

# Healthcare Help

Supporting Health Providers

## Module 4

### Safe Medication Administration

NEXT

# Steps to Safe Administration Medicines

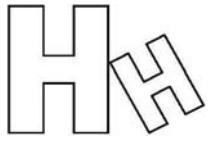
What is the **FIRST** thing you do before giving out any medication?

- ✓ Wash your hands
- ✓ Look at the instructions on the Patient Medication Order
- ✓ Check the name and photograph of the resident on the Medication Order against the name on the medicine container or blister pack.

*Here we encounter our first major risk.*

*When we know the person receiving the medication , the risk is minimised.*

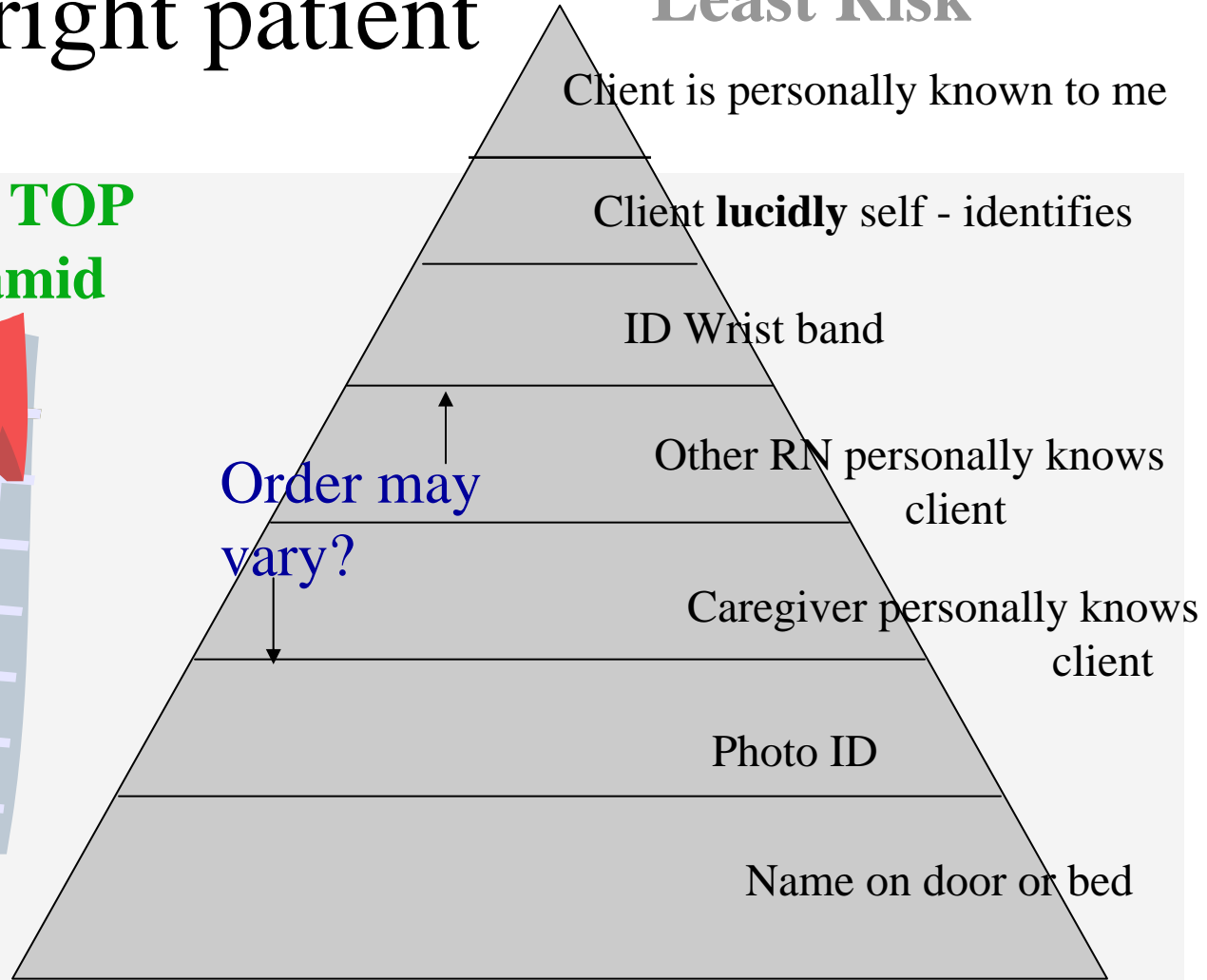




# The right patient

Least Risk

**Aim for the TOP  
of the pyramid**



**Highest Risk**

Risk Pyramid

NEXT

# Safe Medication Administration

- ✓ Check the instructions on the medication sheet to ensure the right dose, drug, time and route.
- ✓ Administer the medicines to the resident directly from their container or blister pack.

