Medication Workbook
for staff and foster carers within family operations
## Version Control

<table>
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<tr>
<th>Date Issued</th>
<th>Version</th>
<th>Summary of Changes</th>
<th>Created by</th>
</tr>
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<tr>
<td>January 2016</td>
<td>4</td>
<td>Updated language to be more inclusive of foster carers</td>
<td>Rosemarie Cronin</td>
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<td>Ellie Miller (Nurse)</td>
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<td></td>
<td>Dr Band (Paediatrician)</td>
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<td></td>
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<td>Paula Wilkinson (Chief Pharmacist)</td>
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<td>4</td>
<td>Updated worksheets to enable them to be completed online</td>
<td>Rosemarie Cronin</td>
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This workbook should be reviewed annually by the Supervisor of the Carer and monitored through household review or annual appraisal system.

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<th>Date Reviewed</th>
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<th>Candidate</th>
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<tr>
<td></td>
<td>Print Name</td>
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<td>Print Name</td>
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Personal details

Name (print)

Job title

Workplace

Employer/ Agency Carers approved for

Start date for workbook

I agree to undertake the work required within this workbook.

Candidate...

I agree to act as the assessor for the above candidate.

Assessor
1. Introduction

For many children and young people taking medication and being assisted with health related tasks is an everyday but essential aspect of their life. Children or young people may reasonably expect that those carers assisting them have a basic knowledge of medication and related tasks, understand good practice and have demonstrated an ability to work to good practice standards.

Your employer/agency has a responsibility to ensure that you have an appropriate level of knowledge and the ability to undertake this work safely and competently. The assessment of needs of the child or young person should include their ability to manage medication and related tasks, and this should be clarified and detailed in the support plan developed by the person responsible for managing the care of the child or young person.

Some children and young people will take medication of some sort to treat or prevent illness. It is important that you are able to help them as necessary and that you do this in a way that is safe for the child or young person and for yourself.

Taking medication is an important part of the child or young person being empowered to take responsibility for their own life. Each child or young person must be enabled to take their own medication as fully as their understanding and physical abilities allow.

Only carers who have received approved training, and are assessed as competent, will be able to prompt, assist or administer and carry out related tasks with children and young people. Each carer will have a record placed on their ‘Supporting Success’ file/training record as evidence of their training

Medicines policy and Practice Guidelines

The Medicines Policy and Practice Guidelines for Working with Medication and Related Tasks ensure that there is safe and effective use of medicines. Carers should have training in the safe handling of medicines, to ensure that medicines are stored safely in appropriate conditions and that appropriate records are kept.
## 2. Glossary

A simple glossary of terms used in relation to medication and related tasks:

