

# **Unit 48: Administering Medication to Individuals**

**Unit reference number:** T/616/7341

**Level:** 3

**Unit type:** Optional

**Credit value:** 5

**Guided learning hours:** 25

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## **Unit summary**

The safe administration of medication requires thought and the exercise of professional judgement. The understanding of all aspects of administration, roles and responsibilities and agreed ways of working is therefore very important.

This unit is about the administration of medication to an individual or where it is part of a larger process where a 'drug round' may be undertaken. Either context involves working with staff who will lead the process. This unit applies to medication used for and by individuals, both prescribed and non-prescribed. The unit is for those who work in a variety of care settings, including hospitals, nursing and residential homes, hospices and community settings such as the individual's home and GP surgeries. The unit does not cover the use and administration of intravenous medication.

In this unit, you will learn about the key aspects of the administration of medicines, including the preparation needed before administering medication, the importance of consent, checks and hygiene precautions, and how you should administer medication safely, and in a way that meets individual needs. The unit identifies the roles and authority involved in the administration of medication but is not intended to replace any mandatory training required by individual settings. You will gain an understanding of applicable legislation, roles and responsibilities, and the principles of safe practice attached to working with medication.

The unit also covers the procedures you must follow when problems occur with the administration of medication and the possible effects of medication on individuals, including side effects and adverse reactions. Finally, this unit looks at the medication administration records that must be kept by law.

As defined by the assessment strategy, centres should ensure that assessors assessing this unit are technically competent and possess the relevant occupational knowledge. The assessment strategy can be found in *Annexe A* of the associated qualification specification.

## Learning outcomes and assessment criteria

To pass this unit, the learner needs to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria outline the requirements the learner is expected to meet to achieve the unit.

Learning outcomes	Assessment criteria
1 Understand legislation, policies and procedures relevant to the administration of medication	1.1 Identify key legislation, policies and guidelines relevant to the administration of medication
2 Understand the responsibilities and accountability of self and others involved in the administration of medication	2.1 Compare the responsibilities and level of accountability assigned to those involved in the administration of medication
3 Know about common types of medication and their use	3.1 Describe common types of medication and their uses 3.2 Explain the different routes of medicine administration 3.3 Describe the common adverse reactions to medication and the appropriate action(s) required in line with agreed ways of working
4 Be able to prepare for the administration of medication	4.1 Explain the importance of the appropriate timing of medication 4.2 Apply standard precautions for infection control in line with agreed ways of working 4.3 Obtain the individual's consent in line with agreed ways of working 4.4 Provide support and reassurance to support co-operation from the individual 4.5 Select, check and correctly prepare the medication according to the medication administration record or medication information leaflet

Learning outcomes	Assessment criteria
<p>5 Be able to administer and monitor individuals' medication</p>	<p>5.1 Safely administer the medication:</p> <ul style="list-style-type: none"> <li>• in line with legislation and local policies</li> <li>• according to the patient's care plan and the drug to be administered</li> <li>• in a way that minimises pain, discomfort and trauma to the individual</li> <li>• in a way that maintains dignity and meets personal and cultural preferences</li> </ul> <p>5.2 Explain when and how to report any immediate problems with the administration of medication</p> <p>5.3 Assist the individual to be as self-managing as possible</p> <p>5.4 Monitor the individual's condition throughout, taking appropriate action if necessary in line with agreed ways of working</p> <p>5.5 Explain how to confirm that the individual takes the medication and does not pass the medication to others</p> <p>5.6 Dispose of waste medication in line with agreed procedures</p>
<p>6 Be able to maintain medication administration records</p>	<p>6.1 Maintain the security of medication and related records throughout the administration process and return them to the correct place for storage</p> <p>6.2 Check the stock level of medications and record necessary actions</p> <p>6.3 Complete and safely store medication and related records in line with agreed ways of working</p>

### What needs to be learned

#### **Learning outcome 1: Understand legislation, policies and procedures relevant to administration of medication**

##### **Individual**

- Someone requiring care or support; it will usually mean the person or people supported by the learner.

