unless they are ‘delegated prescribers’ or nurse practitioners. Refer to the** [**Medicines Regulations**](http://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96539.html) **.**

**Administering/Supervising/Giving Medicines**

To give medication to a person in the correct way.

**Staff/Service Providers**

**Person engaged with the service**

**Prescriber**

Facilitates medicine administration in a manner that supports maximum independence for the service user.

Takes part in taking their prescribed medication - to their capability.

Agrees to the person’s engaged with the service level of self-administration – in writing or delegates this decision in writing to another clinician.

## Administering/Supervising/Giving Medication

Staff/person engaged with the service

Prepare environment:

* Have the paperwork ready – script, signing sheet.
* [Info on Medico packs](http://www.medicopak.co.nz/doctorshowdoesitwork/)



No disruptions:

* Activate answerphone.
* Administer:
  + in a quiet space
  + one person at the time

Before Administering

[Hand Hygiene](https://www.hqsc.govt.nz/our-programmes/infection-prevention-and-control/projects/hand-hygiene/)

Wash and dry hands.

**CHECK:**

**Right Person**

Check the name on the medication pack/container.

Check that the identity of the service user matches the name on the pack.

Check the medication against the medication chart/record.

Check expiry date. Check the noted allergies.

**Right Medicine**

[Medico packs](http://medicopak.co.nz/administeringfromapak/)

**Right Dose**

Ensure the dose in the medication pack/container is the one charted on the medication chart/record.

Read the medication related instructions to confirm the time for administering the medication.

Check the time when the last dose of the medicine was administered.

Check if there is a period of time to take the medication in relation to foods or liquids (for example antibiotics). Always follow the instructions.

**Right Time**

Read and follow the direction on the medication chart/record.

Remember: not all pills are swallowed!!!!

**Right Route**

[Examples](https://www.healthline.com/health/administration-of-medication)

If the person chooses not to take medication prescribed make a note on the signing sheet (use appropriate abbreviation) and inform the prescriber/clinical team.

Explore with why the person is not wanting to take the medication.

Ensure the person taking the medication is giving consent

Informed consent:

* Provide written [information](http://www.medsafe.govt.nz/consumers/cmi/CMIIndex.htm)
* Access videos
* Discuss the medication information with the person and if relevant with their whanau.
* Provide the person with this information: [5 questions to ask](https://www.hqsc.govt.nz/assets/Medication-Safety/Other-PR/5-questions-to-ask-about-your-medications-poster-EN-Jan-2019.pdf) about your medication.

**Do not administer medication if the person is intoxicated.**

Consult with the prescriber, registered nurse or call the

health line 0800 611 116

### 

*Administering medication cont.*

**Never** administer dropped or spilt medication, nor put it back in the container:

* Wipe up any spilt liquid with a disposable cloth, and dispose of the cloth in an outside bin.
* Explain to the service user how you will continue with the process and why.
* Administer the correct dose from the remaining medication if possible.
* Arrange for the dropped or spilt medication to be replaced.
* Return dropped medication to the pharmacy for disposal.
* Complete an incident/adverse event report.
* Apologise to the service user.

Oral Medication: swallowing - [sublingual](http://www.wikihow.com/Administer-Sublingual-Medication) - [buccal](http://www.healthline.com/health/sublingual-and-buccal-medication-administration#uses2)

Take with water: never with grapefruit juice or milk

Follow instructions!

[Asthma Inhalers](http://www.wikihow.com/Use-an-Asthma-Inhaler)

[Ventolin HFA](http://www.ventolin.com/about-inhalers/use-asthma-inhaler.html)

Follow instructions!

Effects of the medication on the person who has taken it.

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Staff/Person engaged with the service

Apply [Hand Hygiene](http://www.europeantissue.com/hygiene/how-to-wash-your-hands/)

If you have not observed the service user having ingested/swallowed their medication you cannot sign the administration record. You have to specify exactly how the medication has been processed.

Dropped or spilled medication

**If not administered**

Make a note with correct abbreviation on the medication administration sheet & sign/initial.

Sign/initial the medication administration record.

**After Administering**

[Eye Drops](http://www.wikihow.com/Use-Eye-Drops)

[Hand-out instructions](http://www.safemedication.com/safemed/docs/Eye-Drop-Flyer.pdf)

Topical:

Applied to a specific area of the skin (for example creams).