*Be careful! A commonly made medication error occurs where a tablet is left behind in a bubble pack.*

*Some client's cannot hold tablets in their hands. Use of a teaspoon is a widely accepted practicable solution.*



# Safe Medication Administration

- ✓ Make sure the resident has fluids to take with the medicine, and that special instructions for administration are complied with.
- ✓ Ensure that oral medicines are swallowed.

**X Medicine **must not** be left for the resident to take later, even if you know they will take it. **Imagine it being eaten by a visitors child!****

*Here we encounter our 2nd major risk.*

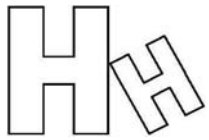
*Knowledge of medications minimizes risk.*

*If we **HAVE NO IDEA** what a medication is for, then risk is increased . . .*

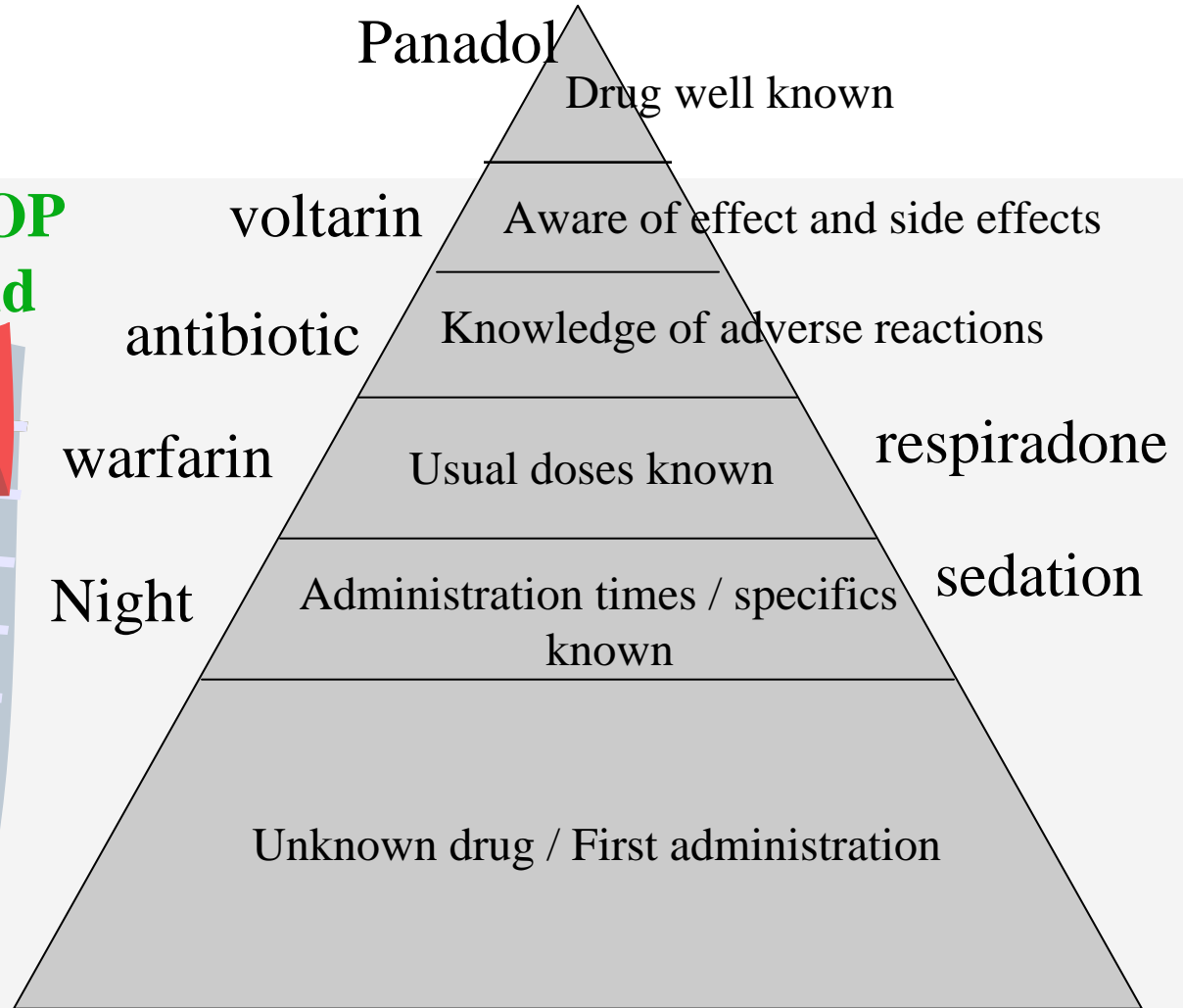


# The right drug

Least Risk



**Aim for the TOP  
of the pyramid**



**Highest Risk**

Risk Pyramid

NEXT

# Safe Medication Administration

- ✓ Record on the Medication Administration Record sheet that the medicine has been administered and taken, by signing in the space provided. The sheet should also allow the recording of withheld doses, refused doses or extra doses given in the event of wastage.
- ✓ Make sure that special instructions such as “take with food” are followed.

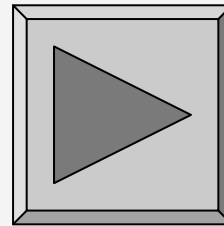


# Safe Medication Administration

Management Responsibility: adequately trained staff to give out medication safely.

## Are gaps OK?

Onwards



What do you think? Staff giving out medication need to have:

<b>Awareness</b>				
Of what?				

**Do you actually need to know what is wrong with the person?**

People giving out medication need to have:

Awareness	Knowledge			
<b>What's wrong with the person</b> [present care]				

Should we **KNOW** what dose is safe?

People giving out medication need to have:

Awareness	Knowledge	Understanding		
Of current assessment & care program	Dosage [amount needed]			

Do we need to know what the medicine is for?  
What is does?

People giving out medication need to have:

Awareness	Knowledge	Understanding	Recognition	
Of current assessment & care program	Of the medicine's appropriate dosage	Of the medicine's desired effect		

Would you recognise side effects?  
Do you know what side effects to expect?

People giving out medication need to have:

Awareness	Knowledge	Understanding	Recognition	Ability
<b>Of current assessment &amp; care program</b>	<b>Of the medicine's appropriate dosage</b>	<b>Of the medicine's desired effect</b>	<b>Of possible side effects</b>	

**Do you feel that you have the knowledge to make judgment calls?**

*Remember your client may be frail or unable to judge for themselves anymore?*

HA



# Nurses & Care staff giving out medication need to have:

Awareness	Knowledge	Understanding	Recognition	Ability
<b>Of current assessment &amp; care program</b>	<b>Of the medicine's appropriate dosage</b>	<b>Of the medicine's desired effect</b>	<b>Of possible side effects</b>	<b>To recognise if it isn't working</b>

So . . . . what do you think?  
Are gaps in knowledge acceptable?

