

Unit 65: Administer Medication to Individuals and Monitor the Effects

Level:	3
Unit type:	Optional (Group B2)
Credit value:	5
Guided learning hours:	30

Unit introduction

This unit is for those who prepare and administer medication and monitor the effects of medication on individuals. The unit applies to all medication used for and by individuals, both prescribed and non-prescribed.

Learners will examine the relevant legislation, regulations and guidance relating to the safe storage, administration and recording of medication.

This unit will enable learners to examine the different types of medication and routes of administration used in care settings. Potential, adverse reactions to medication and actions to be taken are also considered. Safe storage and disposal of medication is investigated.

Learners will examine the standard precautions to be taken to control and prevent infection, including the use of Personal Protective Equipment (PPE) and correct hand hygiene according to national and setting policies and procedures.

Learners will have opportunities to apply the knowledge gained by demonstrating their skills in administering medication and recording it, using appropriate methods.

This unit is barred combination with unit 50 Administering medication to individuals.

Learning outcomes and assessment criteria

To pass this unit, learners need to demonstrate that they can meet all the learning outcomes for the unit. The assessment criteria determine the standard required to achieve the unit.

Learning outcomes		Assessment criteria	
1	Understand legislation, policy and procedures relevant to administration of medication	1.1	Identify current legislation, guidelines, policies and protocols relevant to the administration of medication
2	Know about common types of medication and their use	2.1	Describe common types of medication including their effects and potential side effects
		2.2	Identify medication which demands the measurement of specific physiological measurements
		2.3	Describe the common adverse reactions to medication, how each can be recognised, and the appropriate action(s) required
		2.4	Explain the different routes of medicine administration
3	Understand procedures and techniques for the administration of medication	3.1	Explain the types, purpose and function of materials and equipment needed for the administration of medication via the different routes
		3.2	Identify the required information from prescriptions/medication administration charts
4	Prepare for the administration of medication	4.1	Apply standard precautions for infection control
		4.2	Explain the appropriate timing of medication, e.g., check that the individual has not taken any medication recently
		4.3	Obtain the individual's consent and offer information, support and reassurance throughout in a manner which encourages their cooperation, and which is appropriate to their needs and concerns

Learning outcomes	Assessment criteria
	<p>4.4 Select, check and prepare correctly the medication according to the medication administration record or medication information leaflet</p>
<p>5 Administer and monitor individuals' medication</p>	<p>5.1 Select the route for the administration of medication, according to the patient's plan of care and the drug to be administered, and prepare the site if necessary</p> <p>5.2 Safely administer the medication:</p> <ul style="list-style-type: none"> • In line with legislation and local policies • In a way which minimises pain, discomfort and trauma to the individual <p>5.3 Describe how to report any immediate problems with the administration</p> <p>5.4 Monitor the individual's condition throughout, recognise any adverse effects and take the appropriate action without delay</p> <p>5.5 Explain why it may be necessary to confirm that the individual actually takes the medication and does not pass the medication to others</p> <p>5.6 Maintain the security of medication and related records throughout the process and return them to the correct place for storage</p> <p>5.7 Describe how to dispose of out-of- date and part-used medications in accordance with legal and organisational requirements</p>

Unit content

What needs to be learned

Learning outcome 1: Understand legislation, policy and procedures relevant to administration of medication

Legislation

- Medicines Act 1968 (amended).
- Misuse of Drugs Act 1971 (amended).
- Health and Safety at Work etc. Act 1974.
- Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Regulations and guidance

- Misuse of Drugs Regulations 2001.
- Domiciliary Care Agencies Regulations 2002.
- Control of Substances Hazardous to Health (COSHH) Regulations 2002.
- The Handling of Medicines in Social Care (Royal Pharmaceutical Society 2007).
- Standards for Medicines Management (Nursing and Midwifery Council 2007).
- Human Medicines Regulations 2012.
- Administration of medicines in care homes (with nursing) for older people by care assistants (Department of Health, 2013).
- The Controlled Drugs (Supervision of Management and Use) Regulations 2013.
- The Human Medicines (Amendment) Regulations 2015.

Policies and protocols

- National Institute for Health and Care Excellence (NICE) 'Managing medicines in care homes' Social Care Guideline (SC1), 2014.
- Policies and protocols of own setting.

