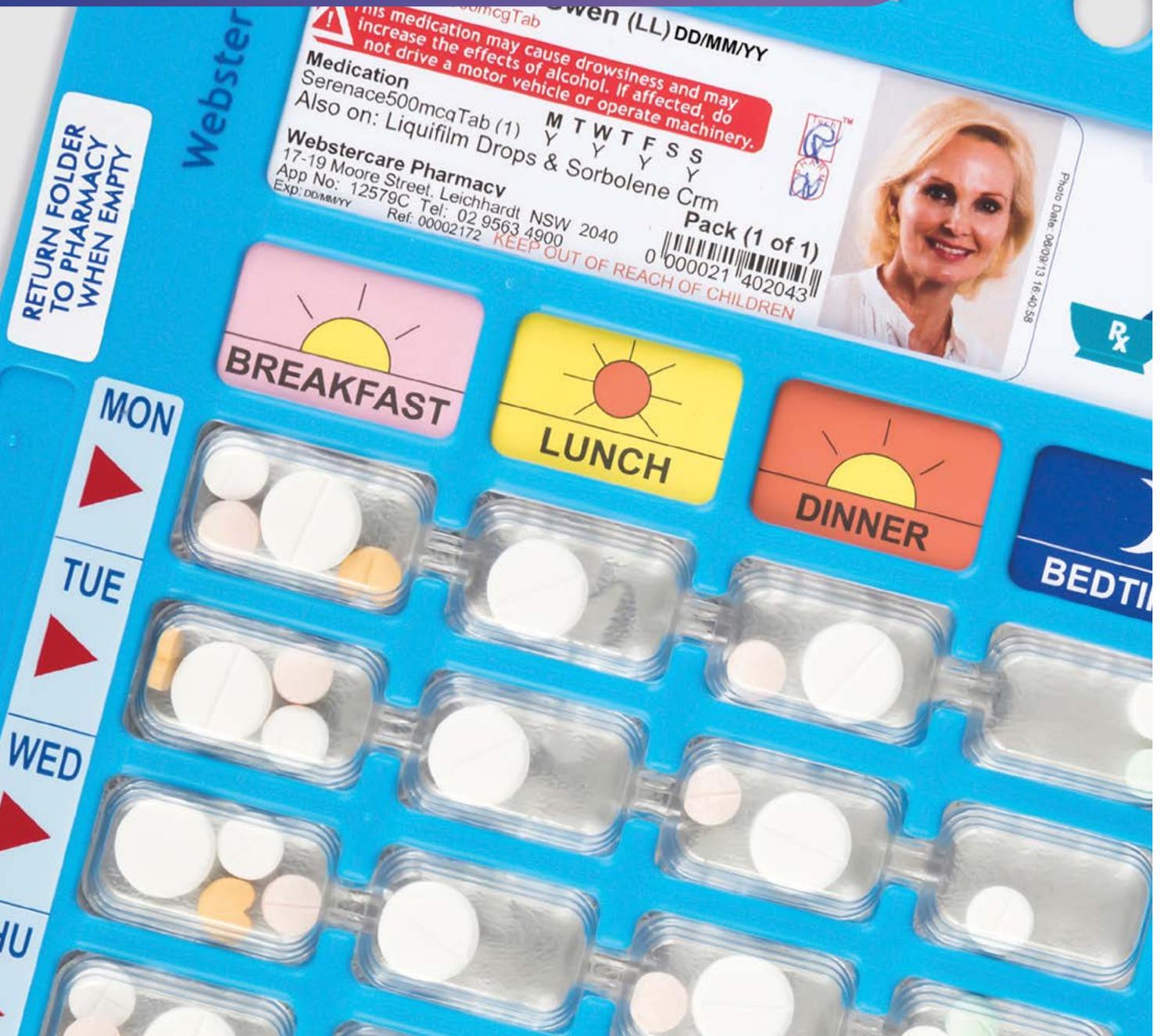


Assisting Clients with Medication for Support Workers





In the spirit of reconciliation Premium Health acknowledges the Traditional Custodians of country throughout Australia and their connections to land, sea and community. We pay our respects to their elders past, present and emerging and extend that respect to all Aboriginal and Torres Strait Islander peoples today.

OUR PROMISE

“

**Premium Quality,
without compromise.
It's the Premium Health
promise.**



Phillipa Wilson

Founder & Managing Director of Premium Health

**Our Trainers are
Experienced Nurses
and Paramedics**

Passionate about sharing
their experience

**Premium Quality
Programs**

We pride ourselves on the depth
of our course content and the
quality of our training materials

**Innovative Techniques,
Empowering Outcomes**

Methods remembered for years
to come

**Specialised Training,
Contextualised to
Your Workplace**

Relevant and customised to
workplaces

© PREMIUM HEALTH JUNE 2022
PUBLISHER: PHILLIPA WILSON

This booklet is copyright. Apart from any fair dealings for purposes of private study, criticism, or review, as permitted under the Copyright Act, no part may be reproduced by any process without written permission. Enquiries should be made through the Managing Director.

Welcome to your course and Premium Health.

The aim of this resource is to provide the essential knowledge and skills required in your training.

We select our Premium Health trainers and assessors carefully. All are either nurses or paramedics with appropriate training qualifications, technical expertise and experience.

ASSISTING CLIENTS WITH MEDICATION FOR SUPPORT WORKERS

WHAT YOU NEED TO KNOW ABOUT YOUR COURSE.....	6	MEDICATION DOCUMENTATION	18
MEDICATIONS	7	Health care plans	18
Complementary medications.....	7	Medication charts or records	18
Over the counter medications.....	8	MEDICATION TERMINOLOGY	21
Prescription medications.....	8	PRN 'as required' medications.....	21
UNWANTED EFFECTS AND DRUG INTERACTIONS	9	HOW TO ASSIST A CLIENT WITH MEDICATION	23
Side effects	9	Before assisting a client with medication.....	23
Adverse reactions	9	During assisting a client with medication.....	23
Allergy	10	After assisting a client with medication	24
Anaphylaxis.....	10	Observe the client	24
Drug interactions.....	10	Assisting clients with medications from original packaging....	24
SCHEDULE OF MEDICATIONS	11	Disposal of unwanted or expired medications	24
LEGAL FRAMEWORK.....	12	Managing different types of medication	24
Why may someone need assistance with medication?.....	13	Patches	24
What does the law say about assisting a client with medications?	13	Creams and powders	25
TYPES OF MEDICATIONS	15	Eye drops.....	25
DEFINITIONS.....	16	Procedure for administering mixtures from a bottle	26
Self-administration	16	Metered dose inhalers (MDIs)	27
Prompting	16	Refusal to take medication	27
Assist with medication	16	Crushing medication.....	27
Medication administration.....	16	MEDICATION ERRORS	28
DOSE ADMINISTRATION AIDS (DAAS).....	17	Support worker's response to medication errors	28
MEDICATION SAFETY.....	18	Client adverse reaction to a medication	28
What are the '6 Rights' of safe medication practice?	18	RECORDING AND REPORTING GUIDELINES...29	
Managing medication safely.....	18	Incident or medication error guidelines.....	29
		Protecting self and client.....	29
		Medication management safety.....	29
		SUMMARY	30
		APPENDICES.....	31

WHAT YOU NEED TO KNOW ABOUT YOUR COURSE

Welcome

Welcome to your course and Premium Health.

This resource provides support workers with some of the essential knowledge and skills to understand some medications and ways in which they can be taken. The course also includes general side effects of common medications and how to manage medication incidents.

This resource assists support workers how to safely assist clients to use a dose administration aid (DAA), and problem-solve medication concerns, issues and workplace medication errors including documenting a medication incident.

Evaluation of the program

Your feedback is important to us as we use this as part of our continuous improvement cycle. Please undertake our evaluation which will be discussed during the course.

Premium Health's customer service

We offer you an on-going service in relation to your course and invite you to call our office on **1300 721 292** or email us on customerservice@premiumhealth.com.au.

For more information about Premium Health and our health care, mental health and first aid courses, please access our website www.premiumhealth.com.au.