NEXT



HA

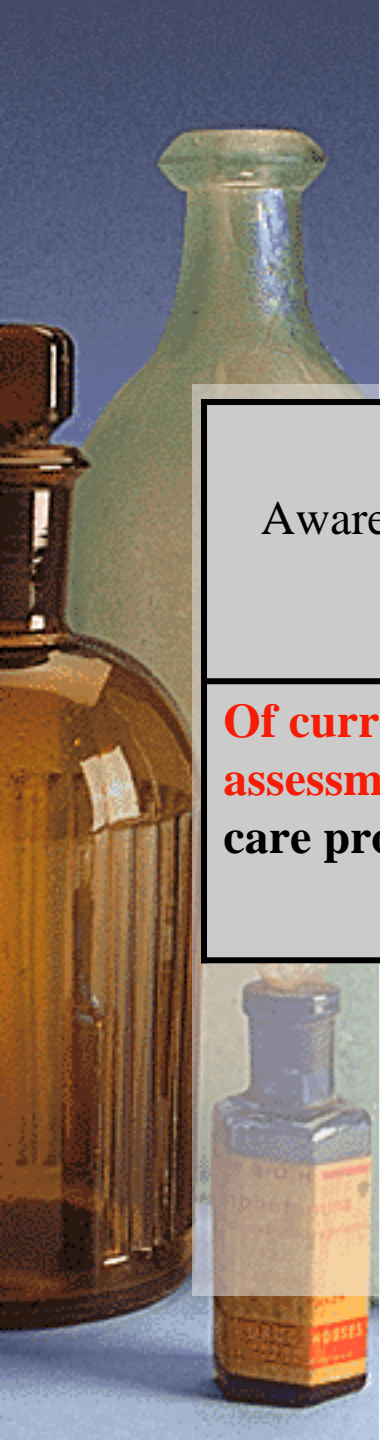


# Gertrude

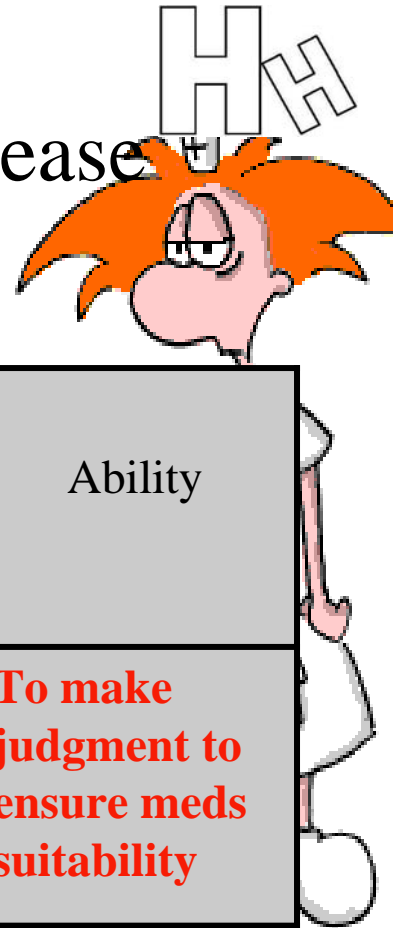
Awareness	Knowledge	Understanding	Recognition	Ability
<b>Of current assessment &amp; care program</b>	<b>Of the medicine's appropriate dosage</b>	<b>Of the medicine's desired effect</b>	<b>Of possible side effects</b>	<b>To make judgment to ensure meds suitability</b>

**AIM FOR  
SAFE PRACTICE**

NEXT



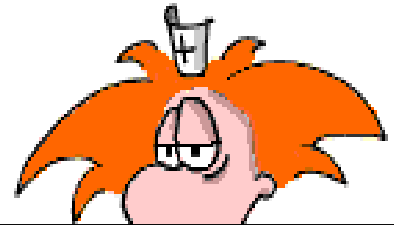
# Will Gaps in our knowledge increase risk?:



Awareness	Knowledge	Understanding	Recognition	Ability
<b>Of current assessment &amp; care program</b>		<b>Of the medicine's desired effect</b>	<b>Of possible side effects</b>	<b>To make judgment to ensure meds suitability</b>

NEXT

# Will Gaps in our knowledge increase risk?:



Awareness	<b>Knowledge</b>	Understanding		Ability
<b>Of current assessment &amp; care program</b>	<b>Of the medicine's appropriate dosage</b>	<b>Of the medicine's desired effect</b>	<b>Side effects</b>	<b>To make judgment to ensure meds suitability</b>



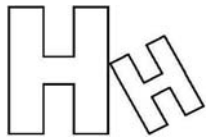


# Will Gaps in our knowledge increase risk?:

Awareness	Knowledge	Understanding	Recognition	Ability
	<b>Of the medicine's appropriate dosage</b>	<b>Of the medicine's desired effect</b>	<b>Of possible side effects</b>	<b>To make judgment to ensure meds suitability</b>



# Will Gaps in our knowledge increase risk?



	Knowledge	Understanding	Recognition	Ability
Of current assessment & care program	Of the medicine's appropriate dosage		Of possible side effects	

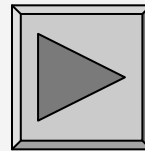


NEXT

# Therapeutic Dose

STOP! Do you really understand the concept:

THERAPEUTIC DOSE?



**No not really**  
**Learn**  
**Revise**

NEXT

# Therapeutic Dose

The instructions on the side of the bottle say the antibiotic, Synamox, should be taken three times daily for 7 days.

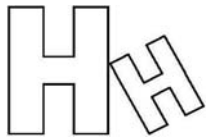
When would you give it?