Learning outcome 2: Know about common types of medication and their use

Common types of medication and uses

- Antibiotics to treat bacterial infections.
- Analgesics for pain relief.
- Anti-inflammatory (steroids and non-steroids) to reduce inflammation.
- Antihistamines to relieve allergy symptoms.
- Hormones to replace or stabilise hormone balance.
- Cardiovascular (to increase cardiac output).
- Diuretics to increase fluid excretion (diuretics).
- ACE inhibitors to control blood pressure.
- Anticoagulants to reduce blood clotting.

What needs to be learned

- Psychotropic medication (anti-depressants, mood stabilisers, anti-anxiety).
- Cytotoxic for cancer treatment.
- Laxatives to treat constipation.
- Antacids to reduce gastric acidity.

Potential side effects

- Rash.
- Constipation.
- Dizziness.
- Nausea.
- Headaches.
- Dry mouth.
- Insomnia.

Occurrences

- Very common: more than 1 in 10 people are affected.
- Common: between 1 in 10 and 1 in 100 people are affected.
- Uncommon: between 1 in 100 and 1 in 1,000 people are affected.
- Rare: between 1 in 1,000 and 1 in 10,000 people are affected.
- Very rare: fewer than 1 in 10,000 people are affected.

Medication requiring specific, physiological measures

- Insulin for type 1 diabetes, e.g. blood glucose checks.
- Theophylline for asthma, chronic obstructive pulmonary disease, e.g. blood pressure checks, respiratory rates.
- Warfarin to reduce risk of blood clots, to thin blood, e.g. blood tests.
- Heart regulators, e.g. Digoxin; checking pulse.

Common adverse effects of medication

- Analgesics, e.g. paracetamol:
 - irritation of the stomach
 - liver damage (rare)
 - sleep disturbances.
- Antibiotics:
 - diarrhoea
 - nausea
 - fungal infections
 - kidney problems (rare)
 - blood disorders (rare)

What needs to be learned

- increased ultraviolet sensitivity (rare)
- deafness (rare).
- Antidepressants, e.g. paroxetine:
 - blurred vision
 - dizziness
 - drowsiness
 - increased appetite
 - shaking, trembling
 - constipation
 - sweating.
- Anticoagulants, e.g. warfarin:
 - excess bleeding
 - passing blood in urine, faeces
 - severe bruising
 - prolonged nosebleeds
 - blood in vomit
 - unusual headaches (rare)
 - sudden, severe back pain
 - difficulty breathing (rare)
 - chest pain (rare)
 - rashes
 - diarrhoea
 - nausea
 - vomiting.

Actions to take

- Seek help.
- Inform manager who will inform prescribing doctor and pharmacist.
- Record reaction using agreed protocols.
- Stop administration.
- Regular monitoring of condition.
- Follow procedures of setting.
- Recognise boundaries of own role.

Administration routes

- Oral:
 - tablets
 - capsules
 - liquids.

What needs to be learned

- Inhalation, nasal, oral.
- Injected:
 - intravenous
 - subcutaneous
 - intramuscular
 - epidural.
- Topical creams, ointments, lotions.
- Drops to ear, nose, eyes.
- Per rectum suppositories, enemas.
- Per vagina pessaries, creams.
- Transdermal, e.g. patches.

Learning outcome 3: Understand procedures and techniques for the administration of medication

Administration techniques

- Oral:
 - medication cups and spoons
 - some tablets can be crushed.
- Transdermal:
 - clean area, wash hands before and after administration of patches
 - check instructions for correct site of application.
- Topical:
 - use of Personal Protective Equipment (PPE), e.g. gloves, apron
 - wash hands before and after use.
- Instillation:
 - use of gloves
 - wash hands before and after administration.
- Intravenous – only administered by a nurse or doctor.
- Rectal/vaginal:
 - use of gloves, aprons
 - provision of bedpan in case of need.
- Subcutaneous:
 - use of specific syringes
 - delivered by trained staff.
- Intramuscular injections can only be given by a nurse or doctor.
- Inhalation:

What needs to be learned

- use of gloves
- wash hands before and after use of equipment.
- Aids for administering medication, e.g.:
 - medicine pots
 - measuring spoons
 - oral syringe
 - nebuliser
 - Monitored Dosage Systems (MDS).

Required information from prescriptions/medication charts

- Name of individual.
- Age of individual.
- Name of medication.
- Method of administration, e.g. oral, topical.
- Dosage.
- Frequency of dosage.
- Last dose.
- Specific requirements, e.g.:
 - before, with, after food
 - specific timings
 - swallowed whole
 - dependent on test results
 - condition of individual, e.g. pulse, respiration rates.

