**Medication Management**



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# Introduction

|  |  |
| --- | --- |
| **Purpose** | The purpose of this document is to ensure that:   * Support service user’s 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 services’ medication processes.  This medication document does not apply to aged care facilities. |
| **Policy** | The service will maintain systems that ensure safe medicines management processes for service users.  The organisation will support the service users’ informed choices to take medication in line with contractual responsibilities and duty of care. The service provider will aim to maintain maximum service user independence in managing their medication and other remedies.  At all times, the person who is taking the medicine 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 service users that have achieved a defined level of independence in managing their medication. * Adherence to the medication competency systems. * External audit results will comply with all standards/criteria for medication management processes. |
| **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/)  [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](https://www.mcnz.org.nz/assets/News-and-Publications/Statements/Good-prescribing-practice.pdf). Medical Council NZ. 2016  [NZS 8134:2008 Health and Disability Services Standard](http://www.health.govt.nz/system/files/documents/pages/81341-2008-nzs-health-and-disability-services-core.pdf)  NZS 8158:2012 Home and community support sector Standard  [Safe And Quality Use of Medicines Group](http://www.safeuseofmedicines.co.nz) |
| Professional Registration bodies | [www.mcnz.org.nz](http://www.mcnz.org.nz)  [www.nursingcouncil.org.nz](http://www.nursingcouncil.org.nz/)  [www.pgnz.org.nz](http://www.pgnz.org.nz) |
| Organisational Policies and Procedures | Adverse Events/Incident Management  Open Disclosure  Informed Consent  Home and Community Visits |

# 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 most accurate list of medicines and other remedies, allergies and adverse drug reactions of the service user and comparing this with the current prescribed medications, documented allergies and adverse drug reactions.

**Staff/Service Providers**

**Service User/Family**

**Medical Practitioner/Prescriber**

GP, Psychiatrist, Specialist Physician

Kaimahi

Support Worker

Clinical Team Member

Tangata Whaiora

Consumer

Client

Whanau

Whanau

* 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.
* 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)

**Medical Practitioner/Prescriber**

**Service User/Family**

**Staff/Service Providers**

* 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

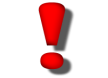
regime at least 3 monthly.

* 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.
* Facilitates the processing of the prescription as required.

**Do not transcribe**

**Medication**

* Ensures that medication reviews occur as required.



## 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**

**Service User**

**Medical Practitioner**

**Pharmacist**

Only prescribers and pharmacists can dispense medication.

For details refer to [Medicines Regulations](http://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96539.html).

* Do not tamper with the original package of the dispensed medication.
* Ensures they leave the medication in its original package/container.

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



To give or take medication to a person in the correct way.

**Administering/Supervising/Giving Medicines**

**Prescriber**

**Service User**

**Staff/Service Providers**

* Agrees to the service users’ level of self-administration – in writing or delegates this decision in writing to another clinician.
* Facilitates medicine administration in a manner that supports maximum independence for the service user.
* Takes part in taking medication to their capability.

# Administering/Supervising/Giving Medication

No disruptions:

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

Prepare environment:

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

Before Administering

Staff/Service User



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

Wash and dry hands.

Especially service users who might touch the medication!!!!!!!

Check the name on the medication/robo pack/container.

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

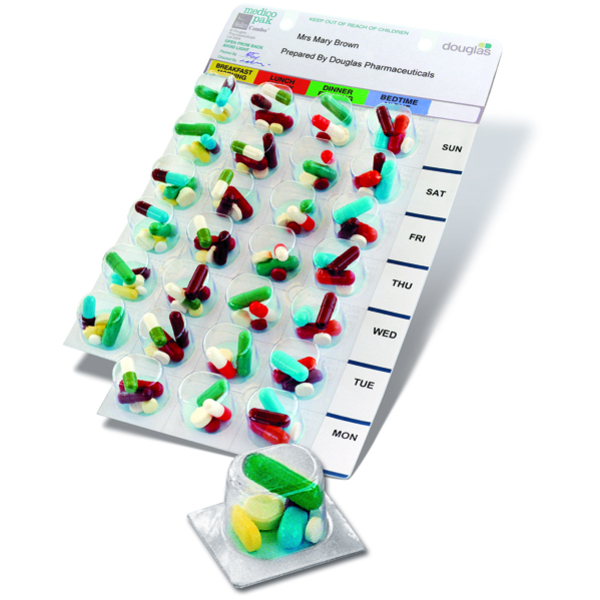
**Right Person****n**

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 medico/robo-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](http://quizlet.com/10441733/medical-administration-routes-orders-and-types-flash-cards/)

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

Explore with the service user why not wanting to take the medication.