0800 hours    1200 hours    1700 hours

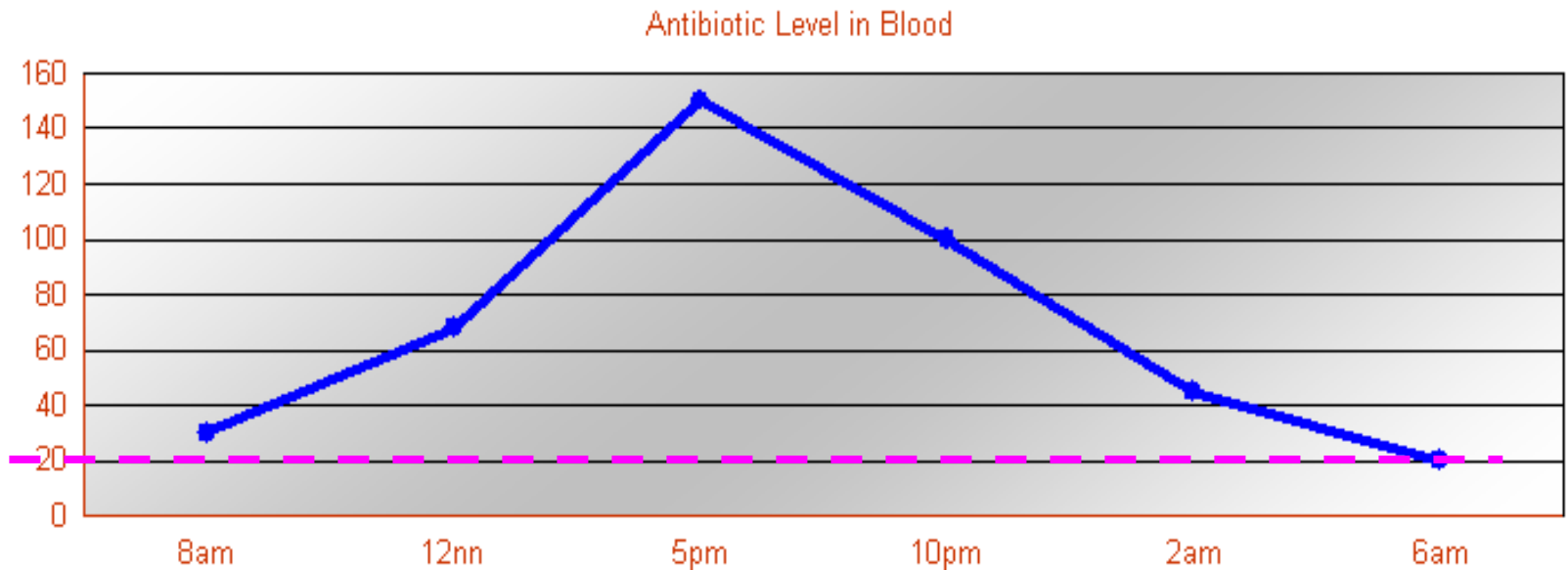
Let us look at that regime . . . . .



# Therapeutic Dose



The “**meal-time dose regime**” puts **4** hours between the morning and lunch time dose, **5** hours between the lunch and tea time dose, **BUT, 15** hours between the tea time dose and the first dose the next day.



Assume the best **therapeutic range is between 35 and 55.**

Below this range, the medication may not be effective. Above, it could be considered excessive and possibly more likely to incur side effects like skin rash, nausea and diarrhoea. *Is this the best we can do?*

NEXT

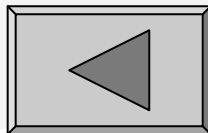
# Therapeutic Dose

The instructions on the side of the bottle say the antibiotic, Synamox, should be taken three times daily for 7 days.

Or would you choose these administration times:

0800 hours 1400 hours 2200 hours

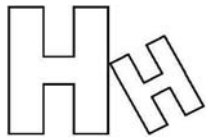
Rather than 0800 hours 1200 hours 1700 hours