Learning outcome 4: Prepare for the administration of medication

Standard infection control precautions

- In line with agreed ways of working.
- Hand hygiene, including hand washing.
- Use of Personal Protective Equipment (PPE), e.g. gloves, aprons.
- Cleaning area, e.g. skin, surfaces.
- Disposal arrangements, e.g. bags, sharps disposal.

Safety precautions, including:

- in line with agreed ways of working
- reasons, e.g. to ensure correct individual
- correct medication
- correct dose
- correct time

What needs to be learned

- correct route/method
- medicine pack has label attached by the pharmacist or dispensing GP.
- Identity of individual, e.g. verbal confirmation from individual, including:
 - use of signing/Makaton, finger spelling
 - recent photographs
 - cross reference of name and room number on the Medication Administration Record (MAR).
- MAR, e.g. information about medication, including:
 - dosage
 - last dose
 - special precautions.
- Equipment, e.g.:
 - to support administration
 - recording documentation.
- Environment, e.g. privacy.

Consequences of not following legislation and guidance

- Risk to life/health/wellbeing of individuals.
- Risk to health/wellbeing of carer.
- Disciplinary proceedings.
- Legal proceedings.

Obtain consent

- Voluntary.
- Informed.
- Capacity.

Information that should be given to individuals to enable them to give valid consent

- Reason for medication.
- Method of administration.
- Possible side effects.
- Risk of adverse reactions.
- Implications of not taking medication.
- Length of course of medication.

Importance of agreeing with the individual the medication to be taken and the support to be provided

- In relation to their own needs and preferences.

What needs to be learned

- Regarding the individual as an active partner in their own care and support.
- Individual may have self-administered.
- Reactions since last dose.
- Changes to condition.
- Changes to support needs.

Provide information

- Details of procedure.
- Effects, e.g. sensation, taste.
- Give reassurance.
- Recognition of cultural practices.
- Use of alternative communication methods if required.
- Preservation of dignity, privacy, e.g. insertion of suppositories.
- Answer queries.

Select and prepare medication

- Ensure clean surfaces.
- Check equipment, e.g. medication cup, spoon.
- Refer to Medication Administration Record.
- Use of gloves, aprons as required.
- Ensure privacy of individual.

Learning outcome 5: Administer and monitor individuals' medication

Select appropriate route for medication

- According to agreed methods, e.g.:
 - oral
 - transdermal
 - topical
 - per rectum
 - per vagina.

Administer medication

- In line with agreed ways of working.
- Check identity of individual.
- Use of appropriate communication methods.
- Reference to Medication Administration Record (MAR).
- Medication information leaflet.
- Hand hygiene, including hand washing.
- Use of Personal Protective Equipment (PPE), e.g. gloves, aprons.

What needs to be learned

- Cleaning area, e.g. skin, surfaces.
- Disposal arrangements, e.g. bags, sharps disposal.
- Deliver medication according to prescribed route.

Actions to be taken in line with agreed ways of working in relation to administering controlled drugs

- Follow procedures for administration of all medication, e.g.:
 - to ensure correct individual
 - correct medication, correct dose
 - correct time
 - correct route/method
 - administration recorded both on the MAR and Controlled Drug (CD) record book (bound book with numbered pages, separate page for each CD for each person)
 - record balance remaining for each product
 - in residential settings a second, appropriately trained member of staff should witness the process.

Supporting individuals to take medication

- Promoting privacy, dignity, hygiene, safety and active participation.
- Maintaining confidentiality according to agreed ways of working.
- Reference to care/support plan.
- Tactful and sensitive to personal/cultural preferences.
- Use prompts as reminders.
- Providing (MDS) or compliance aids.

Reporting immediate problems

- Inform manager, doctor, prescriber of:
 - adverse reactions, e.g. vomiting
 - verbal reporting by individual
 - individual refuses to comply
 - medication is spilt
 - individual had difficulty taking the medication
 - individual experienced excess pain/discomfort.

Actions to be taken in relation to maladministration of medication

- Errors, e.g.:
 - wrong dose
 - medication not given
 - given to the wrong individual.
- Actions:

What needs to be learned

- immediately report to line manager
- record incident, e.g. MAR, incident report form.

Monitor individual's condition

- Observe skin colour, e.g. pallor, excessive redness.
- Check pulse and respiration rates.
- Note any discomfort, e.g. ability to stand, sit.
- Report adverse reactions immediately in line with agreed policies and procedures of the setting/legislation/regulations and guidelines.