<table>
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<th>Term</th>
<th>Meaning</th>
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<tr>
<td>Administer</td>
<td>To select, measure or give a medicine to a child or young person as specified in the Medication Administration Record (MAR), where the child or young person is unable to make the decision on medication for themselves.</td>
</tr>
<tr>
<td>Approved person</td>
<td>A professional agreed by social care to assess managers and Carers as competent.</td>
</tr>
<tr>
<td>As Required Medicine</td>
<td>Medicine to be given when required for a defined problem e.g. pain or constipation</td>
</tr>
<tr>
<td>Assist</td>
<td>To physically help a child or young person or carer who is able to instruct</td>
</tr>
<tr>
<td>British National Formulary (BNF)</td>
<td>Recognised source for medication related information including doses and side effects</td>
</tr>
<tr>
<td>British National Formulary for Children (BNFC)</td>
<td>Recognised source for medication related information including doses and side effects for children and young people</td>
</tr>
<tr>
<td>Carer</td>
<td>Individual who provides care for someone on an informal basis</td>
</tr>
<tr>
<td>Care Manager</td>
<td>Professional responsible for the care plan and risk assessments for the child or young person</td>
</tr>
<tr>
<td>Care settings</td>
<td>The place where a child or young person receives care</td>
</tr>
<tr>
<td>Carer</td>
<td>An individual who works in a care setting</td>
</tr>
<tr>
<td>Competent</td>
<td>Assessed as able to do a particular task</td>
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| Consent                             | Is the child or young person able to make decisions themselves? For young people over 16, check if they have the capacity to make decisions themselves. [Mental Capacity Act 2007](https://www.legislation.gov.uk/ukpga/2005/9)  
  For children under 16, check if they are ‘Gillick competent’ Refer to Fraser Guidelines                                                                                                                    |
<p>| Continuing Personal Development     | A lifelong learning approach to support career planning, through managing and getting the most from your experiences and achievements                                                                                                                                  |
| Daily Communication                 | Used to record Prompting and Assisting of medication and related tasks                                                                                                                                                                                               |</p>
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<th><strong>Fraser Guidelines</strong></th>
<th>Set of guidelines used to determine level of Gillick competence for children under 16 (see definition of Gillick competence)</th>
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<tr>
<td><strong>General Sales List (GSL)</strong></td>
<td>Medicines that can be purchased over the counter</td>
</tr>
<tr>
<td><strong>General Practitioner (GP)</strong></td>
<td>Child or young person's doctor based in the community</td>
</tr>
<tr>
<td><strong>Gillick Competence</strong></td>
<td>This applies to children under 16 only. It is a rule for judging legal capacity to assess whether the child or young person has sufficient understanding and maturity to comprehend what treatment is proposed. The greater the level of the child’s Gillick competence, the greater the weight that will be given to their views</td>
</tr>
<tr>
<td><strong>Health professional</strong></td>
<td>Qualified medical and health related professionals, includes GP, nurse, pharmacist, Health Visitor</td>
</tr>
<tr>
<td><strong>Health team</strong></td>
<td>Health professionals responsible for the child or young person’s health care. This may include the primary care team, Clinical Commissioning Group (CCG), Care Trust and Strategic Health Authority</td>
</tr>
<tr>
<td><strong>Homely remedies</strong></td>
<td>Medicines for minor ailments that can be bought over the counter, such as paracetamol for headaches or indigestion remedies</td>
</tr>
<tr>
<td><strong>Inspection</strong></td>
<td>Ofsted for Schools, Children &amp; Families</td>
</tr>
<tr>
<td><strong>Medication Review</strong></td>
<td>A review of current medications to check that they are all being used correctly, are having the desired effects and are still needed. Includes clinical medication reviews and medicines use reviews</td>
</tr>
<tr>
<td><strong>Medicine</strong></td>
<td>Includes all medicinal products – tablets, capsules, oral syrups and mixtures, drops, inhalers, injections, creams and ointments</td>
</tr>
<tr>
<td><strong>Medicine Administration Record (MAR)</strong></td>
<td>A form to record the administration of medication in all care settings. Usually designed to show what was given, the dose given, the time given and the identity of the person who gave it.</td>
</tr>
<tr>
<td><strong>Monitored Dosage Systems (MDS)</strong></td>
<td>A system for packing medicines e.g. by putting medicines for each time of day in separate blisters or compartments. Safe practice is not guaranteed by use of an MDS</td>
</tr>
<tr>
<td><strong>My performance</strong></td>
<td>An ongoing process between the supervisor and employee aimed at improving overall performance</td>
</tr>
<tr>
<td><strong>Nurses working in the community</strong></td>
<td>Includes community children’s nurses, district nurses, community nurses, paediatric nurses, community psychiatric nurses (CPN), other specialist nurses, health visitors, school nurses.</td>
</tr>
<tr>
<td>Term</td>
<td>Definition</td>
</tr>
<tr>
<td>-------------------------------------------</td>
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<tr>
<td>Ofsted</td>
<td>Ofsted is the national body that regulates social care and education providers for children and young people including domiciliary and care homes. Ofsted has a legal duty to inspect care providers and services to ensure that good care standards are upheld.</td>
</tr>
<tr>
<td>Clinical Commissioning Group (CCG), Pen (medical)</td>
<td>Clinical Commissioning Group, there are currently 5 CCGs within Essex, covering, Mid, North, South East, South West and West. An injection device for use with insulin cartridges or a disposable injection device prefilled with medication.</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>&quot;Chemist&quot; who advises on and dispenses medication.</td>
</tr>
<tr>
<td>Pharmacy Only (P)</td>
<td>Medicines that can only be purchased from a pharmacy under the supervision of a pharmacist</td>
</tr>
<tr>
<td>Policy</td>
<td>A high level document which sets out the principles or proposed course of action designed to influence and determine decisions, processes and actions.</td>
</tr>
<tr>
<td>Prescription Only Medicine (POM)</td>
<td>Medicine that can only be obtained with a prescription written and signed by a qualified prescriber</td>
</tr>
<tr>
<td>Provider</td>
<td>Organisation that is responsible for providing care</td>
</tr>
<tr>
<td>Prompt</td>
<td>To remind the child or young person.</td>
</tr>
<tr>
<td>Risk assessment</td>
<td>Systematically check the risks and hazards for the child or young person and care. Agree and implement a plan to safely administer, assist or prompt medication or to assist with related tasks.</td>
</tr>
<tr>
<td>Child or young person</td>
<td>A person who receives a service through social care.</td>
</tr>
<tr>
<td>Support plan</td>
<td>The plan agreed by the child or young person, their parents, commissioner, provider and health professional where appropriate. It provides information on the support and services that will be commissioned.</td>
</tr>
<tr>
<td>Support programme</td>
<td>The day-to-day details for implementing the support plan.</td>
</tr>
<tr>
<td>Workbook (Medication)</td>
<td>A training aid to assist the understanding and competence of those involved in working with medication.</td>
</tr>
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## Levels of Training