##### **Legislation, guidelines and policies**

- Key legislation:
  - Medicines Act 1968 and amendments
  - Misuse of Drugs Act 1971 and amendments
  - Health and Safety at Work etc. Act 1974
  - Data Protection Act 1998
  - Control of Substances Hazardous to Health (COSHH) Regulations 2002
  - The Human Medicines Regulations (2012).
- Other legislation relevant to setting, e.g. Mental Capacity Act 2005, Access to Health Records Act 1990, Care Standards Act 2000 (receipt, storage and administration of medicines), Hazardous Waste (England and Wales) Regulations 2005.
- Guidelines:
  - regulator's fundamental standards of quality and safety
  - National Institute for Health and Care Excellence (Nice) guidelines, e.g. Managing medicines in care homes 2014
  - Nursing and Midwifery Council 'Standards for medicines management'
  - Public Health England guidelines
  - Medicines and Healthcare products Regulatory Agency guidance
  - Department of Health guidance
  - Royal Pharmaceutical Society of Great Britain guidance
  - General Pharmaceutical Council guidance.

##### **Policies**

- Policies and procedures for the safe handling of medicines by all workers – prescribing, dispensing, administration, storage and disposal:
  - sector codes of practice
  - National Minimum Standards.

#### **Learning outcome 2: Understand the responsibilities and accountability of self and others involved in the administration of medication**

##### **Responsibilities and boundaries**

- Limits/boundaries and accountability in job role.
- Carrying out the required checks, e.g. matching the medicine received to the individual's name, recording receipts using appropriate documentation, storage instructions.
- The need for confidentiality, when and to whom information about an individual's medication may be disclosed or discussed, e.g. doctor, pharmacist, other care professionals, relatives/solicitor with enduring power of attorney.
- Support for individuals managing own medications.
- Following instructions in care/support plans.

## What needs to be learned

- Following and completing Medication Administration Record (MAR).
- Recording administration.
- Monitoring the wellbeing of the individual.
- Reporting concerns to manager/senior/supervisor.
- Seeking advice, e.g. from GP, pharmacist or nurse.
- Training requirements.
- Specialised training, e.g. injections, suppositories.

### Others involved in administering medication

- Others, e.g. prescribers (medical and non-medical), managers, social care staff, ancillary staff, clerical staff/administrators.

## Learning outcome 3: Know about common types of medication and their use

### Common types of medication and their uses

- Antibiotics used to fight infection.
- Analgesics used to relieve pain.
- Antihistamines used to relieve allergy symptoms, e.g. hay fever.
- Antacids used to relieve indigestion.
- Anticoagulants used to prevent blood clotting, e.g. following heart attack, thrombosis, some surgical procedures.
- Psychotropic medicine used to treat depression.
- Diuretics used to get rid of excess fluids in the body.
- Laxatives used to alleviate constipation.
- Hormones, e.g. insulin, contraceptives, steroids, hormone replacement therapy (HRT).
- Cytotoxic medicines used to treat some forms of cancer.

### Different routes of medicine administration

- Inhalation – use of inhalers, nasal or oral.
- Injection – by piercing the skin.
- Ingestion – medicines/tablets taken orally, including under the tongue.
- Topical – application of creams, lotions, ointments.
- Infusion – intravenous drips.
- Instillation – administration of drops to ears/nose/eyes.
- PR (per rectum) – enemas, suppositories.
- PV (per vagina) – pessaries, creams.

### The common adverse reactions to medication

- Adverse reactions, e.g. rashes, breathing difficulties, allergic skin reaction, Tachycardia/bradycardia, anaphylaxis, hypertension/hypotension, swellings, nausea, vomiting, diarrhoea, stiffness, shaking, headaches, drowsiness, constipation, weight gain.
- Whether changes are the result of medication.
- The need to check contraindications and medicine interactions before administration, including home or over-the-counter remedies or complementary therapies or remedies.

## What needs to be learned

### Classification of medication

- Prescription-only medicine (POM).
- Over-the-counter medicine (P – in the presence of pharmacist, GSL – general sales list).
- Controlled drugs.
- Complementary/homeopathic remedies.

### The appropriate action(s) required

- Reporting (manager/senior/supervisor/GP).
- Recording adverse reactions.
- Reassurance of individual.
- Monitoring the wellbeing of the individual.
- Observation of the individual's condition.
- Emergency medical treatment if necessary.

## Learning outcome 4: Be able to prepare for the administration of medication

### The appropriate timing of medication

- Checking that the individual has not taken any medication recently.
- Checking that the individual has/has not eaten recently if appropriate.