Necessity of confirming that medication has been taken and not given to others

- Condition of individual, e.g. dementia, confusion.
- Previous history of occurrences.
- Legal requirement.
- Preventing harm to both individuals.
- Prevent adverse reactions in others.
- Best interests of the individual.
- Duty of care.
- Part of service level agreement (SLA)/contract of employment.

Security of records

- In line with agreed ways of working.
- Keeping account of all medication requested, received, administered, disposed of.
- Documentation, e.g. MAR, should be:
 - clear
 - legible
 - current
 - unambiguous.
- Correct recording, e.g.:
 - accurate
 - no omissions
 - written in ink.
- Signatures, e.g. dated:
 - on receipt
 - on administration
 - on disposal
 - second signatures for controlled drugs (CD).

What needs to be learned

Reasons for maintaining up-to-date records

- Regulatory requirement.
- Ensuring that the correct dose of the correct medication is given to the correct person at the correct time, by the correct route or method.
- To take account of changes to medication.
- Records of adverse reactions and allergies to medication.
- Prevent misunderstandings.
- Ensure continuity of medication.
- To keep account of stocks.

Storage of medication

- In line with agreed ways of working.
- Medicines in the original containers supplied and labelled by the pharmacist or dispensing GP practice.
- At temperature stated on patient information leaflet, e.g.:
 - Refrigerated
 - cool, dry conditions.
- Within clinical settings, e.g.:
 - central storage of medicines in locked cupboard
 - accessible only to staff who administer medicines
 - key security system.
- Within residential care, e.g.:
 - risk assessment
 - personal lockable cupboard for individuals in their own rooms to administer own medication
 - central storage of medicines in locked cupboard accessible only to staff who administer medicines
 - key security system.
- Within day services, e.g.:
 - individuals keep their own medicines with them
 - day care may accept responsibility for giving medicine
 - provide storage facilities
 - may arrange for a specially dispensed supply just for use while in the service or brought into the service each time the individual visits.
- Within domiciliary care, individual's decision about how they will store medication.
- Within non-care settings, e.g.:

What needs to be learned

- education
- religious establishments
- voluntary agencies
- agreed ways of working.

Storage of controlled drugs

- Clinical and residential care:
 - in a locked cupboard, which conforms to standards specified in The Misuse of Drugs (Safe Custody) Regulations 1973
 - which can only be opened by a person who can lawfully be in possession, such as a pharmacist, registrant in charge, or a person working under their authority
 - an individual who is self-administering can hold their own individually-dispensed supply of controlled drugs (CDs) in their personal lockable cupboard).
- Day services, if accepting responsibility for giving medicines (in locked cupboard which conforms to standards).
- Domiciliary care (no special cupboards are required).
- Non-care settings (local operational procedures).
- How to support individuals to store medication securely for self-medication:
 - advise on safe storage, e.g. to ensure children who visit cannot access
 - ensure they are not accidentally mixed up with medicines belonging to other people
 - to prevent them being stolen
 - ensure others cannot help themselves.

Types of medication that have specific storage requirements

- Some antibiotics.
- Vaccines.
- Insulin.
- Eye drops.
- Compromised medication awaiting disposal.

Reasons for disposal of medication

- Medication changed or discontinued.
- Medication out of date.
- Medication compromised.
- Death of individual.

Procedures for the safe and secure disposal of medication and equipment

- Organisational procedures (local, national).
- Recording of disposal of equipment, e.g. syringes, needles.

What needs to be learned

- Nursing care settings; return to pharmacy.
- Care settings; arrange for the collection of waste medication and clinical waste products with a licensed waste disposal company.
- Domiciliary care settings; return to supplier.
- Controlled drugs in care homes registered to provide nursing care.
- If supplied for a named person, use licensed waste disposal company.
- If supplied as a 'stock' for the care home an authorised person must witness the disposal.
- In all other settings controlled drugs must be returned to the supplier.

Importance of disposing of medication and equipment in line with agreed procedures

- To meet legal requirements.
- Ensuring medication is not take accidentally by others in the setting, e.g.:
 - confused individuals
 - children visiting the setting.
- To protect individuals, e.g. to:
 - ensure medication is not taken accidentally by others
 - prevent infection from needles
 - prevent theft
 - prevent misuse
 - protect the environment.

Essential information for tutors and assessors

Essential resources

There are no special resources needed for this unit.

Assessment

This unit is internally assessed. To pass the unit, the evidence that learners present for assessment must demonstrate that they have met the required standard specified in the learning outcomes and assessment criteria.