MEDICATIONS

Medications are defined as chemical substances which are designed to have a therapeutic effect on the body. They can maintain health and wellbeing, control and prevent symptoms of disease, promote optimal function, enable the person's independence, and assist in quality of life e.g. pain relief.

The Australian Government Department of Health (AGDH, 2020) defines medication as:

All medications supplied in Australia must be included in the Australian Register of Therapeutic Goods (ARTG). Medications will be either registered or listed in the ARTG. You can tell whether a medication is registered or listed by the number on the label of the medication

Medications help to prevent, treat, or cure disease. Some are available over the counter; others need a doctor's prescription.

Medications may be required to:

- manage short-term (acute) or long term (chronic) conditions
- supplement deficiencies (such as in diabetes)
- relieve symptoms (such as analgesics, like Panadol or Aspirin to manage pain)
- cure disease (such as antibiotics or Tuberculosis (TB) medications)
- prevent disease (such as a vaccine)
- assist lifestyle (such as contraceptives and hormone replacement therapy)

There are 3 types of medications in Australia:

- complementary or alternative medications (CAM)
- over the counter medications (OTC)
- prescription medications

All users are encouraged to keep a list of their current medications, including any prescriptions, OTC and CAM. Ideally all clients should have Consumer Medication Information provided with their medications. It includes easy-to-understand detailed information on the medication, including how to use it and any side effects and precautions in taking the medication. A supplying pharmacist can always provide one if lost or misplaced.



COMPLEMENTARY MEDICATIONS

Complementary medications are non-prescription medications available from health food shops, supermarkets, and pharmacies. Most of these medications are available for purchase on the shelf for consumers to select, unlike prescription medications (prescribed by a doctor) and some OTC medications (selected by a pharmacist).

Some examples of complementary medications include:

- traditional herbal medications
- some nutritional supplements
- vitamins and minerals
- homeopathic (diluted) preparations
- aromatherapy preparations including essential oils
- traditional Chinese medications
- Ayurvedic (traditional Indian) medications

OVER THE COUNTER (OTC) MEDICATIONS

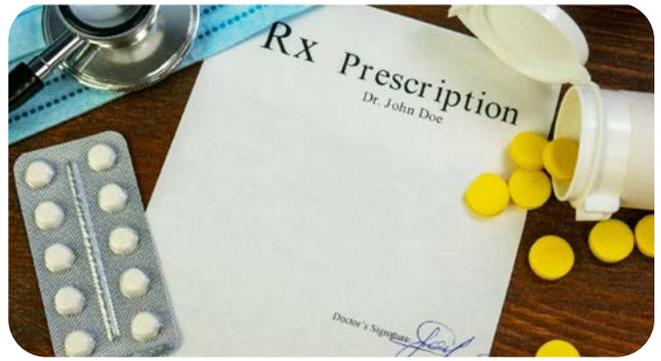
These medications are used mostly for mild health problems such as headaches, aches and pains, sore throat, nose congestion, fever, fungal infection and/or upset stomach.

Some OTC medications are available in supermarkets, while others are only available in pharmacies. Some require a conversation with a pharmacist to access.

The risks associated with OTC medications fall in-between complementary medications and prescription medications. They are higher risk and have tighter controls than most complementary medications, but do not require a prescription.

The CAM and OTC medications are non-prescription medications. OTC include cough syrups, cold, flu or hay-fever medication, painkillers e.g. paracetamol, vitamin supplements and antacids.

Ideally a client should have their use of OTC and CAM reviewed and approved by their doctor to exclude the possibility of drug interactions.

PRESCRIPTION MEDICATIONS

A prescription medication is a medication that can only be made available to a person on the written instruction of an authorised health professional. Examples of prescription medications include blood pressure tables, cancer medication and strong painkillers.

The prescription or script usually includes the following information:

- name of client, date of birth
- name of the medication
- type of preparation e.g. tablets, creams
- strength of each dose
- how often it should be taken
- when and how it should be taken
- the number of doses
- signature and provider number of Medical Practitioner (doctor) or Nurse Practitioner

Instructions on how to take the medication are typed onto a label and stuck to the medication by the Pharmacist. It is important to know why the medications are prescribed. All prescription medications have an information leaflet called Consumer Medication Information (CMI) which is available free from the Pharmacist.

DRUG INTERACTION



DRUG



BEVERAGE



FOOD

UNWANTED EFFECTS AND DRUG INTERACTIONS

Medications have therapeutic (beneficial) effects but may also have unwanted effects. These effects fall into four categories, which are known as side effects, adverse reactions, allergy, or allergic reactions and the most serious of all, anaphylaxis.

Additionally, some drugs also can react with each other or with some foods. This drug interaction will be identified by the client's doctor and/or Pharmacist. It must be noted in the client's care plans and on the medication chart or record.

Examples of common medication side effects or adverse reactions to medications include skin rashes, nausea, headache, drowsiness, constipation, dry mouth, and insomnia.

SIDE EFFECTS

All medications can have side effects. These may be expected but are not necessarily harmful e.g. Ventolin (given to relieve asthma) can cause a rapid heartbeat.

ADVERSE REACTIONS

These are serious or harmful effects of medications e.g. a person may feel dizzy or there may be a fall in blood pressure.

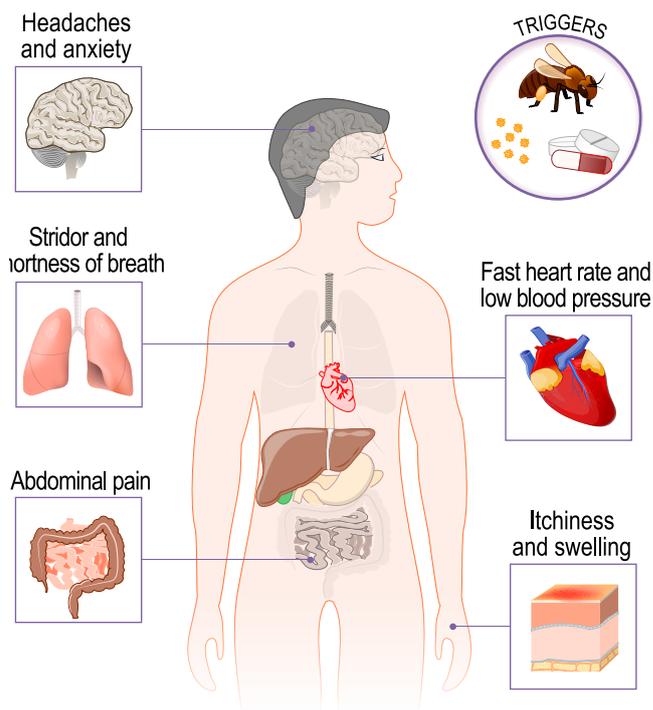
ALLERGY



A person may be allergic to a drug e.g. aspirin or antibiotics. These allergic reactions will occur every time the person takes the drug. Most drug allergies cause minor skin rashes and hives. Penicillin and related antibiotics are the most common cause of drug allergies. Other common allergy causing drugs include:

- anticonvulsants (reduce seizures)
- insulin (especially animal sources of insulin, for diabetes)
- iodinated (containing iodine) x-ray contrast dyes (these can cause allergy-like reactions)
- sulfa drugs
- antibiotics

ANAPHYLAXIS



Anaphylaxis is the most severe form of allergic reaction, it can be life-threatening and is a **medical emergency**. The anaphylactic reaction generally develops quickly, and the person may have severe breathing problems, fainting, itching, hives, inability to talk or hoarseness and swelling of the throat and/or tongue.

If not treated quickly the client may lose consciousness and die.

DRUG INTERACTIONS

The risk of interactions must be noted in the client's:

Medication management

Food care plan

Nutrition care plan

Medication chart

Support workers are not doctors or nurses, the best rule of thumb to apply is; if the client is not behaving or reacting in their usual way after taking medication, treat this as a side effect or adverse reaction and immediately follow the organisation's policies and procedures.

SCHEDULE OF MEDICATIONS

Australia has a unique system in which medications are grouped or classified into Schedules. It is a national system that classifies and controls how medications are made available to the public.

