Adults Social Care
Medicines and Clinical Tasks

Guidance for Care Staff

Approved Version: 2020

Contents

1	Introduction	3
2	Objective and aims	3
3	Administration of Medicines in Domiciliary Care:	4
	Principles	4
	Definitions	4
	General rules for adult persons	4
	Level 1: General Support (also called Assisting with Medicine)	6
	Level 2: Administering Medication in accordance with the MAR chart	7
	Level 3: Administering medication by specialised techniques	8
	Training for domiciliary care workers	8
	Policy and procedures	9
4	Clinical Tasks	10
	Category 1: No assistance	10
	Category 2: Acceptable tasks	10
	Category 3: Tasks that may be delegated by a health professional to care staff	11
	Category 4: Health-led	12
5	Emergency Procedures	13
6	Self Directed Care	13
7	Monitoring and evaluation of guidance	14
8	References	14

Appendices

1	Administration of medicines person/person agreement form	15
2	Somerset medicines and clinical tasks training record	17
3	Medications Returns Inventory	19
4	Patches	20
5	Example MAR Sheet	22

1 Introduction

1.1 The aim of this document is to provide guidance in relation to the safe administration of medicines and for the provision of intimate personal care and clinical tasks delivered by domiciliary care agency workers in the local community.

2 Objective and aims

2.1 In March 2017, the National Institute for Health and Care Excellence (NICE) published guidance on managing medicines for adults receiving social care in the community.

2.2 This guidance document is endorsed by Somerset County Council, Somerset Clinical Commissioning Group and Somerset Partnership NHS Foundation Trust, and is recommended for use by local domiciliary care practitioners and providers. It has been further supplemented by Care Quality Commission (CQC) guidance for adult social care providers.

2.3 The NICE guideline covers medicines support for adults (aged 18 and over) who are receiving social care in the community and makes a number of recommendations. It aims to ensure that people who receive social care are supported to take and look after their medicines effectively and safely at home. It offers advice on assessing if people need help with managing their medicines, who should provide medicines support, and how health and social care staff should work together.

2.4 The guidance is intended for:

- Domiciliary care staff and social care providers providing care for people in the community;
- Health professionals providing care, training and assessment of competence for people receiving social care in the community and their support staff;
- Commissioners and providers of services for people receiving care in the community, and
- People receiving social care in the community, their families and carers.

2.5 The aim of the local joint guidance is:

- To promote independence through encouraging people to manage their own medicines as far as they are able.
- To help people remain in their own homes and prevent avoidable admissions to care homes or hospital by supporting people with their medication and clinical care appropriately.
- To ensure that staff use the safest possible practices when supporting people with their medication and clinical tasks.

2.6 Domiciliary care staff are employed primarily to provide social care but on occasion may be required to provide care and support to someone with healthcare needs. An important component of their role can include carrying out tasks that are of a clinical

nature which they can only carry out if they have had adequate training and competency sign off as detailed within this guidance.

3 Administration of Medicines in Domiciliary Care

3.1 Principles

3.1.1 Where equipment or medicines are supplied by the service provider, ensuring that there are sufficient quantities of these to ensure the safety of persons and to meet their needs.

3.1.2 The registered domiciliary care agency's medicines policy should provide guidance to staff on the safe management and administration of medicines.

3.1.3 Agencies should ensure that they are able to respond to any reasonable request to provide records that will demonstrate evidence of compliance and Person safety.

3.2 Definitions

3.2.1 The following descriptions define what assisting with medicines means and what administering medicines means:

- When a care worker assists someone with their medicine, the Person must indicate to the care worker what actions they (the care worker) are to take on each occasion, i.e. 'can you open this bottle please' (but person pours out required amount) or 'can you pop this pill out of this packet please'.
- If the person or person is not able to do this, or if the care worker gives any medicines without being requested (by the person) to do so, this activity must be interpreted as administering medicine. This includes if the person expresses any doubt or hesitation regarding the dosage.