### 3.1. Level 1 - Induction Training

Induction Training will cover understanding of the medication policy and guidelines and should be carried out as part of the induction process and prior to Core Competency training.

### 3.2. Level 2 – Core Competencies

Core competencies are relatively straightforward, non-invasive tasks that approved staff/carers may prompt, assist or administer after instruction and supervision within their workplace following completion of the Medication Workbook.

**Core Competencies**

- Administer eye or ear drops
- Administer oral medication
- Administer homely remedies
- Apply topical treatments such as creams, ointments or patches
- Administer inhalers
- Nail care (*except* for children and young people with Diabetes – this must be done by health professional or parent)

### 3.3. Level 3 - Specialist Healthcare Tasks & Competencies

Specialist Competencies are to meet the more complex health needs of a particular identified child or young person. This is a task in addition to core competencies and identified as specific to the child or young person. The carer will be trained by a health professional. This is NOT a generic competence AND cannot be applied to other children or young people or in different settings.

The date for monitoring and reviewing the carer’s competency must be recorded.

Carers must have completed the medication workbook prior to training for specialist healthcare tasks.
Specialist Healthcare Tasks & Competencies

- Prescribed food and/or medication via a nasogastric tube, gastrostomy, or jejunostomy;
- Administration of nebulised medication (only in those circumstances where the child or young person is stabilised and the dosage is pre-measured)
- Administration of Rectal Diazepam for seizures (in emergency situations only)
- Administration of Rectal Paraldehyde for seizures (in emergency situations only)
- Administration of Buccal Midazolam for seizures (in emergency situations only)
- Administration of any pre-assembled injection devices such as Epipen®, Novapen®, growth hormone
- Assistance with oxygen management
- Oral suctioning only
- Specialist exercises as instructed by a therapist (for example, physiotherapy)

3.4. Level 4 - Specialist Healthcare Tasks needs not listed above

Any medication, healthcare intervention, therapy, alternative or complimentary treatment not listed must be agreed by a suitable Registered Medical Practitioner (RMP).

To meet the specialist healthcare needs of particular identified children or young people (level 4 tasks), senior managers at Director level, may authorise Carers to work beyond the guidelines. This is only after consultation with the child or young person, their Carer, and the appropriate healthcare professional.

A request for training in a Level 4 task must be presented to the Specialist Healthcare Tasks panel. A Level 4 risk assessment will be completed by the specialist healthcare tasks team. This will be presented to the Head of Residential Services and Placement Provision and the Director for Vulnerable Children and Young People. The risk assessment will either be agreed or declined. If agreed, training provision will be sourced internally or from an external provider. If declined, the placement will not go ahead.

Training and competence assessment must be in place and recorded prior to undertaking a Level 4 specialist healthcare task
4. Core and Specialist Tasks Staff/Carers must not do

4.1 Carers must not do the following tasks:

- Apply and renew sterile dressings to open wounds, except as a first aid treatment. (First Aid includes, for example, cleaning a grazed knee)
- Commence treatment for pressure sores and open wounds unless under the direct supervision of a health professional
- Dispose of from the child or young person’s home sharps and clinical waste (this is the responsibility of the community nurse)
- Carers may, with appropriate guidance place sharps in a special container provided by a health professional
- Maintain oxygen cylinders. BOC Vitalair will be able to advise, the help-line telephone number is on 0800 136 603. The fire precautions and procedures must be adhered to
- Insert catheters or re-insert catheters - gain medical support
- Insert or re-insert feeding tubes - gain medical support
- Provide tracheal suction (deep suction)
- Manually evacuate bowels
- Vary medicine dosage according to food intake unless under direct medical supervision e.g. for diabetes and cystic fibrosis
- Administer injections using a medical syringe
- Carry out health related and specialist tasks without specific training and consent and confirmed competency by a health professional to undertake that task for a specified individual
- Cut finger or toe nails for children and young people with diabetes – they are to be filed only & cut by a specialist in foot care for people with diabetes’

Seek advice from your line manager or supervising social worker if in doubt about any task
5. **Definitions and basic terminology**

A drug is something which when taken into the body may change or affect one or more of the body’s functions.