### Supply standard precautions for infection control

- The use of personal protective equipment (PPE).
- Recommended method for handwashing following the World Health Organization's 11-step recommended procedure.
- Safe use and disposal of equipment used following the Hazardous Waste (England and Wales) Regulations 2005.
- Spillage management.
- Decontamination of equipment.
- Reporting of concerns.

### Obtaining consent

- Valid consent must be in line with agreed UK country definition.
- Mental capacity and informed consent.
- Use of independent advocate, family member, medical professional to assist in achieving informed consent.
- Situations where informed consent is not possible.

### Providing support and reassurance

- In relation to the needs/preferences of the individual to promote independence.
- Use of preferred method of communication to give a clear explanation.
- Addressing by preferred name.
- Privacy and dignity.
- Respecting individual's contribution.
- Changes to condition/support needs.

## What needs to be learned

### Selecting, checking and preparing medication

- Legal framework: how the organisation's policies and procedures reflect these for safe handling of medicines by all workers – prescribing, dispensing, administration, storage and disposal.
- Risk assessment in relation to self-administration, secondary administration.
- Ensuring the correct dosage.
- The number of tablets/volume of liquid in the container and the strength.
- Cautions or warning messages that apply to the medicine.
- Awareness of possible side effects.
- Ensuring the correct medication, correct dose, correct person, correct time, correct route or method.
- Patient self-administration of medicines.
- Organisational policy for administering of medication.
- Matching routes of administration to the individual and different forms of medication.

### Learning outcome 5: Be able to administer and monitor individuals' medication

#### Safely administer medication

- According to the patient's care plan/support plan and the drug to be administered.
- Boundaries and remit of own role.
- Carrying out the required checks, i.e. matching the medicine received to the individual's name, recording receipts using appropriate documentation, storage instructions, confidentiality.
- Support for individuals managing own medications.
- Following and completing a Medication Administration Record (MAR).
- Recording administration.
- Monitoring the wellbeing of the individual.
- Reporting concerns to manager/senior/supervisor.
- Seeking advice from GP, pharmacist or nurse.

#### Minimising pain, discomfort and trauma to the individual

- Monitoring the wellbeing of the individual.
- Positioning of the individual.
- Observation of the individual's condition.
- Reporting concerns to manager/senior/supervisor.
- Seeking advice from GP, pharmacist or nurse.

#### Maintaining dignity and meeting personal and cultural preferences

- Seeking and gaining consent from the individual – valid consent must be in line with agreed UK country definition.
- Promoting independence.
- Support for individuals managing own medications.
- Following instructions in care/support plans.
- Monitoring the wellbeing of the individual.

## What needs to be learned

### Reporting any immediate problems

- Errors administering medication.
- Medication is incorrect.
- Medication is dropped/lost.
- Individual declines prescribed medication.
- Medication is compromised/damaged/out of date.
- Discrepancies in records.
- Administering controlled drugs.

### Assisting individual self-management

- Person-centred approach.
- Communication regarding wishes, choices and preferences.
- Facilitating self-management.
- Ensuring individual's choices are identified.
- Reference to individual's care plan.
- Assessment, planning and review.
- Monitoring of abilities and strengths.
- Use of aids and adaptations.

### Monitoring the individual's condition

- Agreed ways of working.
- Offering advice and reassurance.
- Recording and reporting.
- Regular observations – pulse, blood pressure, respiration.
- Feedback from the individual.
- Seeking advice, guidance or additional support as necessary.

### Medication not passing to others

- Monitoring.
- Effective communication.
- Asking the individual.
- Observation of process.

### Disposing of waste medication

- Local and national organisational procedures.
- Recording of disposal.
- Disposal specific to equipment, e.g. syringes, needles.
- Nursing care settings – medication to be returned to pharmacy.
- Care settings – collection of waste medication and clinical waste by licensed waste disposal company.
- Domiciliary care settings – return medication to supplier.
- Controlled drugs – adhere to procedures for disposal of controlled drugs in care homes registered to provide nursing care and other settings.



## What needs to be learned

### Learning outcome 6: Be able to maintain medication administration records

#### Maintaining the security of medication

- Preventing errors.
- Prevention of harm from missed or duplicate doses.
- Informing changes in condition.
- Monitoring side effects or adverse reactions.
- Allowing for the correct patient, medication dose etc. to be recorded and tracked.
- Stock control.
- Legal, organisational and regulatory requirements.