Ensure the service user provides informed consent to the medication.

* Provide written [information](http://www.medsafe.govt.nz/consumers/cmi/CMIIndex.htm)
* Access videos
* Discuss the medication information with the service user/family

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*Administering medication cont.*

Oral Medication - swallowing

Take always with water – never with grapefruit juice or milk



Oral Medication- [sublingual](http://www.wikihow.com/Administer-Sublingual-Medication)

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

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

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



Administer the medication

Topical:

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



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

[Hand-out for service user](http://www.cc.nih.gov/ccc/patient_education/pepubs/eyedrops.pdf)



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

* Return dropped medication to the pharmacy for disposal.
* 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.
* Complete an incident/adverse event report.
* Apologise to the service user.

Dropped or spilled medication

After Administering

Sign the medication administration sheet.

Using accurate abbreviations, note this on the signing sheet.

Respond according to the processes outlined on page 10.

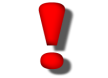
If not administered

Staff/Service User

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

Observe the effect of the medication especially if new to the service user, and follow any instruction given by the prescriber/clinical responsible service.





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.

# PRN – As required medication

**Each time PRN (pro-re-nata) is administered/given**

**All PRN prescribed medication needs 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 on the service user.

Document the observations in the service users’ records.

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 service user:

* Possible allergies to the remedy.
* Possible interaction with the prescribed medication.
* Consultation with the GP/prescriber or pharmacist.

**Over the Counter PRN remedies**

**At housing and recovery mental health and addiction services all PRN medication/remedies should be prescribed.**

**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.

# Self-management of medication

**When the prescription is issued**

**When goals are discussed**

Other participants as identified:

Interpreter

Advocate

Peer support

Cultural supports

Key worker

Pharmacist

Support as identified by the service user.

**Service user/family**

**Service providers**

**Prescriber**

**Decision Making Principles**

If required service users 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.

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

The clinical responsible service will approve – in writing - the self-administration medication management plan.

**AT all times**

**Service user/family & Service providers**

**Storage of medication**

# Medication arrangements at other than the usual/routine locations

Services need to ensure ongoing use of the service users’ medication when they are away from their usual place of residence. This applies, for example, to service users that visit friends or family overnight, go away on a holiday or attend conferences or training.

**Before going on leave**

**Staff/service user/family**

* Consult with and obtain permission from the prescriber/clinical responsible service about the amount of medication given to the service user or person responsible to ensure medication is taken.
* Identify and record the name of the person responsible for storing, administering and bringing back any leftover medication.

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

Provide the service user/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 service users 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](http://www.bpac.org.nz/BPJ/2014/July/safer-prescribing.aspx) if the service user is prescribed Clozapine.

This document needs to be signed by the service provider and the person responsible for the medication – and dated.

# Adverse Reactions to Medication

**Definition = any unexpected, unintended, undesired or excessive response to medication.**

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

Person identifying/reporting the response

[Common antipsychotic drug adverse reactions](http://www.medsafe.govt.nz/consumers/cmi/CMIIndex.htm):

Contact the prescriber or the clinical on-call service immediately if you observe the following symptoms:

Difficulty

with

movement:

[Akinesia](http://www.healthline.com/health/parkinsons/akinesia#treatment5)

Involuntary spastic muscle contractions: [Dystonia](http://www.dystonia.org.nz/)

Extreme

restlessness:

[Akathisia](http://www.healthline.com/health/akathisia)

Abnormal involuntary muscle movements of the face, tongue, trunk and extremities:

[Tardive dyskinesia](http://www.medsafe.govt.nz/profs/PUArticles/Mar2013TardiveDyskinesia.htm)

A side effect is a predictable effect of the medicine, and it may be desirable or undesirable

An adverse medicine reaction is always undesirable and may not be predictable.