A medicine is a preparation that contains a drug that is used in the treatment or the prevention of disease.

All medicines have side effects. They are prescribed where the benefit of the treatment outweighs the risks of the side effects.

Medicines can be dangerous if not treated or handled carefully

**Legal classifications of medicines**

All medicines fall into one of three categories; GSL, P and POM.

GSL General Sales List medicines that can be bought over the counter without the supervision of a pharmacist, in supermarkets, pharmacies, corner shops etc. They are thought safe enough to be sold without the supervision of a pharmacist e.g. small quantities of Paracetamol, vitamins, some cough medicines.

P Pharmacy Only medicines may only be sold under the supervision of a pharmacist. P medicines include all those that are not GSL or POM. e.g. Gaviscon.

POM Prescription Only Medicines – can only be obtained using a prescription i.e. NHS or private prescription from a Pharmacy in the presence of a Pharmacist. A prescription can only be written by a registered medical practitioner or a dentist, or a non-medical prescriber e.g. nurse or pharmacist.

CD Controlled Drugs are a special type of POM and there are special prescription requirements under the Misuse of Drugs Act 1971. In hospitals these drugs are stored in a special cupboard and a register is kept. This does not apply in a patient’s home, but does apply in all settings where a child or young person is looked after by the Local Authority. This includes residential and family based placements, including foster/short break care.

**Medicines, ethics and practice**

Lists all available medicines with the category to which they belong i.e. GSL, P or POM and is available from pharmacists. The British National Formulary (BNF) specifies which medicines are POM or CD (Controlled Drug) but does not distinguish between P and GSL medicines. P and GSL medicines may also be dispensed on a prescription.

**Controlled Drugs**

Certain prescription-only medicines have more stringent controls applied and these are classed as controlled drugs (CDs). There are legal requirements for the storage, administration, records and disposal of controlled drugs. These are set out in the Misuse of Drugs Regulations 2007 (as amended). The Misuse of Drugs Regulations specify who is allowed to supply and possess CDs. Controlled drugs are divided into five categories.
| Schedule 1: | Includes drugs such as cannabis and LSD which are not used medicinally. A special Home Office Licence is needed in order to possess these drugs. |
| Schedule 2: | Includes drugs such as diamorphine, morphine, pethidine. These drugs are subject to full CD requirements relating to writing prescriptions, storage and records. They must be stored in a special cupboard in residential or nursing homes, and a register of the use of these drugs must be kept in addition to the administration records on the Medication Administration Record (MAR) sheet. This does not in apply in Fostering Households although CDs must be locked in a cupboard. |
| Schedule 3: | Includes most barbiturates, buprenorphine and Temazepam. These drugs are subject to the requirements for writing prescriptions (except Temazepam) but records do not need to be kept. Some CD Sch 3 drugs do not need to be stored in a CD cupboard. However Buprenorphine and Temazepam must be stored in a CD cupboard. |
| Schedule 4: | Benzodiazepines and anabolic steroids. There are no special requirements for writing prescriptions, records do not need be kept and they do not need to be stored in a CD cupboard. Schedule 4 exists mainly to exert control on the destruction of these drugs by importers, exporters and manufacturers. A Home Office licence is also required to import/export anabolic steroids. |
| Schedule 5: | Includes those preparations which are exempt from virtually all CD requirements because they are dilute and therefore not as liable to abuse e.g. Oramorph 10mg/5ml solution. There are no special requirements for writing prescriptions, additional records do not need to be kept and they do not need to be stored in a CD cupboard. |

Sometimes, local policies will increase the requirements for particular drugs, for example Temazepam may be recorded in CD registers in residential homes where there has been a problem with tablets going missing or Oramorph may be treated as a CD with full records and prescribing requirements although its low concentration means that it is not legally a schedule 2 controlled drug.

In residential care homes the administration of controlled drugs must be witnessed by another designated appropriately trained member of staff.