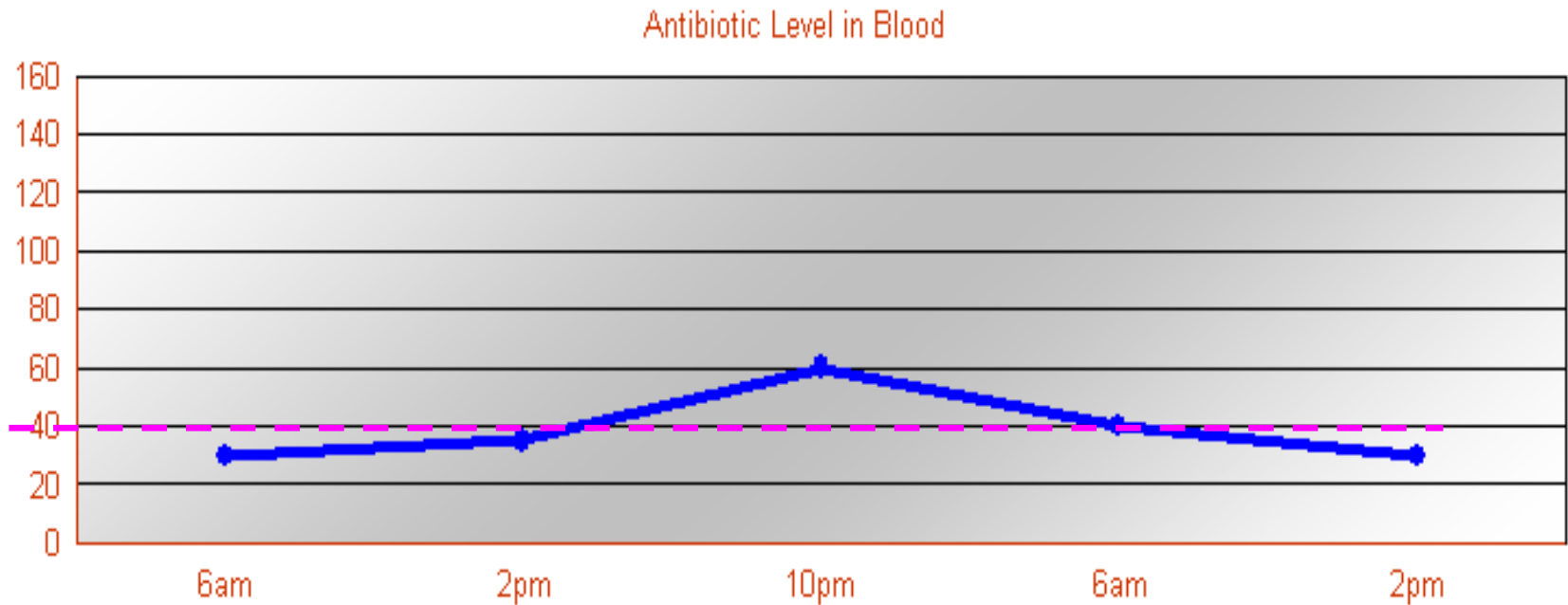
Back to  
Other regime

NEXT

# Therapeutic Dose

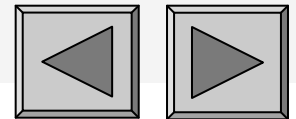


With this regime there are approximately 8 hours between each dose. While it may have disadvantages [like waking a sleeping patient / given outside drug rounds times] this should give optimal therapeutic levels. [Last dose for the day could be given at bedtime].



Presume we are aiming for a **therapeutic range between 35 and 55**.  
We have achieved it!

Likelihood of side effects should be minimised.



revise

# Sustained Release Medication

Sustained release medications are manufactured to be absorbed slowly:

These medication may have an enteric coating so that absorption in the digestive tract is prolonged thus the medication is released into the system for up to 12 hours.

Or, capsules may contain pellets (sprinkles) of the medication – different coloured pellets dissolve at different rates – again providing sustained release of the medication, over hours.

The advantage of this is that the patient receives benefit from the medication's effect, spread out over the day (and night).

# Sustained Release Medication

Let us look at some common examples:

**Slow K:** slow release Potassium. Sustained release over 4 hours  
Action: correction and/or prevention of hypokalaemia usually in the elderly.

**Kapanol:** slow release Morphine. Sustained release over 12 - 24 hours.  
Action: Analgesic.

**MST:** slow release Morphine. Sustained pain relief over 12 hours.  
Action: Analgesic

**Cartia:** Slow release aspirin



# Self Administration

For the risk to be adequately managed, the resident's level of knowledge must be assessed and any necessary drug education provided.

- ✓ Resident education should include the purpose, actions and any possible side effects of their medication.
- ✓ The resident's medication must be issued in blister packs and should be stored in their room in a locked cupboard or drawer that is accessible to both resident and staff.
- ✓ The resident must inform staff when medications have been taken, refused or mislaid.
- ✓ Staff must check the resident's medicines every week to assess whether self administration is viable.
- ✓ The doctor must assess a resident's ability to take their own medicine at least every 3 months.

END

[BACK TO  
START](#)