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

The unit is assessed by a portfolio of evidence. Further information on the requirements for portfolios is included in *Section 4 Assessment requirements*.

Wherever possible, centres should adopt a holistic and integrated approach to assessing the skills units in the qualification. This gives the assessment process greater rigour, minimises repetition and saves time. The focus should be on assessment activities generated through naturally occurring evidence in the workplace rather than on specific tasks. Taken as a whole, the evidence must show that learners meet all learning outcomes and assessment criteria over a period of time. It should be clear in the assessment records where each learning outcome and assessment criterion has been covered and achieved.

Special considerations

Simulation is **not permitted** for this unit.

The nature of this unit means that all of the evidence must come from real work activities.

The evidence must reflect, at all times, the policies and procedures of the workplace, as linked to current legislation and the values and principles for good practice in the sector.

Required sources of performance and knowledge evidence

Observation and/or expert witness testimony is the required assessment method to be used to evidence some part of this unit.

If the assessor is unable to observe the learner they will identify an expert witness in the workplace who will provide testimony of the learner's work-based performance. The assessor or expert witness will observe the learner in real work activities and this is likely to provide most of the evidence for the assessment criteria for this unit.

Other sources of performance and knowledge evidence

The assessor will identify other sources of evidence to ensure that the most reliable and efficient mix of evidence-gathering methods from the list below. This will ensure that all learning outcomes and assessment criteria are met and that the consistency of the learner's performance can be established.

- **Work products** these are non-confidential records made, or contributed to, by the learner, e.g. information leaflets on medication services.
- **Confidential records** these may be used as evidence but must not be placed in the learner's portfolio. They must remain in their usual location and be referred to in the assessor records in the learner's portfolio e.g. case records and care plans.
- **Questioning** questions may be oral or written. In each case the question and your answer will need to be recorded e.g. describe the common types of medication including their effects and potential side-effects.
- **Professional discussion** this should be in the form of a structured review of the learner's practice with the outcomes captured by means of audiotape or a written summary. These are particularly useful to provide evidence that the learner knows and understands principles which support practice; policies, procedures and legislation, and that the learner can critically evaluate their application, e.g. identify the current legislation, guidelines, policies and protocols relevant to the administration of medication.
- **Original certificates** certificates of training and records of attendance must be authentic, current and valid. The assessor will also want to check the content of such training so that this can be matched to the standards and check that the learner has retained and can apply learning to practice.
- **Case studies, projects, assignments and candidate/reflective accounts of your work** these methods are most appropriately used to cover any outstanding areas of the qualification.

Occasionally, because an event happens rarely or may be difficult to observe, the learner may be able to use a candidate/reflective account to provide some of the evidence for this unit, e.g. describe the common adverse reactions to medication, how each can be recognised and the appropriate action(s) required.

- Witness testimony
- Colleagues, allied professionals and individuals with whom the learner works may be able to provide testimony of his/her performance. The assessor will help the learner to identify the appropriate use of witnesses.

Unit guidance

The evidence for this unit is likely to come from

- a) the observation of the candidate working with an individual
 - b) confidential care plans and case records, and
 - c) the candidate's explanation of their work with this and other individuals recorded either through professional discussion or a reflective account.
- Learners can enter the types of evidence they are presenting for assessment and the submission date against each assessment criterion. Alternatively, centre documentation should be used to record this information.

Suggested resources

This section lists resource materials that can be used to support the delivery of the qualification.

Books

Dorling Kindersley – *BMA New Guide to Medicine and Drugs*, 8th edition (Dorling Kindersley, 2011) ISBN 9781405361798

Websites

www.cqc.org.uk/guidance-providers/learning-safety-incidents/issue-5-safe-management-medicines	Care Quality Commission (CQC) guidance on administration of medication in care settings
www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-11-need-consent	Care Quality Commission (CQC) guidance on administration of medication in care settings
www.gov.uk/government/publications/administration-of-medicine-in-care-homes	Government advice on administration of medication in care settings
www.health-ni.gov.uk/articles/misuse-drugs-legislations	Government advice on relevant legislation.
www.nice.org.uk/guidance/ng67/resources/managing-medicines-for-adults-receiving-social-care-in-the-community-pdf-1837578800581	National Institute for Health and Care Excellence (NICE) guidance on managing medication in social care
www.rpharms.com/Portals/0/RPSdocumentlibrary/Openaccess/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11	The Royal Pharmaceutical Society guidance on handling medicines in social care