Follow instructions!

Administer/

give

the medication

**Observe**

# PRN – As required medication

**All PRN prescribed medication need to include the condition/ indication for which the medication should be given.**

**Person administering/giving the PRN medication**

Only administer/give PRN medication for the purpose noted on the prescription/medication chart/medication record.

Follow the medication administering processes.

Some PRN can only be administered/taken if the clinical responsible team or the services on-call person approves – check for instructions.

Observe the effect of the PRN medication

Document the observations in the records of the person having taken PRN.

If alternatives to PRN are available try those before administering/giving PRN medication. Examples:

* breathing exercise
* sensory modulation
* diversion therapy/activities
* talking therapies
* document a pre-PRN plan
* refer to the relapse prevention plan

Discuss ongoing PRN use with the prescriber/clinical service.

Discuss with the person engaged in the service:

* Possible allergies to the remedy.
* Possible interaction with the prescribed medication.
* Consultation with the GP/prescriber or pharmacist to confirm no adverse interactions.
* Have the over the counter medication prescribed.

**Over the Counter PRN remedies**

**PRN and regular use**

*(MOH guideline):*

* If the medicine is ‘as required’, there is an expectation that the person is not using it regularly or ‘relying’ on it.
* If the person is using or requiring a PRN medicine regularly, it is important that staff know to report this to the prescriber so the circumstances can be considered.
* If a person has a change in the frequency in which they take the PRN medicine or in their experience of the symptom being treated with the PRN medicine, staff need to report that change to the prescriber in case there is something else wrong.

**CAUTION:** [**Patient safety guide for Ibuprofen**](https://www.healthnavigator.org.nz/medicines/i/ibuprofen/)

**Paracetamol guide for** [**adults**](https://www.healthnavigator.org.nz/medicines/p/paracetamol/) **and** [**children**](https://bpac.org.nz/2018/docs/paracetamol.pdf)

# Self-management of medication

**When the prescription is issued**

**When goals are discussed**

**Person engaged with the service/whānau**

**Service providers**

**Prescriber**

Other participants as identified:

Interpreter

Advocate

Peer support

Cultural supports

Key worker

Pharmacist

Support as identified by the person engaged with the service

**Decision Making Principles**

Persons engaged will be:

* Supported to manage their medication.
* Supported to gain the skills to manage their medication.
* Provided with resources and training to manage their medication.
* The prescriber provides written approval for self-administering.

* [Programme to gain medication self-management skills.](https://www.healthnavigator.org.nz/medicines/m/medicines-safety-tips/)
* Medication plan.

**AT all times**

**Person engaged with the service/whānau & Service providers**

**Storage of medication**

# Medication arrangements at other than the usual/routine locations

Provide the person responsible for the medication with:

* [Information about the medication](http://www.medsafe.govt.nz/Medicines/infoSearch.asp).
* [Information about medication safety and hand-outs.](https://www.healthnavigator.org.nz/medicines/m/medicines-safety-tips/)

Complete a medication arrangement document that includes:

* How many days of medication was given.
* Name and contact details of the person responsible for managing the medication.
* Name and NHI of the person the medication is prescribed for.
* Contact details of the person/service to contact in case any issues arise.
* Information when to seek medical practitioner consultation.
* Information on free healthline contact 0800 611 116.
* Take [particular cautions](https://bpac.org.nz/Series/safer-prescribing.aspx) if a high risk medication is taken.
* This document needs to be signed and dated by the service provider and the person responsible for the medication.

* It is preferable to have the medication taken in a medico -pack.
* Ensure enough medication is taken away.
* Provide extra medication in case the person’s return is delayed.

Identify and record the name of the person responsible for storing, administering and bringing back any leftover medication.

Consult with and obtain permission from the prescriber/clinical responsible service about the amount of medication given to the person responsible to ensure medication is taken.

**Person engaged with the service**

**Service provider**

**Whānau**

**Before going on leave**

Services need to ensure ongoing use of the person’s medication when they are away from the place where they usually take their medication. This applies, for example, when people are away visiting friends or whānau, go away on a holiday or a tangi or a conference.