3.3 General rules for adult persons

3.3.1 Adults supported in their own homes by a Domiciliary Care Agency will normally be responsible for their own medicines, both prescribed and non-prescribed. Some Persons are able to fully administer their own medicines, others will require varying levels of support. In some cases, the level of support required for medication will be substantial.

3.3.2 Care workers may administer medication (including controlled drugs) to another person with their consent, provided this is done in accordance with the prescriber's directions or manufacturers guidance (The Medicines Act 1968) and the care provider has an appropriate Medications Policy in place. However, when medication is given by invasive techniques, care workers will need additional specialist training and competency assessment. This must be person specific.
https://www.nice.org.uk/guidance/ng67

3.3.3 In every service where care workers administer medicines, they must have a Medication Administration Record (MAR). This must detail:

- Details of the medicines (this includes drug name, strength and quantity)
- When they must be given and frequency
- Dose of Medicines
- Route of administration
- Any special information, such as giving the medicine with food.
- For PRN medication, details must include why the medication is being taken, what the minimum timescales should be between administrations and what the maximum cumulative dose is within a 24hr period.

Please note: **MAR charts are not provided by GP practices**

3.3.4 Care workers must not offer advice to people about prescribed medicines, over-the-counter medication or complementary treatments.

3.3.5 The registered domiciliary care agency is responsible for the following

- Agreeing the level of support required and ensuring that the appropriate record-keeping and training needs are met. When providing an assessment of competency, the individual undertaking this role, must be competent and able to undertake this function.
- The person's care plan will require regular review as their needs change.
- Where the person's capacity to make decisions about their care is in doubt the agency must ensure compliance with the Mental Capacity Act.

3.3.6 The Agency should also take into account the person's preferences and cultural/ religious beliefs and is responsible for recording agreement or otherwise within the appropriate Care Plan.

3.3.7 Where multiple Agencies are contracted to provide services, an agreement regarding which Agency holds the responsibility for support with medication will be required. Clear communication channels between agencies must be agreed to ensure appropriate care is provided and so information can routinely be shared between the agencies and also with any other appropriate professional.

3.3.8 A care worker should not mix medicine with food or drink if the intention is to deceive someone who does not want to take the medicine. This is called 'covert administration'. The only exception is where the prescriber has provided written confirmation that an assessment under the MCA has been undertaken and it has been deemed in the person's best interests for essential medications to be administered covertly.

3.3.9 When a person has difficulty swallowing, the prescriber should be asked to review the person's medication and consider an alternative prescription. It is potentially unsafe to crush medication, and as a result advice must be sought in all occasions when this may be requested.

3.4 **Level 1: General Support (also called Assisting with Medicine)**

3.4.1 General support is given when the person takes responsibility for their own medication and particularly when they contract the support through Direct Payments or any other form of Individual Budget. In these circumstances the care worker will always be working under the direction of the person receiving the care. This does not, however, alter the level of medicines support needed.

3.4.2 The support given may include some or all of the following:

- Requesting repeat prescriptions from the GP
- Collecting medicines from the community pharmacy/dispensing GP surgery
- Disposing of unwanted medicines safely by return to the supplying pharmacy/dispensing GP practice (when requested by the person)
- An occasional reminder from the care worker to an adult to take their medicines. A persistent need for reminders may indicate that a person does not have the ability to take responsibility for their own medicines and should trigger a review of the person's care plan.
- Manipulation of a container, for example opening a bottle of liquid medication or popping tablets out of a blister pack at the request and direction of the person and when the care worker has not been required to select the medication.
- Any indication of confusion or lack of clarity by the person over the medicines or dosage to be taken indicates that the person requires a higher level of support. The care worker should contact their line manager to request a review.
- When the care worker puts out medication for the person to take themselves at a later (prescribed) time to enable their independence

3.4.3 General support needs should be identified at the care assessment stage and recorded in the person's care plan. Ongoing records will also be required in the continuation notes when care needs are reviewed. Where equipment to assist opening bottles or containers is assessed as necessary these should be requested in line with community equipment provision.