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

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

Mild allergic reactions

**Immediately**

Person/service user observing/experiencing the symptoms:

**Moderate - can be abrupt or gradual**

Warm sensation

Mild shortness of breath/cough

Fullness in mouth/throat

Nasal congestion/sneezing/tears

Eye swelling

Pruritus (severe itchiness)

Anxiety

**Severe – abrupt onset**

Severe difficulty breathing/wheezing/noisy breathing

Throat swelling

Cyanosis (blue skin, especially around mouth)

Difficulty swallowing

Seizure

Coma

Cardiac arrest

CALL:

* prescriber
* clinical responsible service
* manager/team leader

CALL 111

* Remain with the person.
* Follow instructions given by the prescriber or clinical service.
* 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.
* Go to the closest accident and emergency clinic

if a clinician is not available or call the ambulance 111.

# Controlled Drugs

**At all times**

All staff that manage controlled drugs

Overall responsibility: regulated health professional or manager

[Controlled Drugs](http://www.legislation.govt.nz/act/public/1975/0116/latest/DLM436106.html)

**Storing**

**Documentation**

[Controlled drugs register](http://www.legislation.govt.nz/regulation/public/1977/0037/latest/DLM55964.html)

Controlled drugs to be kept in a locked controlled drug cabinet – separate from other medication.

All controlled drug transactions are documented in a controlled drug register.

**One** designated staff member will be in possession of the controlled cabinet key each shift.

This register is kept in the controlled drug cabinet.

A separate page is used for each medication (the book is arranged by drug not by service user) and for each strength of the medication and includes:

Controlled drugs received/delivered will never be left anywhere else than in the designated controlled drug cabinet.

Name of prescriber.

Time and date of administering.

Quantity and dose of the medicine

administered.

Service user’s name (the drug is prescribed for).

Amount of medication received/delivered

(how many tablets or millilitres).

How much medication is left: running balance.

Check balance weekly for accuracy

If possible: two staff sign the completed controlled transactions and the weekly balance.

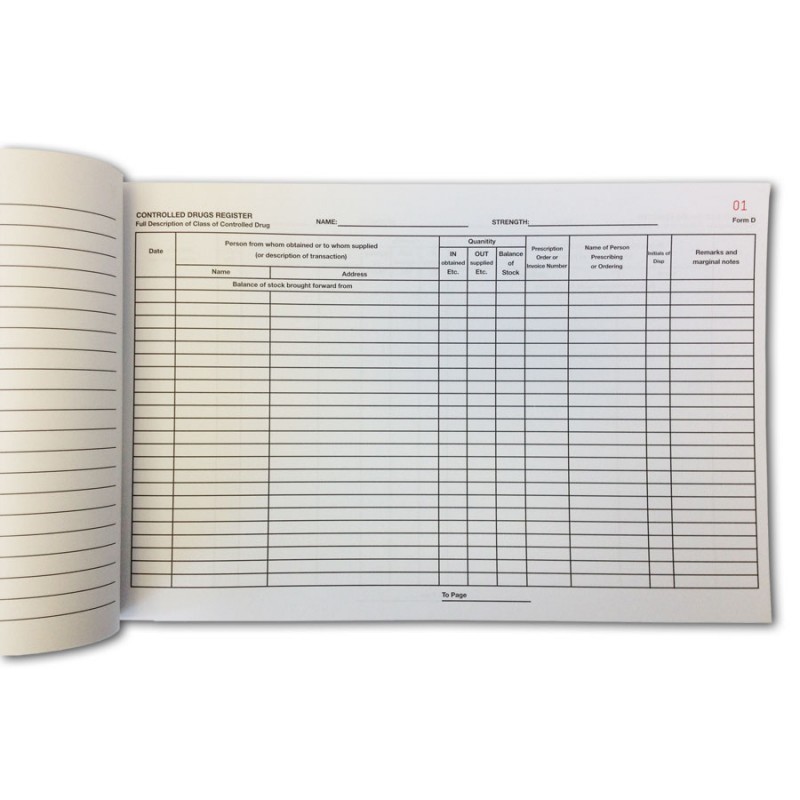
Consider having the service user pick the controlled drug up daily from the local pharmacy.

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

The Police will be contacted if controlled drugs are missing because of possible theft.

Controlled drugs are returned to the pharmacy (within 2 working days) if no longer prescribed.

**Picture of a controlled drug register book page:**



# Receiving, Transporting, Storing and Returning Medication.

**At all times- every time**

Staff involved the medication processes

Service users/families involved in managing medication

**Storing**

**Transporting**

**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 service users that manage their medication with safe storage.
* The area where the medication is stored should not exceed acceptable room temperature

(14° to 24°C).