### 6. Consent

1. Carers require the consent of the child or young person before assisting with or administering medication or related tasks. Consent will normally be agreed and recorded as part of the care plan and written consent should be maintained on the child or young person's file. However, where consent is given it must not be assumed to be permanent, the individual may withdraw their consent at any time. The carer must thus ensure that a child or young person's consent is continuously assessed.

2. Consent may ordinarily be assumed if the child or young person commences the
medical treatment. If the individual refuses, or conducts themselves in a way to suggest refusal then consent may not be assumed and advice must be sought from the GP and Care Managers. Care staff/carers have a responsibility to be aware of the approaches to consent for children and young people.

3. Medication cannot be compulsorily administered to individuals by carers. Please see

- Mental Health Act 1983
- Mental Health Act 1983 as amended by the 2007 Act

4. Staff/carers must not disguise medication to give to a child or young person without their knowledge

5. With the child, young person, or parental consent, making the medication more palatable by taking the medication with food or drink is acceptable and is not the same as disguising medication without the child or young person’s consent. Advice must be sought from the dispensing community pharmacist or GP regarding altering or crushing the medication or mixing it with food to ensure that food or liquid in which the medicine is placed does not interfere with the properties of the medicine. The pharmacist or GP may also advise on more palatable forms of medication.

6. Generally, Carers should promote the independence of the child or young person and sensitively work with the views and wishes of the child or young person in accordance with the care plan. Carers should prompt, assist or administer medication and related tasks as set out in the care plan.

7. The legal position pertaining to medication and related tasks is continuously under review and is subject to change. Managers and Carers must ensure they keep up to date on the law, local and national guidance. Further advice may be gained from legal professionals.

8. For children aged under 16 consideration should be given to determining Gillick competence using Fraser guidelines.

9. For young people aged 16 or over refer to the Medication and Related Tasks Policy re assessment under the Mental Capacity Act (2005).

10. When Carers are administering medication, they will assume responsibility for the ordering, recording, storage and disposal of the child or young persons medication in whole or in part, as detailed in the care plan which must specify the responsibility of the Carer and the practice they are to follow. It is essential that Carers work in close collaboration with the child or young person’s GP and other health professionals.

11. Essentially administration is where Carers make a judgement regarding a child or young person’s medication. This would include circumstances where a Carer selects, measures or gives a medicine to a child or young person in accordance with the care plan. The support plan must specify the responsibility of the Carer and the practice they are to follow.

It is important to clearly and accurately record the current medication being taken or used, what is done and when it is done on the Medicines Administration Record for
administering. Do not rely on memory to write information accurately at a later time. Anyone should be able to understand from the record exactly what a Carer has done and be able to account for all of a child or young person’s medicines.

All records must be
- complete
- legible
- up to date
- written in ink

12. Carers must record any medicines that are not administered specifying the reason. The line manager or supervising social worker should be informed so that appropriate action may be taken.

13. Medicine prescribed for a child or young person becomes their property as soon as it is dispensed. Medication must not be shared with another person.

14. Controlled drugs must be administered, recorded and stored to at least the same standards as prescribed medicines. The manager may, in consultation with the pharmacist or doctor, decide if additional safeguards are required.

7. **Prompting and Assisting with Medication**

Objectives
At the end of this section each carer will be able to:
- Understand the meaning of prompting and assisting
- Demonstrate the correct way to prompt and assist with medicines and related tasks.
- Understand their responsibilities and those of the child or young person and carer
- Understand the routine to be followed in the case of errors in medicine and related tasks
- Ascertain whether a child or young person is exhibiting unwanted side effects as a result of taking a medicine and what action to take

Assessment method

1. Complete worksheet 3
2. Demonstrate competence through monitored practical assessments

**Information sheet 1: Prompting and Assisting with Medication**

The following issues must be taken into consideration before helping a child or young person with their medication or a related task:
• to **prompt** means to remind the child or young person who has the mental capacity to make their own decisions to take their medication, for example, at a particular time or with food. The medication can be passed to the child or young person in its container as part of the prompt. The child or young person will be responsible, in whole or in part, as detailed in the care plan for the safe management of their medication. A record of ‘prompting’ should be made on the record for the child or young person;

• to **assist** means to physically help a child or young person who has the mental capacity and ability to instruct the carer on what it is they require, for example, opening a medication container or removing tablets from a blister. For someone with inability to use their arms/hands this can extend to ‘feeding’ the tablets to them in a medicine cup or spoon. The child or young person will be responsible, in whole or in part, as detailed in the care plan for the safe management of their medication. A record of every instance of ‘assisting’ should be made on the record for child or young person;