3.4.4 If, after assessment by a Community Pharmacist under the Disability Equality Duty imposed on them as part of the Equality Act 2010, it is decided that a compliance aid is the most appropriate way of administering medicines, then this should be considered.

3.4.5 Any compliance aid or monitored dosage system (MDS) must be dispensed and labelled by the community pharmacist. The Person may qualify for a free service from a community pharmacist if they meet the criteria under the Equality Act 2010.

3.5 Level 2: Administering Medication in accordance with the MAR chart

3.5.1 The care assessment made identifies that the person is unable to take responsibility for their medicines. This may be due to impaired cognitive function but can also result from a physical disability.

3.5.2 The need for medication to be administered by care staff should be identified at the care assessment stage and recorded in the person's care plan. Ongoing reviews of this need will also be required.

3.5.3 The person must agree to have the care worker administer medication and consent should be documented in the person's care plan. Reference must be made to earlier considerations regarding mental capacity and best interest decisions.

3.5.4 Administration of medication may include some or all of the following:

- When the care worker selects and prepares medicines for immediate administration, including selection from a MDS or compliance aid (without direction from the person)
- When the care worker selects and measures a dose of liquid medication for the person to take
- When the care worker applies a medicated cream/ointment; inserts drops to ear, nose or eye; and supervise the administration of inhaled medication

3.5.5 The registered domiciliary care agency should have a system in place to ensure that only competent and confident staff are assigned to people who require help with their medicines. The Agency's procedures should enable care workers to refuse to administer medication if they have not received suitable training and do not feel competent to do so. Records of training and competency assessment should be kept and regularly updated

3.5.6 Domiciliary care workers should only administer medication from the original container, dispensed and labelled by a pharmacist or following manufacturer's guidance. This may include MDS and compliance aids. A care worker must not under any circumstances administer medicines prepared in an MDS by anybody other than a pharmacy.

3.5.7 A person discharged from hospital may have medication that differs from those retained in the home prior to admission. The Agency should obtain confirmation of current medication from the person's GP if there are any discrepancies. This should be done as soon as possible to avoid delayed or missed doses of medicines.

3.6 Level 3: Administering medication by specialised techniques

3.6.1 In exceptional circumstances, and following training and competency assessment by a registered healthcare professional, a domiciliary care worker may be asked to administer medication by a specialist technique including:

- Rectal administration, e.g. suppositories, diazepam (for epileptic seizure)
- Insulin by pre-filled pen
- Administration through a Percutaneous Endoscopic Gastrostomy (PEG)
- Nebulised therapy
- Oxygen therapy

3.6.2 All training and competency documentation must have a review date and state who is responsible for each task. This training and competency assessment will always be person-specific. A care worker delegated to provide such care for one person is not authorised to provide similar care to another person without further delegation, training and competency assessment. All competency documentation must be signed by the registered professional and the care staff member.

3.6.3 If the task is to be delegated to the domiciliary care worker, the named registered healthcare professional must train the care worker and be satisfied they are competent and confident to carry out the task. The individual remains accountable for carrying out the appropriate task as they have been trained to do. Accountability for monitoring and compliance with best practice remains with the care provider.

3.6.4 One care worker is not authorised to delegate to other care workers.

3.6.5 The registered domiciliary care agency medicines policy must ensure that care workers can refuse to assist with the administration of medication by specialist techniques if they do not feel competent or confident to do so.

3.7 Training for domiciliary care workers

3.7.1 When a Person's needs mean the care worker needs to administer medicines, training in safe handling of medicines is essential. The Domiciliary Care Agency should provide a training package that will meet the needs of care workers and Persons. The essential elements of this training should be:

- How to prepare the correct dose of medication for ingestion or application
- How to administer medication that is not given by invasive techniques, including, tablets, capsules and liquid medicines given by mouth; ear, eye and nasal drops; inhalers; and external applications and patches
- The responsibility of the care worker to ensure that medicines are only administered to the Person for whom they are prescribed or intended, given in the correct dose, at the correct time by the correct method/ route
- Checking that the medication 'has not expired

- Checking that the person has not already been given the medication by anyone else, including a relative or care worker   Recognising and reporting possible side effects
- Reporting refusals and medication errors
- How a care worker should administer and record medicines prescribed 'as required', for example, pain killers, laxatives
- What care workers should do when people request non-prescribed medicines
- Understanding the service provider's policy for record keeping
- Ensuring good infection control practices are adhered to, to include, for example, washing of hands prior to administering any medicine and having an available supply of Personal Protective Equipment (PPE)
- Issues relating to medicines storage.