# Adverse Responses to Medication

**As soon as the adverse medication response is identified**

**Life-threatening** [**anaphylaxis**](https://www.healthnavigator.org.nz/health-a-z/a/anaphylaxis/)

* Remain with the person.
* Maintain airway, breathing, circulation.
* If able to, lay the person flat and elevate their feet.
* Contact your manager/team leader for support and guidance – **after** you called 111.

CALL 111

**Severe – abrupt onset**

Severe difficulty breathing/wheezing/noisy breathing

Throat swelling

Cyanosis (blue skin, especially around mouth)

Difficulty swallowing

Seizure

Coma

Cardiac arrest

* Remain with the person.
* Follow instructions given by the prescriber, clinical service provider or ambulance.
* Ensure person gets medical attention: GP, emergency clinic.

CALL:

* prescriber
* clinical responsible service
* manager/team leader
* on-call staff
* Healthline 0800 611 116

**Can be abrupt or gradual:**

Warm sensation

Mild shortness of breath/cough

Feeling of fullness in mouth/throat

Nasal congestion/sneezing/tears

Eye and face swelling

Pruritus (severe itchiness)

Anxiety

**Mild adverse response**

Person identifying/reporting the response

A [side effect](https://www.healthnavigator.org.nz/medicines/s/side-effects-medicines/) is a predictable effect of the medicine.

An adverse medicine reaction is not be predictable.

A true medicine allergy results in a physical allergic reaction (see below).

[**Definition**](https://www.medsafe.govt.nz/Consumers/Safety-of-Medicines/Medicine-safety.asp) **= any unexpected, unintended, undesired or excessive response to medication.**

**Moderate adverse response**

**Can be abrupt or gradual:**

Itchiness

Lower blood pressure than normal

Flushing

Wheezing

# Controlled Drugs

**Documentation**

Controlled drugs are returned to the pharmacy (within one week) if no longer administered. Maintain a record of this – Pharmacist to sign return of CD’s.

Each shift a designated staff members will have access to the controlled drug storage device.

Controlled drugs to be kept in a locked controlled drug storage – separate from other medication -as soon as the controlled drugs arrive at the service and thereafter.

**Storing**

The relevant professional body will be informed if a health professional has been involved in the theft or misappropriation of medication including controlled drugs.

The service will involve the Police if controlled drugs are missing because of possible theft.

If possible: all controlled drug activities/processes involve two staff members.

All staff who have achieved approved medication management competency can manage controlled drugs

Overall responsibility: health professional or staff in a leadership role

Not all controlled drugs need to be kept in the controlled drug storage device. Refer to the [MOH website](https://www.health.govt.nz/our-work/regulation-health-and-disability-system/medicines-control/controlled-drugs) or consult with your pharmacist for advice.

Arrange with the pharmacist that controlled drugs required to be monitored through a [controlled drug register](http://www.legislation.govt.nz/regulation/public/1977/0037/latest/DLM55964.html) will have a label ‘controlled drug’ on its package.

The service might from time to time monitor controlled drugs not requiring by law to be included in the controlled drug register because of its abuse potential. This will need to be communicated to all staff managing medication and to the people to whom controlled drugs are prescribed.

A controlled drug register is maintained to record all controlled drugs coming in and all controlled drugs going out. Follow the clear instructions provided in the controlled drug register. If in doubt, contact your pharmacist for advice.

The controlled drug register is kept in the controlled drug storage container.

Once a week the balance of each drug noted in the register is checked. This will be entered in red in the controlled drug register. A senior staff member or a health professional will perform this task.

# Receiving, Transporting, Storing and Returning Medication

Staff involved the medication processes

People engaged with the service/whānau involved in managing medication



Never:

* Re-label medication containers.
* Remove a medication label.
* Give a person medication from another person’s packed medication – even if a service provider /clinician asks you to.
* Accept or give a person medication from a container or envelope that is not correctly labelled. Only pharmacists and prescribers can label medication containers.

**Receiving**

Store immediately according to the instructions:

* In the original package.
* In a cupboard that is accessible to authorised persons only.
* Separate prescribed and over the counter medication.
* Provide people who manage their medication with safe storage.
* The area where the medication is stored should not exceed acceptable room temperatures (14° to 24°C).

[**Medication requiring storage in a fridge**](https://www.hqsc.govt.nz/assets/Medication-Safety/Watch-Updates/Medication-Safety-Watch-4-Nov-2012.pdf)

* A fridge separate from a food fridge will be used.
* Fridge need to be calibrated.
* A minimum of weekly temperature checks need to be recorded.
* The fridge temperature has to be between 2° and 8°C.