The Schedule is designed to protect public health and safety. Some medications have a higher risk of causing harm than others. Also, some medications are more likely to be misused, such as medications that can cause dependence or addiction.



Scheduling is a way of sorting out which medications or poisons need to be more tightly controlled than others. Some poisons are so dangerous that they are not to be used at all.

Each category has different rules for how a medication or poison should be labelled, sold, bought, stored, and thrown away. These categories also indicate if a prescription is required to buy a certain medication. A specific medication will fall into the same category across all Australian states and territories.

There are 10 categories ('Schedules') arranged from least tightly controlled to most tightly controlled.

Medications are usually in Schedules 2, 3, 4 or 8.

SCHEDULE 1	Not currently in use
SCHEDULE 2	Pharmacy medication – These are available on the shelf at pharmacies.
SCHEDULE 3	Pharmacist only – Medications that are available from a pharmacist without a prescription. These medications are usually behind the pharmacy counter.
SCHEDULE 4	Prescription only – Medications which must be prescribed by an authorised healthcare professional (such as a doctor). They may be supplied in hospital or bought from a pharmacy with a prescription.
SCHEDULE 5	Caution – Chemicals which are not likely to cause harm. They need suitable packaging with simple warnings and safety directions on the label.
SCHEDULE 6	Poison – Chemicals with a moderate risk of causing harm. They need special packaging with a strong warning and safety directions on the label.
SCHEDULE 7	Dangerous poison – Chemicals with a high risk of causing harm in low doses. They are only available to certain people who are able to handle them safely. There may be special rules for selling, using or storing these chemicals.
SCHEDULE 8	Controlled drug – Medications or chemicals which have special rules for producing, supplying, distributing, owning, and using them. These medications may only be prescribed by an authorised healthcare professional who may need a special prescribing permit.
SCHEDULE 9	Prohibited substance – Chemicals which may be abused or misused. They are illegal to produce, own, sell or use except if needed for medical or scientific research.
SCHEDULE 10	Chemicals that are so dangerous they are banned altogether.

THE MOST COMMON SCHEDULES WE WILL BE DISCUSSING IN OUR COURSE ARE:

Schedule 2 (S2)

Pharmacy Medications.

These medications can only be supplied through a pharmacy. This category is for substances for which advice from a pharmacist may be required about its safe use.

Schedule 3 (S2)

Pharmacist Only Medications.

These medications must be supplied by a pharmacist and advice on its safe use is required from a health professional. It is available for purchase without a prescription.

Schedule 4 (S4)

Prescription Only Medications.

These medications can only be obtained with a prescription from a person who is legally permitted to prescribe e.g. a doctor, or other persons permitted by State or Territory.

Schedule 8 (S8)

Controlled Drugs of Addiction.

These substances are available for use but there are restrictions on who can manufacture, supply, distribute, possess, and use them (use to reduce abuse, misuse and physical or psychological dependence).



LEGAL FRAMEWORK

The legal framework in which medications can be administered in Australia is dependent on various legislation, regulations and guidelines across the national, state and territory landscape (e.g. Aged Care Act 1997, Disability Services Act 1986, Disability Discrimination Act 1992, Therapeutic Goods Act 1989, Privacy Act 1988 and Work Health and Safety Act 2011 and Regulations).

The administration of medications must align with the relevant jurisdictional legislative and regulatory requirements as well as organisational policies, protocols, and procedures.

Support workers should only provide services that are consistent with their level of training and competence. The delivery of care will depend on the consumer and their health care needs. Support workers are not authorised to make any decisions about whether the medication should be administered and should seek assistance from their supervisor if they have any concerns about medication management. (APAC, 2006)

Delegation of the administration of medications by registered nurses should be in accordance with policies and guidelines of the relevant health professional's regulatory authorities and state or territory legislation and regulations. (APAC, 2006)

There should be clear instructions on a client's care plan about what steps the support worker will take to assist and support the client with the administration of medication.

All support workers should be guided by their organisation's policies and procedures for the administration of medication. Employers should be aware of their employees' levels of skill and knowledge and provide the necessary training to ensure duty of care is met. Employers cannot expect or require employees to perform tasks beyond their knowledge, skills, experience, and training. (APAC, 2006)

WHY MAY SOMEONE NEED ASSISTANCE WITH MEDICATION?

A person who requires supervision or assistance with medication usually has complex health care needs or a disability of some kind. This could be because of a physical disability e.g. arthritic hands, poor eyesight, poor coordination, cognitive impairment e.g. short-term memory loss, dementia and through an acquired disability e.g. acquired brain injury, amputation.

It is important that the client be encouraged to maintain their independence with medication administration as much as possible. A team approach regarding the client's medication support ensures the best outcome for the client.

The members of the team may include the client and their family or person responsible (guardian), the service organisation and its employees, the client's doctor, pharmacist, speech pathologist, Hospital in the Home, District Nurse or Palliative care team. Communication between all members of the team should be documented.

WHAT DOES THE LAW SAY ABOUT ASSISTING A CLIENT WITH MEDICATIONS?

There are various regulations in the States and Territories about how a support worker can assist a client with medication. All assistance and/or any client service agreements in place must be provided in accordance with the relevant State and Territory legislation. There are common recommendations.

These are that:

- Support workers can physically assist a client to use their dose administration aid (DAA) where the person is responsible for their own medication or if an agreement is in place between the client and their service provider.
- Support workers should monitor their client's medication management.
- Support workers must be guided by their organisation's medication management policies and procedures, including for a suspected adverse event.
- A DAA is a device or packaging system such as blister packs, bubble packs or sachets for organising doses of medications according to the time of administration. They are preferable when assisting

with medication because they are packed by a Pharmacist, are tamper-evident, prepared from scripts or medication charts/records and have a highly reduced risk of potential for a medication error to occur.

- The use of DAAs in conjunction with medication charts or records are to be used by support workers in assisting with medication instead of using medication in its original packaging such as bottles. This ensures greater safety for the client as mistakes are less likely to be made.
- Support worker assistance with medication is limited to oral or topical medications only. It is not recommended that support workers provide assistance with suppositories or give medication via a PEG/PEJ tube, unless they have had the appropriate training and appropriate policies and procedures are in place. Support workers cannot draw up and give injections.



All service provider organisations should have medication management policies and procedures in place to guide safe practice and for organisational risk management. When developing these medication policies, procedures and protocols, the service provider or organisation should consider all relevant state or territory legislation, regulations, and guidelines.

The policy also should identify which medications staff are not authorised to administer. This ensures that client medication management, as specified by these guidelines, will be done safely when followed. The organisation also should have a current client medication record on file.

Roles and responsibilities of a support worker when assisting clients with medications

Support workers:

- Are individually accountable for their own actions.
- Have a duty of care to the clients they support, care for and give advice to.
- Have a duty of care to clients to ensure the safe and proper use of medications.
- Must be assessed as competent (preferably on the job).
- Are responsible for gaining consent before assisting a client with medication.
- Have a general awareness of potential side effects and interactions of medications.
- Must report any medication incidents or near misses.
- Must know who to report to if there are any circumstances or changes in clients' condition (physical/behavioural).
- Must follow the '6 Rights' of medication practice:
 - right client
 - right medication
 - right dose (amount)
 - right time
 - right route (e.g. mouth, nose, rectal etc)
 - right documentation
- Are responsible for documenting the outcomes of assisting client/s with medication administration.
- Are responsible for knowing and working within the boundaries of their roles in relation to state and territory drug and poisons legislation.
- Cannot claim the status of a registered nurse or medical officer as this is illegal.

Six Rights of Medication



Support workers must work within the limitation of their role in relation to medication management, to assist with medications as part of the client's personal care once the client has been assessed by a registered nurse/doctor. Support workers are responsible for following instructions in the health care plan to physically assist clients with medications from DAA and client prescribed containers.



- Read and understand the organisation's policies and procedures.
- Support workers are bound by their duty of care to their client and their employing organisation.
- Support workers are responsible for making sure they understand and follow all policies and procedures.
- Following the organisation's policies and procedures will protect the support worker and client. Report any concerns to a supervisor immediately.