3.7.3 The Agency must establish a formal mechanism to assess whether a care worker is sufficiently competent in medication administration before being assigned the task.

3.7.4 Regional Office of Skills for Care can assist care providers in identifying suitably accredited training organisations. Support should also be available from the local Social Services Authority and/or Health Organisations and National Organisations such as UKHCA.

3.8 **Policy and Procedures**

3.8.1 The Domiciliary Care Agency must have a clear, comprehensive written medicines policy to support care workers to administer medicines safely.

This must cover the following topics:

- The appropriate level of medication administration and the skills needed to perform such duties
- The limitations of assistance with prescribed and non-prescribed medication
- Which healthcare tasks the care worker may not undertake without specialist training / delegation
- Detailed procedures for safe handling of medication, including requesting repeat prescriptions; collecting prescriptions and dispensed medication;
- Procedure for administration, including action should the person refuse the medication; administration and disposal (return); procedure for removal of unwanted medication; procedure to deal with a medication error
- The training and competency requirements for each level of medication administration
- How this will be monitored , including completion of audits etc

3.8.2 The registered domiciliary care agency should determine and document the following in the Person's care plan:

- The nature and extent of help that the Person's needs

- A current list of prescribed medicines for the Person, including the dose and frequency of administration and the method of assistance;
- Details of arrangements for medication storage in the Person's home and access by the Person, relatives or friends
- A statement of the person's consent to care worker support with medication, if required.

4 Clinical Tasks

4.1 Clinical tasks will only be undertaken by care staff as part of a package which addresses other intimate personal care tasks that would normally be performed by a care worker.

4.2 Sometimes care providers are requested to perform tasks which will require additional training and competency assessment, which may have traditionally been performed by health personnel. There are important conditions attached to each category of task and because a task appears on a Category 1 or 2 list, it does not mean that the task will be performed automatically by a member of care staff. CQC stress that care workers can refuse to perform a task they do not feel competent to perform.

4.3 Contracted independent care provider staff are employed primarily to provide social care and should not undertake tasks which would normally be performed by trained nursing/medical personnel, even though some staff members might have nursing qualifications. There is no definition of what constitutes a nursing task but case law indicates that local authorities should not be performing invasive tasks as local authorities have no power to provide health care.

4.4 Clinical Task Categories

4.5 Category 1 – No assistance

4.5.1 The Person retains full control of their clinical tasks, preserving their independence, choice and control.

4.6 Category 2 – Acceptable Tasks

4.6.1 These are the tasks falling within the normal range of activities undertaken by care staff as long as they have received the appropriate training and competency assessment. This training can be delivered to a group of people and the procedures issued on a generic basis. Staff must sign to say that they have received and understood their training. The trainer must also sign and date this.

4.6.2 Care staff must not pass on any training they have received or delegate these tasks to other staff. A review of the training needs of staff must take place whenever there is a

change in circumstances or where there is concern expressed about the ability of the member of staff to perform a specific task.

4.6.3 Acceptable Care Tasks List

- Replacing a bag to an existing urethral or supra-public catheter.
- Emptying and measuring urine.
- Putting on penile sheaths and connecting them to urine bags
- Mouth care
- Fitting supports, trusses, artificial limbs, or braces.
- Skin integrity monitoring in relation to prevention and good practice.
- Assisting with the cleaning of a supra-pubic catheter site.
- Emptying, changing/replacing urostomy, colostomy or ileostomy bags
- Applying a replacement dressing, without otherwise cleaning or treating the site.
- Fitting prescription support stockings.