Ensue the medication is transported safely:

* In the locked boot of a car.
* In a locked brief case.

Confirm in writing the medication received:

* + date
  + amount
  + countersigned
  + check the received medication is correct



Never:

* Re-label medication.
* Remove a medication label.
* Give a service user medication from another service user’s packed medication – even if the DHB service advises you to do so.
* Accept or give a service user medication from a container or envelope that is not correctly labelled.

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

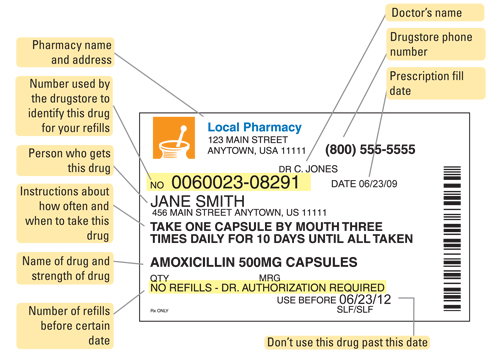
* A fridge separate from a food fridge will be used.
* Fridge need to be calibrated.
* A minimum of weekly temperature checks need to be recorded.
* The fridge temperature has to be between 2° and 8°C.

**Any non-medico-packed medication requires the following**

**information on a label on the medicines container**

**(this includes envelopes):**

**Returning**



* Always return no longer used and expired medication to the pharmacy – within one week.
* Maintain a record of returned medication.

# Medication Delivery – Med-Run

Some service providers have contracts to deliver and/or administer medication to service users in their homes.

All processes described in this manual apply to medication delivery services as is relevant.

It is suggested that services consider additionally the following:



Staff involved in medication delivery

Have clear documented and signed instructions of the medication process tasks expected by the prescriber or clinical responsible team.

Ensure you are provided with:

* A script/medication chart.
* Any risk issues to be aware of including medicine related allergies/sensitivities.
* Contact details for emergency situation.
* Medico-packs (blister packs) for each individual service user.
* Service users consent for the service.

**Documentation**

Record clearly how you have provided the medication to the service user, for example:

* Handed over a week’s blister-pack (medico-pack).
* Handed over the morning medication dose in a blister.
* Administered the medication.
* Note the time and date of the interaction.
* Contact the clinical responsible service/ prescriber if you have concerns about the service user and note this in the service user’s records.

Before delivering the medication

Ensure:

* You take a mobile phone with you.
* Someone knows where you are going.
* That the organisation has a back-up system following up if the staff requires support.
* Ensure an environmental and personal health and safety scan has been completed.
* Implement the organisations home-visiting procedure.

# Respite Services

There are planned and crisis respite services [contracts](http://www.nsfl.health.govt.nz/apps/nsfl.nsf/pagesmh/489) that are sometimes required to manage the medication of service users. . Additionally to the documented processes in this manual the [Ministry of Health guidelines](http://www.health.govt.nz/system/files/documents/publications/medicines-management-guide-for-community-residential-and-facility-based-respite-services-disability-mental-health-and-addict.pdf) require an additional focus on the following processes:

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

Responsible staff: manager/team leader





Medication

Containers



Documentation

Confirmation by the referrer what role

* the respite service (authorisation required)
* the service user
* the clinical service/prescriber

have in the medication management processes.

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!** |



Ensure that you receive:

* the service user’s current prescription - or
* medication chart

recorded by the prescriber – not a nurse.

Confirmation of all the medication the service user is currently prescribed and taking (incl. GP prescribed).



Medication need to be dispensed according to [legislation](http://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96539.html).

Request that **all** medication is in medico-packs at the time the service user enters respite.

Ensure written instructions for:

* PRN are provided.
* 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.

The Ministry of Health guideline suggests the following if the required documentation and/or medication processes are not followed by the referrer/service user:

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).

* 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 service user is not able to use respite unless the required documentation and processes are provided.

Ensure you have the contact details of the prescriber and the pharmacist.

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

## Emergency Medication

There is always a person on shift that has a First Aid Certificate.

**At all times and in every situation**

Staff responsible for service delivery

Staff/service users’ will have training in using the emergency medication.