**Transporting**

Ensue the medication is transported safely:

* In the locked boot of a car.
* In a locked brief case.
* Always return no longer used and expired medication to the pharmacy – within one week.
* Maintain a record of returned medication.

**Returning**

Confirm in writing the medication received:

* + date
  + amount
  + countersigned
  + check the received medication is correct
  + identify on each medication package that the correct prescribed medication has been dispensed
  + request correct dispensing from the pharmacist if the medication is incorrect

**Storing**

# Respite Services

Ensure that the following is provided by the referrer:

* The service user’s current prescription – or medication chart.
* Confirmation of all the medication the service user is currently prescribed and taking (incl. GP prescribed).

**Before the service user enters the respite service.**

* That the situation is resolved immediately.
* That the referrer/service user provides the necessary documentation and/or the medication in the required manner without delay.
* That the person seeking respite services is not able to do so unless the required documentation and processes are provided.

The Ministry of Health [guidelines](https://www.health.govt.nz/publication/medicines-management-guide-community-residential-and-facility-based-services-disability-mental) recommend the following if the required medication related processes are not followed by the referrer/person seeking respite services

Ensure the referrer/prescriber provides written instructions for:

* PRN – including indication.
* Any other medication required (example: inhaler).
* Verbal instructions need to be followed up by a confirming fax, scanned document or other written confirmation within 8 hours.

Provide the clinical responsible service with information on changes by multiple prescribers or a change in the allergy/medicine related sensitivity at discharge (medicines reconciliation).

Medication need to be [labelled](http://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96156.html) according to legislation.

|  |
| --- |
| **Do not accept brown envelopes with medication that is not legally dispensed and labelled!** |

Confirm in writing with the referrer the roles in medication management by the:

* Respite service (authorisation required).
* Person entering respite services.
* Clinical service/prescriber.

**Manager/team leader**

Planned and crisis respite services contracts may require to manage the medication of people engaged with those services. Additionally to the documented processes in this manual the [Ministry of Health guidelines](https://www.health.govt.nz/system/files/documents/publications/medicines-management-guide-for-community-residential-and-facility-based-respite-services-disability-mental-health-and-addict-v2.pdf) identify that respite services also focus on the following processes:

# Emergency, Over-The Counter, Complementary and Alternative Medication

## Emergency medication and responses

* Ensure the emergency medication is replaced.
* Report the situation through the incident/adverse event process.
* Person in leadership position to inform whānau identified in the records (advanced directive)

Person engaged with the service:

* has overdosed on drugs/medication/alcohol



Immediately!

This is very important for any medication the person took especially [paracetamol](https://www.healthnavigator.org.nz/medicines/p/paracetamol/)!!!!

Are alert to specific conditions such as:

* [asthma](https://www.asthmafoundation.org.nz/resources)
* diabetes ([low blood glucose](https://www.healthnavigator.org.nz/health-a-z/l/low-blood-glucose/), [high blood glucose)](https://www.diabetes.org.nz/hyperglycaemia)
* [anaphylaxis](https://www.healthnavigator.org.nz/health-a-z/a/anaphylaxis/)
* [poorly controlled epilepsy](http://www.epilepsy.org.nz/main.cfm?id=83&lid=11)
* heart conditions/[heart attack](https://www.healthnavigator.org.nz/health-a-z/h/heart-attack/)
* [High blood pressure](https://www.healthnavigator.org.nz/health-a-z/b/blood-pressure-high/)
* [constipation (Clozapine related)](https://www.medsafe.govt.nz/profs/PUArticles/clozGI.htm)
* metabolic syndrome
* [substance withdrawal syndrome](https://www.matuaraki.org.nz/uploads/files/resource-assets/substance-withdrawal-management-guidelines-for-medical-and-nursing-practitioners.pdf)

**After the emergency**

* Follow the medical emergency/acute management plan.
* Check the emergency medications expiry date.
* Administer the emergency medication as instructed.
* Call for assistance if needed
  + on-call staff
  + Healthline 0800 611 116

Or

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**Staff on duty/person engaged with the service**

**When the emergency is identified**

Ensure a staff member on each shift has a First Aid Certificate.

Know how to respond to an emergency and how to use emergency medication.