4.7 Category 3 - Tasks that may be delegated by a health professional to care staff

4.7.1 The tasks in this category are nursing tasks which, in appropriate circumstances, can be delegated to care staff. They all require training specific to the individual person on a one to one basis by a health care professional who will assess the Care staff against a series of pre-defined competencies. Competence to perform these tasks must be reassessed annually and this should be recorded on the staff record. The health professional may provide written procedures for the care staff to follow.

4.7.2 Complex care

- Changing a two-piece stoma system.
- Assisting with obtaining midstream urine specimens, or a faecal specimen which has been medically requested. (N.B. this includes obtaining a specimen by way of an in-dwelling catheter).
- Taking a capillary blood test (finger prick test).
- Gastrostomy/jejunostomy tube feeding and flushing.
- Cleansing of gastrostomy/ jejunostomy sites, including advancing and rotating a gastrostomy as directed.
- Cleaning and inserting false eyes
- Aspiration of excess saliva from the front of the mouth with suction equipment.

4.7.3 Treatments

- Administering laxative suppositories but this procedure must be linked to a review by a health professional.
- Assist a person to self-administer routine, pre-measured doses of prescribed medicines via a nebuliser Administering medication via a gastronomy/ jejunostomy tube
- Other health tasks including clinical observations may only be undertaken in line with CQC Registration for Treatment of Disease, Disorder or Injury.

4.7.4 Emergency Care Procedures

- Administration of emergency medications

There may be occasions when managers would be willing to negotiate to establish an individual procedure, based on the experience and willingness of staff to be trained and the nature of the task.

4.8 Category 4 Tasks – Specialist Tasks for agencies employing registered nurses ONLY

4.8.1 These Healthcare tasks may only be performed by those care providers that employ Registered Nurses and are able to offer on-site training, assessment and supervision to the individual care staff. However, training and assessment of competence in some of these tasks may need to be sought from acute/specialist services. **These clinical tasks are outside of social care responsibility and cannot be commissioned by the local authority.**

4.8.2 Each healthcare task requires specialised training and the individual care staff must be signed off as competent by the Registered Nurse employed by the agency or healthcare professional for each person. The Registered Nurse employed by the agency must review the care plan on a regular basis.

4.8.3 Nurses in any setting need to abide by their professional standards as below: https://www.nmc.org.uk/standards/

and specifically for delegation -these

https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/delegation-and-accountability-supplementary-information-to-the-nmc-code.pdf?_t_id=1B2M2Y8AsgTpgAmY7PhCfg%3d%3d&_t_q=delegation&_t_tags=language%3aen%2csiteid%3ad6891695-0234-463b-bf74-1bfb02644b38&_t_ip=193.84.225.250&_t_hit.id=NMC_Web_Models_Media_DocumentFile/_ba59a549-4be0-4689-90a5-fdfcb5c5cd64&_t_hit.pos=2

4.8.4 Health Led Tasks List

- Management of supra-pubic catheters, other than changing the bag and cleaning the site
- Intermittent catheterisation
- Management and treatment of pressure ulcers, other than planned interventions such as positioning the person.
- Manual evacuation or digital stimulation of the bowel
- Rectal irrigation.
- Administration of rectal enemas

- Administration of catheter maintenance solutions
- Insertion of vaginal pessaries
- Taking venous blood samples
- Administration of medicines through a nebuliser for acute or emergency conditions
- Administering injections (except insulin)
- Flushing to unblock a feeding tube or line.
- Cleaning and replacement of tracheostomy tubes
- Assisting with dialysis
- Aspiration of naso-gastric tube
- Naso-gastric tube feeding
- Oral suction, other than oral aspiration of excess saliva from the front of the mouth with suction equipment.
- Suction through tracheostomy tube
- The administration of medicine via a naso-gastric tube

5 Emergency Procedures

5.1 An emergency is defined as a life-threatening situation so there will be occasions when a person's safety may be at risk and where immediate intervention is required. Staff should not put themselves at risk.