#### Checking stock levels

- Procedures for renewal of prescription.
- Audit trail.
- Recording.
- Frequency of issue.
- Expiry date.
- Currency of prescription.
- Match with prescription.

#### Completing and safely storing medication and related records

- Meeting legal, organisational and regulatory requirements.
- Maintenance of confidentiality.
- Records stored in locked storage area.
- Medication stored according to manufacturers' instructions (in a clean, ordered and secure environment, at the correct temperature).
- Consistent completion of records.
- Clarity of recording.
- Duty of care.
- Preventing errors.
- Informing changes in condition.
- Monitoring side effects or adverse reactions.
- Allowing for the correct patient, medication, dose etc. to be recorded and tracked.
- Stock control.

## Information for tutors

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### Suggested resources

#### Books

Barber B and Robertson D – *Essentials of Pharmacology for Nurses* (Open University Press, 2015) ISBN 9780335261963

BMA – *BMA New Guide to Medicine and Drugs* (Dorling Kindersley, 2015) ISBN 9780241183410

Hetherington A and Rasheed E – *BTEC National Level 3 Health and Social Care* (Hodder Education, 2016) ISBN 9781471878596

Martin E – *Concise Medical Dictionary* (OUP Oxford Press, 2015) ISBN 9780199687817

Nolan Y, Pritchatt N, Railton D – *Health and Social Care Diploma Level 3* (Heinemann, 2011) ISBN 9780435031978

Railton D – *Knowledge Set for Medication* (Heinemann, 2007) ISBN 9780435402310

Warrell A, Cox T and Firth J – *Oxford Textbook of Medicine*, 5th edition (Oxford University Press, 2016) ISBN 9780199592876

#### Websites

<a href="http://www.bnf.org">www.bnf.org</a>	British National Formulary is a UK pharmaceutical reference book that contains a wide spectrum of information and advice on prescribing and pharmacology.
<a href="http://www.legislation.gov.uk">www.legislation.gov.uk</a>	Website for current government legislation.
<a href="http://www.gov.uk/government/organizations/medicines-and-healthcare-products-regulatory-agency">www.gov.uk/government/organizations/medicines-and-healthcare-products-regulatory-agency</a>	Medicines and Healthcare products Regulatory Agency regulates medicines, medical devices and blood components for transfusion in the UK.
<a href="http://www.nice.org.uk">www.nice.org.uk</a>	National Institute for Health and Care Excellence – guidance, advice and information services for health, public health and social care professionals.
<a href="http://www.rpharms.com">www.rpharms.com</a>	Royal Pharmaceutical Society of Great Britain
<a href="http://www.skillsforcare.org.uk">www.skillsforcare.org.uk</a>	Skills for Care – practical advice and support for adult social care organisations and employees.
<a href="http://www.ukmi.nhs.uk">www.ukmi.nhs.uk</a>	UK Medicines Information hosts clinical governance standards and training materials.

## **Assessment**

This guidance should be read in conjunction with the associated qualification specification for this unit.

This unit is internally assessed. To pass this unit, the evidence that the learner presents for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria, and the requirements of the assessment strategy.

To ensure that the assessment tasks and activities enable learners to produce valid, sufficient, authentic and appropriate evidence that meets the assessment criteria, centres should follow the guidance given in *Section 8 Assessment* of the associated qualification specification and meet the requirements from the assessment strategy given below.

Wherever possible, centres should adopt an holistic approach to assessing the units in the qualification. This gives the assessment process greater rigour and minimises repetition, time and the burden of assessment on all parties involved in the process.

### **Unit assessment requirements**

This unit must be assessed in accordance with the assessment strategy (principles) in *Annexe A* of the associated qualification specification.

Assessment decisions for learning outcomes 4, 5 and 6 (competence) must be made based on evidence generated during the learner's normal work activity. Any knowledge evidence integral to these learning outcomes may be generated outside of the work environment, but the final assessment decision must be within the real work environment. Simulation cannot be used as an assessment method for learning outcomes 4, 5 and 6.

Assessment of learning outcomes 1, 2 and 3 (knowledge) may take place in or outside of a real work environment.