TYPES OF MEDICATIONS

Medications can come in different forms depending on the best way for them to be taken, also known as routes. These routes are the oral, sublingual, buccal, inhaled, topical and by injection.

ROUTE OF THE MEDICATION	HOW IS THE MEDICATION TAKEN?	FORM OF THE MEDICATION
Oral	Swallowed	Pills, tablets, capsules, liquid or syrup
Sublingual	Absorbed under the tongue (anginine in form of tablet or pump spray for angina pain)	Sprays, wafers or tablets
Buccal	Absorbed or dissolved against the mucous membrane of the cheek (midazolam for epileptic seizures)	Liquid, lozenges, tablets or dissolvable films
Topical	Applied to the skin, eyes, ears or nose (creams, eye and ear drops)	Eye and ear drops, lotions, creams, patches, powders or ointments
Inhalation	Inhaled into the lungs (ventolin for asthma)	Sprays or powders
Injection	Injected into an area of the body through the vein (intravenously - IV), into the muscle (intramuscular - IM) and subcutaneously - SC. Insulin is injected SC	Intravenously (vein), Intramuscularly (muscle), Subcutaneously (under the skin), via a PEG tube (tube into the stomach)
Suppository or Pessary	Absorbed rectally to assist in bowel movements or vaginally for thrush	Usually composed of active ingredients and non-active ingredients such as cocoa butter or vegetable which melt at body temperature gradually releasing the active ingredient into the rectum or vagina

DEFINITIONS

There are various terms applied to medication management. It is important to understand these definitions as they outline the manner and extent of assistance that can be given to clients. Support staff may be required to prompt, assist, or administer medications. Staff should be clear of the difference between these roles.

SELF-ADMINISTRATION

Self-administration of medication is defined as the process of acquiring, identifying, and administering medication to one's self. It will be the policy of the company providing care, to provide the opportunity to qualified residents to self-administer medications.

PROMPTING

Prompting is reminding a person of the time and asking if they have or are going to take their medications. The person is still in control of their medications and may decide not to take them or to take them later.

ASSIST WITH MEDICATION

A person may be able to retain control of their medications but need assistance with simple mechanical tasks. These can include picking up medications from the pharmacy, at client's request, bringing the medication to them. Opening bottles or packaging including dose administration aids at the request and direction of the person who is going to take the medications. Ensuring the person taking the medication requires water or food to take with the medication.

MEDICATION ADMINISTRATION

If a person cannot take responsibility for managing their medication, support staff may be needed to ensure that the person gets offered or is given the medication.

Administration of medications is one, all, or a combination of the support worker doing the following:

- › Deciding which medication(s) must be taken or applied and when this should be done.
- › Being responsible for selecting the medications.
- › Assisting a person with medication to swallow, apply or inhale, where the person receiving them does not have the capacity to know or identify the medication.
- › Assisting with medications (even at the request of the person receiving care) where a degree of skill is required to be exercised by the support worker to ensure it is given in the correct way.

Providers must ensure that support workers are trained in medication administration before the core roles above can be performed. Providers should also have a system to regularly assess the competency of support staff in their role to assist client with medication.



DOSE ADMINISTRATION AIDS (DAAS)

These aids are designed to assist people to safely and effectively take their prescribed medication. When a person has many medications or a complicated medication regime, DAAs makes taking medication simple as the medications are grouped according to the time of day they are taken.

Commonly they have 4 different times for administration of medication: breakfast, lunch, dinner, and bedtime. Only solid oral medications can be packed into a DAA. All other medication is then referred to as non-packed medication. This includes medications formulated as drops, sprays, patches, or creams.

DAAs also have the same details and information on them as on a medication chart namely:

- client identification details (e.g. photo)
- doctor's particulars
- pharmacy details
- names of the medications ordered for that day and time and information
- which medications can or cannot be crushed
- specific instructions about the use of the medications such as cautionary and advisory labels.
- the medication should be kept away from light It also should be labelled KEEP OUT OF REACH OF CHILDREN

Examples of DAAs are Blister packs such as Webster Packs, Dosette Boxes, Sachets and 7-day pill organisers. DAAs usually are packed by a pharmacist. A registered nurse who follows the orders in the doctor's prescriptions or medication chart or record should only pack or repack the DAA if a pharmacist is unable to do so. DAAs are usually tamper evident.

DAAs generally last for 1 week. The pharmacist will supply the next week's DAAs the day before the current one runs out. It is important that the pharmacy be notified immediately of any changes to medication orders. This can be done by faxing a full copy of the medication chart and giving the prescriptions to the pharmacist.

People who use DAAs should be monitored in the same way as any other client would be to ensure that they are safely administering their medication.

MEDICATION SAFETY

WHAT ARE THE '6 RIGHTS' OF SAFE MEDICATION PRACTICE?

Every time a client is assisted with medication, the following rights should be...to ensure safety in medication assistance or administration:

- right person
- right medication
- right time
- right route
- right dose or amount
- right documentation e.g. a current medication chart signed by a doctor

By using this procedure each time in assisting with medication, a series of safety checks are being done. It is easy to become distracted during medication assistance. There may be background noise - the TV or radio may be too loud. Staff may be in a hurry because of running late or have something else important to attend as well.



MANAGING MEDICATION SAFELY

There are several guidelines that any person dealing with medication or assisting a client with medication should follow routinely. This will ensure the client's safety and protect the support worker from making errors which may have a negative effect on the client. They are:

- Ensure medication is stored safely and correctly.
- Strictly follow a doctor's medication orders.
- Follow the 6 Rights of safe medication management practice every time.
- Use medication charts or records and DAAs.
- Report any concerns about medication to a supervisor.
- Always follow Infection control and hygiene practices when assisting with medications.

MEDICATION DOCUMENTATION



HEALTH CARE PLANS

The client's care needs will be assessed, usually by a Registered Nurse, and a then Medication Management Care Plan written based on the information gained from the assessment.

This guides staff on how to assist their client with their medication and should always be followed by every person. Following the medication management care plan ensures that the client will receive their medication in the same way every time, no matter which staff member or person is assisting them with their medication.

MEDICATION CHARTS OR RECORDS

Medication documentation must include a medication chart or record or a medication administration record and treatment sheets. Such as:

- The medication chart: e.g. Compact or Webster Medication chart completed by the client's doctor
- the medication record: a document which has the person's authorised medications, specific dose and monitoring requirements recorded and signed by the doctor.
- The medication administration record: which can be either a medication chart or forms signed by staff confirming that assisting with the administration has occurred.
- Medication charts or records which may also contain treatment sheets.
- Treatment sheets which are used to record medications which are not packed in a DAA, e.g. creams, lotions, powders etc.
- Treatment sheets which are kept in the medication chart or record.
- Documentation record where the support worker signs each treatment sheet after assisting with the application of the relevant treatment.

		ALERT Resident with similar name? Y / N		Resident name _____ Preferred name _____ Date of Birth / / Gender Photo date / / URN/MRN IHI RAC ID RACF name		Insert photo 	
CONSIDERATIONS Swallowing difficulties Y / N Cognitive impairment Y / N Dexterity difficulties Y / N Resistant to medicine Y / N Nil by mouth Y / N Self administers Y / N Other Y / N Details if Y to above: _____ _____ _____ Non packed medicines <input type="checkbox"/>		PRIMARY GENERAL PRACTITIONER Name _____ Address _____ Phone _____ Fax _____ Out of hours _____ Prescriber number _____ Email _____ Signature _____		PRESCRIBER details (if not primary GP) Name _____ Address _____ Phone _____ Fax _____ Out of hours _____ Prescriber number _____ Email _____ Signature _____		Front page MUST be sent to pharmacy on each change	
ALERT: Complex medications Variable dose Y / N Insulin Y / N Other Y / N (specify): _____		PRESCRIBER details (if not primary GP) Name _____ Address _____ Phone _____ Fax _____ Out of hours _____ Prescriber number _____ Email _____ Signature _____		PRESCRIBER details (if not primary GP) Name _____ Address _____ Phone _____ Fax _____ Out of hours _____ Prescriber number _____ Email _____ Signature _____			
Medicare number _____ Pension number _____ DVA number _____		Chart commenced / / Expiry date / / Review date / / Maximum chart validity is 4 months from the date the chart is commenced		RACF Name _____ RACF Address _____			
		PHARMACY Name _____ Phone _____ Fax _____ Email _____		Chart of			

Acknowledgement: Australian Commission on Safety and Quality in Health Care (2019) National Residential Medication Chart V3

Generally, the medication chart's front page will have the client identification details. This includes the client's name and preferred name, date of birth, a current picture with client name and date of when the photograph was taken on the back of the photograph, doctor's and pharmacy details and the date the chart was commenced. Medications not to be crushed will also be completed by the Pharmacist.