5.2 If a staff member is seriously concerned about an individual's physical condition and they have had the appropriate first aid training and feel confident of intervening they can do so only as a first aid measure. Staff, must ensure that an ambulance is called first.

5.3 Cardiac and Respiratory Resuscitation/DNAR notices

5.3.1 At no time must staff make a decision themselves based on the individual's physical condition or age whether to resuscitate and they should therefore always administer first aid and call the ambulance service as stated above. Reference should be made to Treatment Escalation Plans, or other appropriate authorised documentation.

5.3.2 When there is no guidance and the person concerned is receiving palliative care, staff should still contact the appropriate health care professional for advice.

6 Self-Directed care

6.1 When people are employing personal assistants (including self-employed PA's or Micro-providers) they take on the role of employer. Whilst those personal assistants are not governed by CQC it would be best practice to follow the guidance in this document, particularly with regards to training. Social workers should advise people at the time of assessment of the potential/need for training/competency assessment with particular tasks. For further information on PA's and CQC regulation;

https://www.skillsforcare.org.uk/Employing-your-own-care-and-support/Resources/Working-as-a-PA/1.-What-is-a-PA/PA-working-and-CQC-registration/PA-working-and-CQC-registration.pdfpersonperson

7 Monitoring and evaluation of guidance

7.1 This guidance will be reviewed on an annual basis or sooner as any regulatory or contractual changes dictate.

8 References

8.1 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

8.2 Information about the Mental Capacity Act
http://www.cqc.org.uk/content/about-mental-capacity-act

Appendix 1

Administration of medicines person/person agreement form

Name ………………………………………………………………………………….

Address ………………………………………………………………………………….

………………………………………………………………………………….

Section A – Your written consent

☐ I give my consent for a Domiciliary Care Assistant to support and assist me to take my medicine. I understand the staff member will not have a nursing qualification. Any medicine that they assist me with or which I refuse or omit will be recorded on a medicines administration record sheet.

☐ I give my consent for my GP to tell my care agency what medication I am using at any time

Signature ………………………………………………………………………………….

Date ………………………………………………………………………………….

Section B – Your verbal consent given to someone else

If you are unable to sign because of a disability, a relative / carer / advocate may sign for you providing you have given them verbal consent.

Please tick this box to indicate this is the reason for someone else signing the form ☐

Signature and name ………………………………………………………………………………….

Relationship to person

………………………………………………………………………………

Date ………………………………………………………………………………….

Section C - Consent given by prescribing practitioner

If the person is not able to consent, then the prescribing practitioner must decide that the medicine maybe administered in the person's best interest.

(A best interest's checklist must be completed. Please tick this box if the prescribing practitioner has signed for this reason. ☐

I believe it is in the person's best interest to receive their medicine, and therefore it should be administered on their behalf

Signature and name (print) …………………………………………………………………………….

Date …………………………………………………………………………….

Appendix 2

Somerset medicines and clinical tasks training record

This document is designed to evidence any 'person specific' training that has been delivered by Health or Non-health specialist staff to carers in line with current policies, protocols and guidelines. The training required should be as part of the care and support plan/package being provided to the client/s and agreed as appropriate by the care agency line manager. The line manager is responsible for ensuring competence is reviewed.
This document is to be used for individual trainees and single training events only.

<table>
<tr><td>Date:</td><td>Name of trainer:</td><td>Designation:</td></tr>
<tr><td>Name of trainee:</td><td>Relationship to client, for example, relative, carer:</td><td>Care Agency name (if applicable):</td></tr>
<tr><td>Name of hospital / CCG / GP Practice associated with:</td><td colspan="2"></td></tr>
<tr><td colspan="3">Description of training provided:

Feedback/comments:

Competent: Yes/No</td></tr>
<tr><td colspan="2">Duration of training delivered:</td><td>Person Specific Yes / No</td></tr>
<tr><td colspan="2">Handouts given Yes / No</td><td>If yes, persons name?</td></tr>
<tr><td colspan="3">Date for training to be reviewed / updated: As specified by the Care Agency Line Manager/Non-SCH providers.</td></tr>
</table>

Place a copy of this completed document in the care plan.
Health and non-health specialist providers to send a copy to their line manager and the carer's line manager.