* medical condition
* medical needs
* medical emergency plan
* acute condition response plan

Persons engaged in the service ongoing assessments identify:

**Staff responsible for service delivery**

Staff on duty

Will use the St. John’s [instructions](https://www.stjohn.org.nz/First-Aid/First-Aid-Library/Overdose--Drugs-and-Alcohol/) until the ambulance arrives.

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Jo instructions until the ambulance arrives.

## Over-The Counter, Complementary and Alternative Medication

People engaged with the service may choose to use over-the counter medication and remedies. They might wish to receive services from practitioners that offer indigenous or other remedies. It is essential that the psychiatrist, GP and pharmacist know that the service user is using such remedies as they can interact with the medication prescribed.

**Person engaged with the service**

**Service provider**

Facilitate access to complementary/alternative practitioners’ registration information.

[Ministry of Health funded Rongoa providers,](https://www.health.govt.nz/our-work/populations/maori-health/rongoa-maori-traditional-maori-healing)  [HealthNavigator](https://www.healthnavigator.org.nz/medicines/c/complementary-and-alternative-medicine/)

[NZ Association of medical herbalists](https://www.nzamh.org.nz/)

Provide the person engaged with the service with information on complementary, alternative, traditional and indigenous remedies.

Refer to: [HealthNavigator](https://www.healthnavigator.org.nz/medicines/c/complementary-and-alternative-medicine/), [Medical Council](http://www.mcnz.org.nz/assets/News-and-Publications/Statements/Complementary-and-alternative-medicine.pdf), [Medical Research Institute NZ](https://www.mrinz.ac.nz/research/).

Is using over-the-counter, complementary and alternative remedies

or

expresses the wish to use such remedies.

Initiate that prescribers know about all the medication or remedies the person engaged with the service is taking or intents to take.

The main prescriber and pharmacist need to ensure the compatibility of all prescribed substances. Information is available on [Medsafe](https://www.medsafe.govt.nz/Medicines/medicine-information.asp)

# Medication Management Competency

**Staff/person engaged with the service/family**

**Manager or Delegate**

Are familiar with the policies and procedures that apply to medication management responsibilities and processes.

Ensures safe medication management practices are implemented.

Have medication administration observed against a standardised observation template.

Complete a medication management test within given timeframes.

Invite speakers that provide information on specific medication and its management.

**Yearly Medication Management Competency Activity Options:**

Utilise the outcomes from medication incidents to develop a competency plan.

Use on-line medication training and other information for example [PHARMAC](https://www.healthnavigator.org.nz/videos/m/medication-tips/medicines-in-healthcare-clinicians/).

Utilise mental health support work educational material through, for example, [HealthNavigator](https://www.healthnavigator.org.nz/medicines/)

Ensure cultural views are considered during the medication management processes.

[Cultural Factors in Medicine Taking](http://www.tewhaioranga.co.nz/Media/Files/Pat-Ngata-Eru-Pomare-Cultural-Factors-in-Medicine-Taking)

Interpreters are made available if necessary.

# Medication Charts, Prescriptions, Medication Records

**Before accepting responsibility to be involved in medication management processes**

**Staff/person engaged with the service/family**

Ensure that you have a record of the detailed prescription signed by the prescriber. Options:

* Prescription – written script.
* Medication chart.
* [e-script](https://www.health.govt.nz/our-work/digital-health/other-digital-health-initiatives/emedicines/eprescribing-and-administration).

This is a requirement for certification.

The [guidelines](https://www.health.govt.nz/system/files/documents/publications/medicines-management-guide-for-community-residential-and-facility-based-respite-services-disability-mental-health-and-addict-v2.pdf) require that all prescriptions will be checked for the following: (additional information,

[Medical Council Good prescribing Practice](https://www.mcnz.org.nz/our-standards/current-standards/medical-care-and-prescribing/good-prescribing-practice/))

* Date when the prescription is issued.
* Name of medication.
* Medicine related allergies/sensitivities to be noted on the prescription information.
* [Abbreviations for dosage methods](https://www.hqsc.govt.nz/assets/Medication-Safety/Alerts-PR/Poster-error-prone-abbreviations-not-to-use.pdf) ( bd, qid, qd etc) are no longer accepted practice in New Zealand.
* Frequency when the medication is to be taken.
* Dosage of the medication.