The client's known drug allergies and reactions also must be completed and signed by the client's doctor. If the client has no known drug allergies, the doctor will write "no known allergies" or NKA.

It also will include Special Considerations, which are completed by a registered nurse (RN). These guidelines must always be followed and are usually written and signed by a RN. Examples of special considerations include things like:

- Give medication one tablet at a time.
- Place the medication in the client's hand.
- Allow time for the client to swallow medication.
- Mix medications with jam or like aid ingestion.

- Client may hold medication in mouth.
- If client refuses medication, wait 15 minutes, and try again.

A support worker cannot legally complete the client's allergies or special considerations on the medication chart.

Each page of the medication chart must have Client ID on it including Name, DOB and Allergy/Reactions Alert.

Short term medication orders are medications which the client will need for a short while e.g. oral or topical antibiotics. There will be both a Start and Stop date which shows how long the medication should be given. Staff must always check the short-term orders page EVERY time they assist with medication to make sure that short-term medication is not missed.



Short term medicine

Month:			Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
Start date _/_/	Medicine/form/strength	Dose															
		Route															
Stop date _/_/	Additional instructions	Frequency															
		PBS/RPBS													Streamlined authority code	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted		Prescriber signature and name Date of prescribing _/_/															



Regular medicine

Month 1:

Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

Sign in this section for multi-dose administration (eg. multi-dose packs)

Date Times ↓	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	29	30	31
Breakfast	Month 1																														
Lunch																															
Dinner																															
Bed time																															

Sign in this section for individual medicine administration

Date Times ↓	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	29	30	31		
Start date _/_/	1. Medicine/form/strength	Dose	Month 1																														
		Route																															
Stop date _/_/	Additional instructions	Frequency																															
		<input type="checkbox"/> Valid for duration of chart OR <input type="checkbox"/> Stop date																															
<input type="checkbox"/> PBS/RPBS <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted																																	

Acknowledgement: Australian Commission on Safety and Quality in Health Care (2019) National Residential Medication Chart V3

The client will have regular medication orders. Legally, medication orders must be legible, signed and dated in medical practitioner's handwriting in black or blue ink. The orders must include name of medication, dose, route, frequency, and start date. The orders include when and how to give medication e.g. with food, after food, at 6am, Patch On 0800 and Patch Off 2000, BD, TDS.

MEDICATION TERMINOLOGY

PRN 'AS REQUIRED' MEDICATIONS

Medications that a client may only need between doses of a regular medication or only occasionally, is referred to as a PRN or as required medication. When there is a PRN medication as part of a client's medication chart, it is important to refer to the client's regular medications to know the purpose of the PRN. Is it used as a 'breakthrough' or 'rescue dose', which will ensure that the time between regular medication and PRN is consistent and safe?

It is the responsibility of the support worker when giving PRN medications to check the maximum 24-hour dose, the right reason or indication for the medication to be given must match the doctor's indication for medication and the outcomes or effect of the medication is documented to ensure the medication is achieving the desired effect.

When giving PRN medication a support worker should:

- Check the organisations PRN protocol.
- Check the individual has a medication order and PRN protocol for the signs and symptoms that the client is showing.
- Check the medication chart for when the medication was last given.
- If the medication has not been administered or if enough time has elapsed since it was last given, administer the PRN medication, according to the protocol, following the six rights of administration and conduct three checks:
 - ✓ 1. Check the medication label against the prescription and medication administration chart before removing from cupboard.
 - ✓ 2. Check the medication label against the prescription and medication administration chart before removing from packaging and after you have removed medication from packaging again.
 - ✓ 3. Check the medication label against the prescription and medication administration chart.



PRN (as required) medicine

Start date ___/___/___ Stop date <input type="checkbox"/> Valid for duration of chart OR Stop date ___/___/___	Medicine/form/strength _____ _____ _____	Dose _____ _____ _____	Non packed Date Time Dose Initial																	
	Indication _____ _____ _____	Route _____ _____ _____		Frequency _____ _____ _____	Effective Y/N															
PBS/RPBS <input type="checkbox"/> Streamlined authority code <input type="checkbox"/> CTG <input type="checkbox"/> Brand substitution not permitted <input type="checkbox"/>		Max dose / 24 hr _____ _____ _____																		
Prescriber signature and name _____ Date of prescribing ___/___/___																				
				Date Time Dose Initial																
				Effective Y/N																

Acknowledgement: Australian Commission on Safety and Quality in Health Care (2019) National Residential Medication Chart V3

When a doctor ceases a medication, the doctor will write in the Stop Date. The word CEASED is written and a line is drawn through the signing boxes for that drug.

Some medication charts include information on the back page to assist the support worker to properly use and understand what has been written by the doctor.

Examples of information include such things as:

ABBREVIATIONS WHEN MEDICINE NOT ADMINISTERED

W	Withheld (clinical reason)	R	Refused
S	Sleeping	A	Absent
C	Contraindicated	N	Not Available

COMMONLY USED MEDICATION ABBREVIATIONS

ROUTE

PO:	per oral (via the mouth e.g. tablets)
PR:	per rectum (via the rectum e.g. suppository for constipation)
topical:	per the skin (applied to the skin e.g. cream)
subcut:	subcutaneous (an injection into the upper skin layers e.g. insulin)
subling:	sublingual (under the tongue)
NG:	nasogastric (via a specialised tubing inserted into the nose e.g. nutritional supplements)
PEG:	percutaneous enteral gastrostomy (via a specialised tubing inserted into the stomach e.g. nutritional supplements)
IM:	intramuscular (an injection into the muscle e.g. influenza vaccination)
IV:	intravenous (a fluid inserted via an inserted line into the vein)

FREQUENCY (suggested times most commonly used in aged care)

mane:	morning (e.g. breakfast)
nocte:	night (e.g. dinner)
bd:	twice per day (e.g. breakfast and dinner)
tds:	three times per day (e.g. breakfast, lunch and dinner)
qid:	four times per day (e.g. breakfast, lunch, dinner and bed time)

Acknowledgement: Australian Commission on Safety and Quality in Health Care (2019)
National Residential Medication Chart V3

For more information on recommendations for terminology, abbreviations and symbols used in the prescribing and administrations of medications refer to:

<http://www.safetyandquality.gov.au/wp-content/uploads/2012/01/32060v2.pdf>

HOW TO ASSIST A CLIENT WITH MEDICATION

There are steps which must be systematically followed in assisting a client safely with their medication. They are the before, during and after steps. The support worker must ensure clients dignity and independence throughout the procedure, as well as practicing standard infection control precautions.



BEFORE ASSISTING A CLIENT WITH MEDICATION:

- › Wash and dry hands before assisting with medication.
- › Discuss procedure with client.
- › Collect the DAA and medication chart.
- › Check the integrity of the pack first.
- › Identify client by checking photo on drug chart and DAA with the client.
- › Check special considerations.
- › Check for any short term or out of regular hours medications i.e. 11.30am, 4.30pm.
- › Check treatment sheets.
- › Check that it is the right medication for the right client, the right dose, the right route for the right time.



DURING ASSISTING A CLIENT WITH MEDICATION:

- › Use a new, clean, or disposable cup or spoon for medication administration.
- › Confirm medication is accurate by counting the number of medications listed on the blister pack and check medications by asking client what medications they take (where appropriate).
- › Remove medication from DAA.
- › For liquid medications, powders, and ointments, check the dose identification is documented on the pharmacists' label.
- › Check that DAA has been completely emptied of medication.
- › Assist to ensure the medication is taken as close as possible to the time written on the pharmacists' label.
- › Inform client its time for their medication.
- › Encourage the client to take their medication if they are reluctant to do so.
- › Ensure client is sitting as upright as possible.
- › Assist client to ingest medication as per special considerations.
- › Provide privacy for client.