Trainers signature:	**Trainee's signature:**
Date:	**Date:**

This document is to evidence any 'person specific' training that has been delivered by a health professional for staff to learn and competently undertake a task that is required as part of the care plan / package being provided by the care agency.

<table>
<tr><td colspan="2">Date:</td><td colspan="1">Name of trainer:</td><td colspan="1">Designation:</td></tr>
<tr><td colspan="2">Name of hospital / CCG / GP Practice associated with</td><td colspan="2"></td></tr>
<tr><td colspan="4">Description of training provided:</td></tr>
<tr><td colspan="2">Duration of training delivered:</td><td colspan="2">Person specific Yes / No</td></tr>
<tr><td colspan="2">Handouts given Yes / No</td><td colspan="2">If yes, persons name?</td></tr>
<tr><td>Staff member (Print name)</td><td>Signature</td><td>Staff member (Print name)</td><td>Signature</td></tr>
<tr><td></td><td></td><td></td><td></td></tr>
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<tr><td></td><td></td><td></td><td></td></tr>
<tr><td colspan="4">Date for training to be reviewed / updated:</td></tr>
</table>

Place a copy of this completed document in the care plan, in the persons file and each one of the staff members listed above files.

Trainers signature:

Appendix 3

Medications Returns Inventory

Persons Name	
Address	
Post Code	
Consent Statement	I ____________________________ give my consent for the medications detailed on this form to be returned to the identified below pharmacy by______________________________ of [insert name of care agency].
Pharmacy Name	
Address	
Post code	

Name of medicine	Date dispensed	Dosage	Strength	Amount dispensed	Amount returned

Person signature		Date	
Care agency staff signature		Date	
Person receiving medicine		Date	
Print Name			

Appendix 4

Patches

Person's Name ……………………………….   DOB……………

Emergency Contacts

DN/CPN (Mon to Fri 9-5)

Name ………………………………….. Tel: ………………

All other times

GP Surgery ………………………………… Tel: ………………

General Information

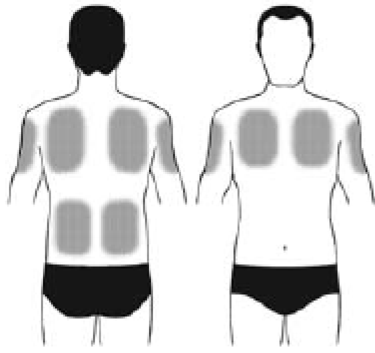
1. The initial patch will be applied by a DN/CPN who will mark the position and date and time applied on the body chart.

2. Thereafter the patch will be replaced by the DCS according to the instructions on the prescription.

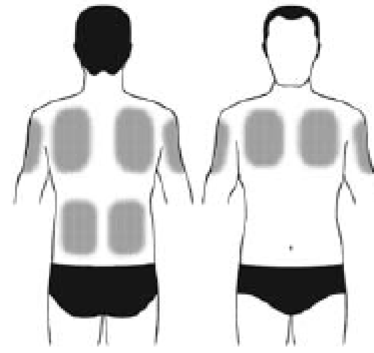
4. The old patch must be removed and the new patch applied to a **different** site.

5. The position of the new patch must be marked on the chart and dated.

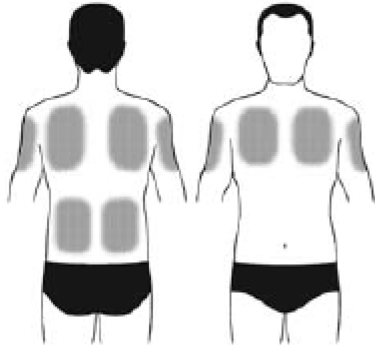
6. If the old patch cannot be found, do not put on another patch. Report the concern.