Additional responsibility:

* service user
* family/whanau
* medical staff/GP
* other identified services

Service users service delivery plans include:

For conditions such as:

* [asthma](https://www.asthmafoundation.org.nz/resources)
* diabetes ([low glucose](http://www.diabetes.org.nz/living_with_diabetes/type_1_diabetes/low_blood_glucose_hypo), [high glucose](http://www.diabetes.org.nz/living_with_diabetes/type_1_diabetes/high_blood_glucose_hyper))
* [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)
* medical condition
* medical needs
* medical emergency plan
* acute management plan

**When the emergency is identified**

Staff on duty/service user

* Follow the medical emergency/acute management plan.
* Check the emergency medications expiry date.
* Call for assistance if needed – on-call staff.

Or



**After the emergency**

Delegated staff/service user/family

* Ensure the emergency medication is replaced.
* Report the situation through the incident/adverse event process.

## Over-The Counter, Complementary and Alternative Medication

Service users may choose to use over-the counter medication and remedies and/or are engaged with practitioners of complimentary or alternative practitioners that provide 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 they prescribe.

**At service entry**

Service provider

Examples:

[Ministry of Health](http://web.archive.org/web/20100211135326/http:/www.moh.govt.nz/moh.nsf/indexmh/cam-evidence-based-summaries-2003-2006)

[Medical Council](http://www.mcnz.org.nz/assets/News-and-Publications/Statements/Complementary-and-alternative-medicine.pdf)

[Tikanga ā-Rongoā](http://www.health.govt.nz/publication/tikanga-rongoa)

* Provide the service user with information on the use of over-the counter, complementary and alternative medication.

When the service user reveals using over the counter, complimentary or alternative medication

or

expresses the wish to do so.

* Provide the service user/family with access to the complementary/alternative practitioners’ registration information.
* The GP or other prescriber will need to check the compatibility of the over-the counter, complementary and alternative medication with the current prescribed medications.
* Some GP’s/prescribers provide a written statement that the over-the counter, complementary and alternative medication is safe to be taken with the medication prescribed.



# 13. Medication Management Competency

**Staff/Service User/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.

[Māori and Medications](http://www.content.alternative.ac.nz/index.php/alternative/article/view/114)

[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.

# 14. Medication Charts, Prescriptions, Medication Records

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

**Staff/Service User/Family**

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

* Prescription – written script.
* Medication chart.

This is a requirement for certification..

The [guidelines](http://www.health.govt.nz/system/files/documents/publications/medicines-management-guide-for-community-residential-and-facility-based-respite-services-disability-mental-health-and-addict.pdf) require that all prescriptions will be checked for the following [information:](http://www.legislation.govt.nz/regulation/public/1984/0143/latest/DLM96538.html)

(check: [how to read a prescription](http://www.wikihow.com/Read-a-Doctor%27s-Prescription))

* Date when the prescription is issued.
* Name of medication.
* Medicine related allergies/sensitivities to be noted on the prescription information.
* Abbreviations for dosage methods ( 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 (if displayed on packaging).

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.

* Date on which the medication is to be reviewed or discontinued (if displayed on the packaging)

* Expiry date (if displayed on the packaging).
* Special instructions for administration of medication (if displayed on the packaging).

Recommendation: best practice requires that the prescriber’s registration number is noted on the prescription.

# 15. Medication Errors – Adverse Event Reporting

### 

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



Type

of

Error

Response

Same day

Staff/Service User

Wrong dispensing

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

Wrong person

A service user received/took another person’s medication that is different from the one prescribed.

Staff/Service User

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 service user 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/Service User

Wrong medication

As soon as the error is discovered

Wrong dose

A service user took too much or not enough medication.

Staff/Service User

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.

Medication Errors – Incident Reporting cont.

Type of

Error

Response

As soon as the error is discovered

Omission

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

Staff/Service User

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/Service User

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

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

A service user took the medication incorrectly, for example instead sublingual (under the tongue, the service user swallowed the medication.

As soon as the error is discovered

Wrong route

Staff/Service User

Service user chooses not to take medication

Explore the reasons for their decision with the service user. Try to initiate the taking of the medication several time within one hour.

Within one hour

Staff/Service User

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

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

Medication is missing

Contact the manager.

If the medication is a controlled drug the Police will be contacted.

As soon as the error is discovered

Staff/Service User

# 16. 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 service user 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 improvement s 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 Policy.

Service User & Workforce Development:

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

Interagency Liaison/Communication between:

* service user
* service user’s 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

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