* Times when the medication is to be taken.
* Route of administration.

 Contact the prescriber or pharmacist if any information is missing or not clear – before giving the service user the medication.

* Duration of prescription (short-term medication should have an end date).
* Duration of treatment.

* Date on which the medication is to be reviewed or discontinued.

Put duplicate name warnings on medication folders for service users with the same or similar names.

If the medication is medico-packed ask the pharmacist to put the warning on the pack.

* Expiry date.

* Special instructions for administration of medication.

Prescriber’s registration number is noted on the prescription.

# Medication Errors – Adverse Event Reporting

### 

**All medication errors are processed through the organisations Adverse Event management system.**



Type

of

Error

Response

Same day

Wrong dispensing

Staff/Service User

Blister packs or medication containers are not dispensed correctly by the pharmacist.

Contact the pharmacy and arrange the correct medication to be dispensed.

As soon as the error is discovered

Staff/person engaged with the service

The person received/took another person’s medication.

Wrong person

Contact the prescriber/clinical responsible person. Follow their instructions. If the service user shows adverse symptoms get an ambulance or get the service user to the closest accident and emergency clinic.

The person received/took:

* the wrong medication – for whatever reason
* medication that is contraindicated (for example allergy or non-compatibility with other medications)
* wrong form of drug (for example long acting versus short acting or pill versus capsule)

As soon as the error is discovered

Staff/person engaged with the service

Wrong medication

As soon as the error is discovered

Wrong dose

The person took too much or not enough medication.

Staff/person engaged with the service

Contact the prescriber/clinical responsible person. Follow their instructions. If the person shows adverse symptoms get an ambulance or get the person to the closest accident and emergency clinic.

Medication Errors – Incident Reporting cont.

Response

Type of

Error

As soon as the error is discovered

The person is not getting the prescribed medication at all – for any reasons (example: forgetting to take it).

Omission

Staff/person engaged with the service

Contact the prescriber/clinical responsible person. Follow their instructions. Do not re-commence medication without the prescribers’ approval as some medication needs to be slowly re-introduced.

As soon as the error is discovered

A service user took the medication over 2 hours before or after it is noted on the prescription/medication chart.

Wrong time

Staff/person engaged with the service

Contact the prescriber/clinical responsible person. Follow their instructions.

Check/ observe whether the person user shows any unusual symptoms and report them.

As soon as the error is discovered

The medication was taken incorrectly, for example instead sublingual (under the tongue, the service user swallowed the medication.

Wrong route

Staff/person engaged with the service

Person chooses not to take medication

Explore the reasons for the person’s decision. Try to initiate the taking of the medication several times if this is safe.

Staff/person engaged with the service

Within one hour

Contact the prescriber/clinical responsible person. Follow their instructions. Inform them why the person did not want to take the medication.

Check/ observe whether the person shows any unusual symptoms and report them.

Contact the manager.

If the medication is a controlled drug and it is clear or it seems that the medication was stolen the Police will be contacted.

Medication is missing

As soon as the error is discovered

Staff/person engaged with the service

# Quality Assurance and Improvement Activities

Regular activities to ensure safe medication management practices will be implemented.

Governing Body

&

Delegated Roles

Examples of Quality Activities

Evaluation:

* Include satisfaction with medication processes in the person engaged with the service and family whānau satisfaction surveys.
* Collect data and analyse service user’s self-medication management processes.

Internal Audits:

* prescriptions, medication charts or medication records
* medication signing sheets
* storage
* controlled drug documentation
* disposal

Adverse Events/Incident Reporting:

* analyse medication error trends
* ensure service improvements are implemented
* Review effectiveness of systems

Legal context ensures that all persons involved in medication management do so:

* according to their scope of practice
* in line with relevant legislation and guidelines

Refer to relevant legislation in this document.

Workforce and person engaged with the service development:

* competence assessments
* performance development
* workshops/training
* [provision of medication information](http://www.medsafe.govt.nz/consumers/cmi/CMIIndex.htm)

Interagency Liaison/Communication between:

* person engaged with the service
* their family/ whānau
* family decision maker
* prescriber
* pharmacist
* general health provider
* clinical key-worker/coordinator
* mental health support staff
* cultural advisors /support
* peer support
* any other identified service provider

# Consultation

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| --- | --- |
| **Group/Role** | **Date** |
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