AFTER ASSISTING A CLIENT WITH MEDICATION:

- Stay with the client and ensure ALL medication is ingested, and confirm with the client that they have been given their medication.
- Check the correct record keeping as per the service's policy is adhered to.
- Sign for medication on chart AFTER administration of medication.
- Write "R" in the chart if medication is refused and notify the supervisor.
- Document reason for refusal, who was notified and any medical practitioner's instructions in the client's notes.
- Refused tablet/s to be returned to pharmacy.
- Secures medication appropriately and ensures adequate supplies.
- Wash and dry hands after assisting with medication.

OBSERVE THE CLIENT:



- Observe the client to ensure that ingestion of medication has occurred.
- Give a drink to help with swallowing.
- Observe for any possible reaction to the medication.

ASSISTING CLIENTS WITH MEDICATIONS FROM ORIGINAL PACKAGING:

- Conduct three checks ensuring the label on the medication packaging matches the medication prescription and medication chart and 6 rights are correct and present:
 - ✓ 1. Upon removing from storage.
 - ✓ 2. Before removing medication from original packaging.
 - ✓ 3. Removal of medication from original packaging before giving to client.

DISPOSAL OF UNWANTED OR EXPIRED MEDICATIONS

The Australian Government has a program in place for the safe disposal of unwanted or expired medications known as "the National Return and Disposal of Unwanted Medications Program". Through this program, pharmacies collect expired and unwanted medications. People can return any unwanted medications to their pharmacy for disposal at no cost. If a person dies, their medication should be returned to the pharmacy for disposal. This program does not include the return of used sharps.

Organisations/Service providers should have policies and procedures in place about the safe disposal of medications and related equipment, such as sharp objects and cytotoxic (cancer drugs) products.

MANAGING DIFFERENT TYPES OF MEDICATION

As medications can be given in different ways, it is important that the support worker is familiar with and trained in the various methods of assisting with medication. This ensures that medication will be given safely and effectively and in accordance with the organisation's policies and procedures.

PATCHES



Adhesive patches are a common method of delivering pain relief or medication for heart conditions such as angina. Pain relief patches often are left in place for up to 7 days. The medication chart or treatment sheet will indicate when the patch should be applied and removed.

Patches for the management of angina are usually left on for 12 hours, usually on at 8am and removed at 8pm. The patch must be removed as the client needs a 12-hour period free from the medication to ensure maximum efficiency of the drug.

- Check the medication chart or treatment sheet for date / time of application and removal.
- Date and initial patch first.
- Do not touch the sticky side as some drug may be transferred to the staff member's skin.
- Place patch on the client's upper back if they are likely to remove it.
- Ensure patch is well stuck on skin.
- Rotate application site and record on patch site application sheet.
- Sign medication chart when patch is put on and taken off.
- Notify the supervisor if a patch which has not been removed is found still in place.

CREAMS AND POWDERS



Creams and powders are used in the treatment of skin conditions. The creams or powders may be for fungal or bacterial skin infections which mean the cream will contain an antibiotic or the client may have an ongoing skin condition such as psoriasis which means the cream will contain a corticosteroid.

- Wash and dry hands before and after assisting with medication.
- Check the treatment sheet or care plan for instructions on how much to apply to affected area.
- Always wear gloves when applying creams or powders.
- Remove gloves carefully – turn inside out - and dispose of in rubbish bin.

EYE DROPS



Some clients will have ongoing eye conditions such as glaucoma which is a condition in which vision will gradually deteriorate. This means that it is very important that the eye drops are not missed. In other situations, the client may have an eye infection or suffer from dry eyes.

If the client is having two or more different eye drops, allow 5 – 10 minutes between giving each eye drops to ensure the medication in the drops takes effect.

- Check the treatment sheet and short-term drug orders sections for eye drops.
- Label eye drops with date of opening on bottle, discard eye drops one month after opening.
- Wash hands before and after giving eye drops.
- Give client a tissue when support worker is assisting administration of eye drops.
- Do not touch eye drop nozzle to prevent contamination.
- Client to tilt head back or lies down.
- Lower eyelid is drawn away and eye drop/s are instilled.

PROCEDURE FOR ADMINISTERING MIXTURES FROM A BOTTLE

Cough medications and some antiepileptic drugs are given via mixture.

Liquid medications can be measured:

- using a medication cup, single use and disposed of after medication, or re-usable and needs to be washed properly after use and labelled for dedicated client use
 - using a specific medication spoon, that either comes with the liquid medication or bought from the pharmacy that has a hollow handle used to tip medication into, to measure
 - an oral syringe and adapter, also known as a nipple or bung, that attaches to the bottle to prevent leakage of medication or an oral syringe by itself
- Wash and dry hands before and after assisting with medication.
 - Check the medication chart or treatment sheet for the order.
 - Shake the bottle well, before opening.
 - Check the expiry date and/or date of bottle having been opened (once opened the expiration date of the medication often shortens).
 - Double check the dose to be given, before pouring the medication.



Pouring into a medication cup:

- Use a clean medication cup.
- Place medication cup on a flat surface.
- Turn the label away from the pouring side to prevent drips obscuring the label.
- Accurately measure amount at eye level.
- Wash medication cup after use when medication assistance is completed.

Using a medication spoon:

- Check the medication treatment sheet to check measurement/dosage required. If the spoon does not have a hollow measuring handle, the usual measurement is one medication spoon = 5mls. If you are unsure of the measurement, do not proceed until you have sought advice and direction from your supervisor and/or pharmacist.
- If giving medication with a hollow handle, once you have given the client the medication from a spoon and there is residual in the handle of the spoon, seek guidance from medication chart as to whether to add a small amount of water to spoon, to give to client so they receive the whole dose.

Using an oral syringe and adapter:

- It must be an ORAL medication syringe.
- Ensure the adapter is fitted to the bottle of medication first, with a tight fit/seal.
- Draw up a small amount of air into the syringe, insert tip of syringe into the adapter and push air into syringe.
- Invert the bottle and draw down on the barrel of the syringe to desired amount.
- The insertion of air should make the drawing of medication easier.
- Once you have the desired amount, turn the bottle right side up again and then remove the syringe.

Using an oral syringe with no adapter:

- If the oral syringe does not have an adapter for the bottle, it is best to pour some of the liquid medication into a clean medication cup and then place the tip of the syringe into the cup to draw up medication.
- Ensure there is no air in the syringe.
- If there is, turn the syringe, tip facing the ceiling and push air out of syringe and re-check dose.

METERED DOSE INHALERS (MDIS)



Most commonly, asthma medication is given via inhalers.

MDIs can be used with or without spacers, the preventative inhalers are generally coloured purple or fast-acting relievers like Ventolin are usually blue or grey

- Wash and dry hands before and after assisting with medication.
- Check the medication chart or treatment sheet for inhalers.
- Check the expiry date of MDI.
- Shake puffer vigorously first.
- Put spacer together, put puffer in one end, assist client with administering required puffs into spacer, client inhales through mouthpiece.
- Wash the spacer in hot soapy water, do not rinse and air dry.

REFUSAL TO TAKE MEDICATION

A client has the right to refuse medication. The client must not be forced or bribed to take their medication against their wishes. However, every effort is made to give medication as prescribed.

If a client refuses to take their medication, the support worker administering the medication must:

- Ask the client why they do not want to take their medication. Explain to the client the reason for taking the medication and the possible effects on their health if medication is not taken.
- Return every 15 minutes after the first attempt. This is done for 1 hour before refusal is recorded or follow your organisations procedure for refusal.
- Refer to their medication management care plan. This plan will indicate how and when staff should return to encourage the client to take their medication. If the client persists with refusal, write R (for refusal) on the medication chart or record against the refused medication and document this in the client's notes. Notify the supervisor who may advise staff to complete a medication Incident form and to notify the client's doctor and pharmacist. The refused medication must be returned to pharmacy. Observe the client for changes in behaviour or wellbeing because of the medication refusal and report these to the supervisor or doctor.