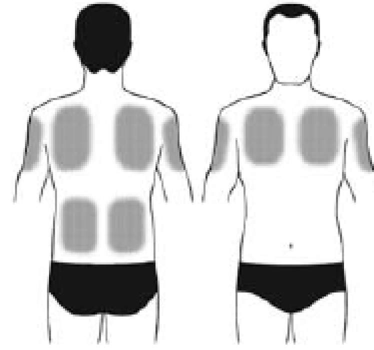
Date/Time··································..



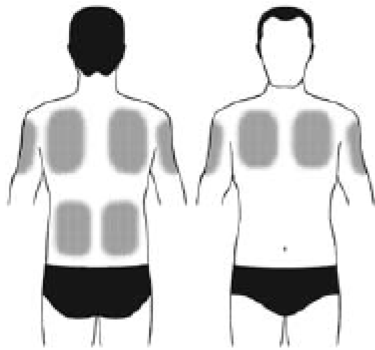
Date/Time··································..



Date/Time··································..



Date/Time··································..



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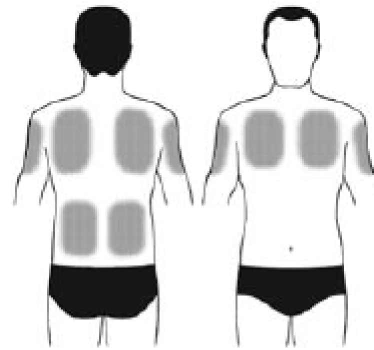

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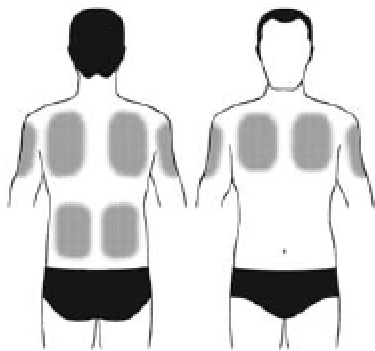

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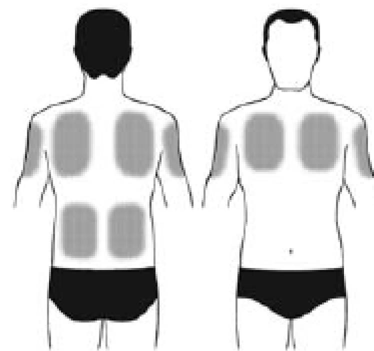

Date/Time····································

Appendix 5 – **Example MAR Sheet**

Medicine Administration Record (MAR) **MAR Chart prepared by:** Sarah Jones (carer)

Name: FREDERICK SMITH	**DOB:** 13.0.1931	**NHS No:** **123 456 7890**	**GP / GP Practice:** Dr Pollard, Crown Medical Centre	**Allergies:** *Any known allergies must be recorded. If the person has no known allergies, this must be recorded*
Address: 64 Main Street, ANYTOWN	**Start Day:** Friday	**Start Date:** 01.02.2019	**End Date:** 28.02.2019	**Review Date:**

		Week 1							**Week 2**							**Week 3**							**Week 4**						
Medication		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28
• *The name, formulation and strength of the medicine;* • *How often or the time the medicine should be taken;* • *How the medication is taken or used (route of administration);*	AM/PM																												
Quantity Rec'd 4	**Sig** SJ			**Date** 31.01.19				**Carried forward**							**Returned**						**Sig**					**Date**			
When medicines are prescribed 'as required' the chart should be supplemented by additional information recorded in the care plan that clearly describes the circumstances when the medicine should be given																													
Quantity Rec'd	**Sig**			**Date**				**Carried forward**							**Returned**						**Sig**					**Date**			
Quantity Rec'd	**Sig**			**Date**				**Carried forward**							**Returned**						**Sig**					**Date**			
Quantity Rec'd	**Sig**			**Date**				**Carried forward**							**Returned**						**Sig**					**Date**			

1 – Refused, not taken 2 – Nausea/vomiting 3 – Left for later 4 – Other (please define) …………………………………...