CRUSHING MEDICATION



For clients who have difficulty in swallowing, some medication may require breaking or crushing, or capsules may need to be opened to make it easier for the client to swallow it. More correctly, this is called alteration of oral formulations. Medication should not be altered without directions from the doctor or pharmacist. This advice should be in writing on the medication chart, DAA and clients care plan.

- Only crush medication if stated on the DAA and in the medication chart and signed by a doctor or pharmacist.
- If in doubt DO NOT CRUSH.
- If client has their own pill crusher, do not share between other people.
- Clean crusher before and after use.
- Mix medication with low joule jam, yoghurt or pureed fruit to aid ingestion (swallowing).



WARNING

Some medications must NEVER be crushed. Crushing may affect the properties of a drug or cause an overdose because it is absorbed too quickly.

ONLY crush medications if the pharmacist has clearly indicated which medications are able to be crushed on the medication chart.

ALWAYS refer any concerns about whether it is safe to crush a medication to the supervisor or the dispensing pharmacist.

DO NOT take verbal advice. Always make sure that the advice is in writing and authorised by a doctor or pharmacist e.g. on a medication chart.

MEDICATION ERRORS

Medications are the most prevalent health therapy in Australia. A medication error occurs whenever any of the 6 R's of safe medication practice has not been followed.

Medication errors can occur at the:

- prescribing (39%)
- transcribing (12%)
- dispensing (11%)
- administering (38%) stage

(Australian Commission on Quality and Safety in Healthcare, 2012)

Administering stage errors include the medication has been given to the wrong person/client, at the wrong time, wrong dose, wrong route, wrong date or wrong medication.

Examples of other medication errors include medication missing from the DAA or that medication which has been ceased but it is still in the DAA, medication which should have been given is still in the DAA, medication is dropped or split, medication is past its expiry date. If the client refuses to take their medication, spits out the medication or is not home at medication time, this would also be a medication error.

SUPPORT WORKER'S RESPONSE TO MEDICATION ERRORS



The organisation's policies and procedures should clearly outline the steps to be taken. Most organisations have similar responses to medication errors and will include the following points. As soon as staff realise an error has been made or identify that someone else has made an error on a previous shift, staff must:

- › Notify supervisor immediately.
- › Supervisor will contact client's doctor immediately for advice.
- › Observe client closely for possible reaction.
- › An ambulance may need to be called.
- › Complete a medication incident report, document in client's notes, and give the incident report to a supervisor.

CLIENT ADVERSE REACTION TO A MEDICATION

The organisation's policies and procedures should clearly indicate what would be considered a side effect or client adverse reaction to medication. Most organisations have similar responses to suspected side effects or reactions and will usually include the following points.

Common side effects or client adverse reaction

Common side effects or reactions to medications include skin rashes, nausea, headache, drowsiness, constipation, dry mouth, and insomnia.

Support staff are not expected to have the same knowledge as a registered nurse or doctor. However, if the client is not behaving or reacting in their usual way following taking medication, staff should treat this as a side effect or adverse reaction to medication. This means that staff immediately follows the organisation's policies and procedures.

As soon as staff suspects that the client is having a side effect or an adverse reaction to medication, staff must:

- › Notify the supervisor immediately.
- › Document the nature of reaction e.g. rash, nausea, headache, drowsiness, constipation, dry mouth etc.
- › Supervisor will report reaction to the client's doctor immediately.
- › Observe client and follow supervisors and doctors' instructions.
- › Call triple zero (000) and ask for an ambulance if signs of anaphylaxis are present, shortness of breath, dizziness, coughing, unconsciousness.
- › Call the Poisons Information Centre - 13 11 26 – for 24-hour emergency service and advice.
- › Record the incident in client's notes.
- › Complete medication incident report and give to supervisor.

RECORDING AND REPORTING GUIDELINES

Follow the organisation's policies and procedures on reporting and documenting.

Always report what has happened to the supervisor immediately. Always document what was observed and what happened. This protects both staff and the client and will include writing in the client's notes and also completing a medication incident report form.

INCIDENT OR MEDICATION ERROR GUIDELINES

All States and Territories have a classification system that categorises Incidents/Adverse Events. Below is an example of the Department of Human Services in Victoria (DHS):

<p>CATEGORY 1 ERROR must be reported within 1 working day</p>	<ul style="list-style-type: none"> any error that impacts upon the client's health and safety and results in physical / psychological impairment OR incorrect administration of PRN restraint medication
<p>CATEGORY 2 ERROR must be reported within 2 working days</p>	<ul style="list-style-type: none"> any error that impacts upon the client's health or safety (as determined by a doctor or pharmacist informed of the error)
<p>CATEGORY 3 ERROR must be reported within 2 working days</p>	<ul style="list-style-type: none"> an error that does not impact upon the client's health or safety medication missed without impact such as an antibiotic client refused medication without an impact on health

PROTECTING SELF AND CLIENT

Support workers should routinely follow the organisation's policies and procedures on safely assisting a client with medication. To ensure competency and compliance with standards, policies and procedures, organisations often require staff to complete an annual medication management competency.



Employees should not be expected to perform any tasks beyond their knowledge, skills, experience, or training. This means that staff should only perform duties which are within their training, knowledge, experience, and position description. The necessary training should be provided by the organisation to ensure that the organisation's duty of care to their clients is met.

MEDICATION MANAGEMENT SAFETY

- Always follow infection control guidelines and use PPE when appropriate.
- Always check the client's identification, allergies and special considerations on the medication chart or record before assisting with medication – no matter how often you see the client. Do not assume things have not changed.
- Thoroughly check the medication orders and treatment sheets before assisting with medication.
- Check that the number of medication orders match with the medication in the DAAs.
- Always sign the chart AFTER administering medication.
- Always document what was observed and what happened. This protects both the support worker and the client.
- Report what was seen. Do not write an opinion of what was thought to have happened.



SUMMARY

In order to safely assist clients with medications, it is an important part of your role and responsibility to be familiar with safe medication practices, your organisation's processes, policies and procedures as well as regularly attending training to help keep your knowledge in line with best practice standards.

APPENDIX 1

GLOSSARY OF TERMS

ABSORBED	To take something into the body, usually gradually e.g. drug is gradually absorbed into the gut
ADVERSE REACTION	Serious or harmful effects of medications e.g. dizziness or a fall in blood pressure
ALLERGY	A harmful reaction to a drug which occurs every time a person takes the drug e.g. aspirin or antibiotics and often cause skin rashes or swelling. Also referred to as a drug alert on a medication chart
ANAPHYLAXIS	Is the most severe form of allergic reaction, can possibly be life-threatening and is a medical emergency. The anaphylactic reaction generally develops quickly, and the person will have severe breathing problems, fainting, hives, inability to talk or hoarseness, hives and swelling of the throat and or tongue. If not treated quickly the client may lose consciousness and die
ASSESSED	When a person is checked in order to find out something about them e.g. for their health or care needs. A doctor may assess someone's health. A registered nurse may assess someone's medication management care needs
CONDITION	The physical and mental state of the body or one of its parts e.g. heart condition
EXPIRY DATE	The last date on which something can be safely used
INHALERS	A device used to deliver medication and commonly relates to asthma medication which will assist breathing by preventing or relieving the asthma
MEDICATION	Medications are defined as chemical substances which have a therapeutic (beneficial) effect on the body. They can maintain health and wellbeing, control and prevent symptoms of disease, promote optimal function, enable the person's independence or assist quality of life e.g. pain relief
MEDICATION CHART / RECORD	A legal record of medications as ordered by a doctor and supplied by a pharmacist to be taken by a client
NO KNOWN ALLERGY	Also written as NKA – means that the person has not been identified as having an allergy or sensitivity to a drug or substance
PHARMACIST	A person who is trained to prepare and dispense medications and to give information about how to take them and their effects. Prescriptions can only be filled by a pharmacist
PRESCRIPTION (SCRIPTS)	A doctor's written order for a scheduled medication or other treatment. Scripts will have the name and address of the person who is prescribed the medication, name of the medication, dose and its strength, type e.g. tablets or cream, instructions on how to take the medication e.g. by mouth, inhaled, how often and for how long the medication should be taken and any repeat scripts. Scripts may say that brand substitution can occur
SIDE EFFECTS	Any effect of a drug that occurs along with the main, intended effect. Side effects may be expected, can be unpleasant but not necessarily harmful e.g. Ventolin can cause a rapid heartbeat
TREATMENT SHEET	A sheet which records non-packed medications e.g. creams or drops to be given. The treatment sheet usually lasts for 6 months and is signed each time the treatment is given

APPENDIX 2 USEFUL CONTACT NUMBERS



Emergency CALL 000

for an ambulance



Poisons Information Centre CALL 13 11 26

for 24-hour emergency service if it is thought someone has ingested a poison or taken an overdose.



Adverse Medications Events (AME) Line CALL 1300 134 237

for reporting or advice on adverse drug reactions



Medications Line (Australia) CALL 1300 633 424

for information on prescription, over the counter and complementary medications

APPENDIX 3

MEDICATIONS RESOURCES

Australian Commission on Safety and Quality in Health Care

<https://www.safetyandquality.gov.au/>

Australian Government Department of Health and Ageing

www.health.gov.au/

Therapeutic Goods Administration

www.tga.gov.au

National Prescribing Service

<http://www.nps.org.au/>

Department of Health, Victoria

www.health.vic.gov.au

Department of Human Services, Disability Services Division Victoria

www.dhs.vic.gov.au/home

Department of Family and Community Services

<http://www.facs.nsw.gov.au/>

Ageing, Disability and Home Care (ADHC)

http://www.adhc.nsw.gov.au/about_us

<http://www.adhc.nsw.gov.au/publications>

Better Health Channel

www.betterhealthchannel.vic.gov.au/

NSW Health, Ministry of Health, NSW Government

<http://www.health.nsw.gov.au>

Pharmaceutical Society of Australia

www.psa.org.au/

Australian Pharmaceutical Advisory Council (APAC)

www.nmp.health.gov.au/advisory/apac.htm

The Pharmacy Guild of Australia's

Frequently Asked Questions about medicine scheduling

<http://www.guild.org.au/docs/default-source/public-documents/issues-and-resources/Fact-Sheets/frequently-asked-questions-nbsp-about-medicine-scheduling.pdf?sfvrsn=0>

Webstercare

Medication management systems – medication charts,

DAA's – blister packs

17-19 Moore Street Leichhardt NSW 2040

Free call: 1800 244 358 or Phone: (02) 9563 4900

<http://www.webstercare.com.au/index.asp>

Compact Business Systems®

Head Office Phone: 1800 777 508

Fax: (07) 3376 2001

Post: PO Box 368 Sumner Park QLD 4074

Aged care products including medication charts

<http://www.compact.com.au/>

APPENDIX 4 REFERENCES

Australian Commission on Safety and Quality in Health Care. (2012, October).

Safety and Quality Improvement Guide Standard 4: Medication Safety. Sydney, NSW, Australia. Retrieved from https://www.safetyandquality.gov.au/sites/default/files/migrated/Standard4_Oct_2012_WEB.pdf

Australian Commission on Safety and Quality in Health Care. (2014).

User guide for nursing and care staff National Resident Medication Chart (NRM3). Sydney, NSW, Australia. Retrieved from Australian Commission on Safety and Quality in Health Care: https://www.safetyandquality.gov.au/sites/default/files/migrated/SAQ123_NursesUserGuide_V6.pdf

Australian Government Department of Health and Ageing. (2012, October).

Guiding Principles for medication management in residential aged care facilities. Canberra, ACT, Australia. Retrieved from <https://www.health.gov.au/sites/default/files/documents/2020/02/guiding-principles-for-medication-management-in-residential-aged-care-facilities.pdf>

Australian Nursing and Midwifery Council. (2007, September).

Frameworks. Retrieved from Nursing and Midwifery Board Ahpra: <https://www.nursingmidwiferyboard.gov.au/Codes-Guidelines-Statements/Frameworks.aspx>

Australian Pharmaceutical Advisory Council. (2005, July).

Guiding principles to achieve continuity in medication management. Canberra, ACT, Australia. Retrieved from [https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/\\$File/Guiding-principles-to-achieve-continuity-in-medication-management.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/$File/Guiding-principles-to-achieve-continuity-in-medication-management.pdf)

Australian Pharmaceutical Advisory Council. (2005, July).

Guiding principles to achieve continuity in medication management. Canberra, ACT, Australia. Retrieved from [https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/\\$File/Guiding-principles-to-achieve-continuity-in-medication-management.pdf](https://www1.health.gov.au/internet/main/publishing.nsf/Content/EEA5B39AA0A63F18CA257BF0001DAE08/$File/Guiding-principles-to-achieve-continuity-in-medication-management.pdf)

Care Inspectorate. (2015, April 1).

Prompting, assisting and administration of medication in a care setting: guidance for professionals. Retrieved from Care Inspectorate: <https://www.careinspectorate.com/index.php/publications-statistics/80-professionals-registration/health-guidance/2786-prompting-assisting-and-administration-of-medication-in-a-care-setting-guidance-for-professionals>

Manrex. (2008).

Webster Care Medication Chart Manual. Webster are Medication Chart Manual. Leichhardt, NSW, Australia: Manrex.

North West Support Services Inc. (2020).

Procedures For the Administration of Medication in Shared Home. Retrieved from North West Support Services Inc.: Reference <https://www.nwss.org.au/policies-procedures/procedures-for-the-administration-of-medication-in-shared-home/>

NSW Government Health. (2013, November 27).

Medication Handling in NSW Public Health Facilities. Retrieved from NSW Government Health: https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2013_043

Rebera, A. (2020, July 09).

Poisons Standard July 2020. Retrieved from Federal Register of Legislation Australian Government: <https://www.legislation.gov.au/Details/F2020L00899/Download>

Tidal Training Ltd. (n.d.).

Safe Handling of Medication. What is the difference between prompting, prompt and assist and administering? Retrieved from Tidal Training: <https://www.tidaltraining.co.uk/medication-difference-prompting-administering/#:~:text=Prompting%20of%20medication%20is%20reminding%20a%20person%20of,to%20take%20them%20or%20to%20take%20them%20later.>

Victoria, Department of Health and Human Services. (2017, November 06).

Residential Services Practice Manual. Retrieved from Victoria state Government, Health and Human Services: <https://providers.dhhs.vic.gov.au/residential-services-practice-manual>



Premium Health has a range of health care, first aid and mental health training programs conducted by our nurses, paramedics or mental health practitioners.



Call us to discuss our onsite face-to-face and live virtual classroom options, delivered anywhere in Australia.

HEALTH CARE

- Assisting clients with medication
- Assisting clients with medication (part 2)
- Advanced medication - eye and ear drops, topical creams, oral liquids and patches
- Autism spectrum disorder
- Blood pressure – using a digital blood pressure machine
- Bowel management – elimination
- Coronavirus and infection control
- Dementia training for support workers
- Diabetes training for support workers
- Dysphagia for support workers
- End of life care
- Epilepsy training for support workers
- Epilepsy training and midazolam administration via intranasal and buccal routes
- Food safety awareness for support workers
- Infection control
- Managing behaviours with positive support
- Manual handling
- Nebuliser training for asthma
- Ostomy and stoma care for support workers
- Positive behaviour support
- Pressure injury – prevention and care for support workers
- Providing personal care with dignity and respect
- Shallow suctioning
- Tube feeding management
- Urinary catheter care
- Wound care awareness for support workers

FIRST AID TRAINING

- Cardiopulmonary resuscitation (CPR)
- Provide first aid
- Asthma and anaphylaxis
- Advanced first aid

MENTAL HEALTH

- Mental health first aid
- Leadership and resilience training
- Mental health awareness

And many others...

1300 721 292

premiumhealth.com.au

info@premiumhealth.com.au

ABN 24 692 649 946