• working to the care plan, carers may prompt or assist children or young people with their medication. The child or young person, or their parent/carer will maintain responsibility for their medication;

• carers should always seek to promote the independence and dignity of the child or young person they are working with. In general terms carers should encourage children or young people and their carers to manage their medication themselves, although each child or young person’s needs should be viewed individually and their care agreed through their care plan;

• GP’s and pharmacists may be able to advise the child or young person on alternative ways of appropriately managing medication to suit their needs. For example, a GP may prescribe liquid medication for a child or young person who has difficulty swallowing, or prescribe a morning and evening medication dosage for a child or young person who is out during the day. Similarly GPs and nurses may be able to advise the child or young person on alternative ways of appropriately managing their related tasks;

• the child or young person should maintain responsibility for their medication where possible in accordance with the care plan.

• medicine prescribed for a child or young person becomes their property as soon as it is dispensed. Medication must not be shared with another person;

• when carers are prompting or assisting, the child or young person, or their parent/carer will usually hold the prime responsibility for the safe management of their medication in accordance with the care plan

• Carers have a responsibility to work to the care plan and guidelines, to ensure that health professionals are kept informed and to report any concerns or issues to their line manager or Supervising Social Worker at the earliest opportunity

Carers, when involved in providing support and assistance to a child or young person must only carry out duties in accordance with needs identified and recorded in the care plan and after completion of the Medication Workbook.
8. Administration of medication

Objectives
At the end of this section each carer will be able to:

- Understand the different circumstances in which medicines may be administered and the routine to be followed to effect administration of medicines.
- Demonstrate the correct way to administer oral, inhaled and topical medicines
- Discuss the requirements of consent before medicine can be administered
- Understand the routine to be followed in the case of errors
- Ascertain whether a child or young person is exhibiting unwanted side effects as a result of a medicine that has been administered and what action to take.

Assessment method

To administer means to select, measure or give a medicine to a child or young person as specified in the medication administration record or care plan.

In all care settings staff or formal carers may only administer medication in agreed circumstances where the child or young person has no other appropriate familial carer available, is unable to make decisions regarding medication for themselves and cannot self-medicate, instruct others, or manage their medication.

When carers are administering medication, they will assume responsibility for the ordering, recording, storage and disposal of the child or young person’s medication in whole or in part as detailed in the care plan.

Information sheet 2: Medicine administration

Important: All medicines must be managed directly from the container in which they were dispensed. Secondary decanting (transferring medication from one container to another for later use) is not permitted.

1. Wash and dry hands prior to handling medication
2. When administering medication, use the MAR chart for the child or young person to identify the medicines correctly. To do so, the medicine pack must have a label attached by the pharmacist or dispensing GP. If the label becomes illegible or detached from the container, immediate advice should be sought from the pharmacy that supplied the medicine. Carers administering medication must not alter labels on dispensed medication. Check the label on the medicine to ensure it is being administered to the right child or young person.
3. If any discrepancies are found between the instructions given on the label and those on the MAR chart, the medicine must not be given and advice sought from the community pharmacist or child or young person’s GP. Abbreviations may vary according to the pharmacy service; ensure you use the appropriate abbreviations. Some examples of some abbreviations are:

R = Refusal
A = Absent e.g. in hospital
D = Discrepancy
S = Sleeping
V = Vomiting
U = Medication unavailable

4. Know whether there are any special precautions, for example, does the medicine need to be taken with food. A ‘patient information leaflet’ should be supplied with each medicine, including those supplied in monitored dosage systems, and must be made available to the child or young person and followed by carers.

5. Identify the child or young person correctly. It is useful to attach a photograph of the child or young person to the allocated area of the MAR chart. Medicines that have been prescribed and dispensed for one child or person should not, under any circumstances, be administered to another child or young person, or be used for a purpose that is different from the one they were prescribed for.

6. Use the MAR to select all of the correct medicines for this time of day for that child or young person. Even when medicines are supplied in a Monitored Dosage System (MDS), there may be other medicines in the fridge. Refer to the MAR chart, do not rely on memory.

7. Check:
   - the name of the medicine
   - the form e.g. tablets, syrup
   - strength
   - dose, i.e. number of tablets or mls to be given
   - frequency i.e. number of times per day
   - any special instructions e.g. dissolve in water, after food etc.
   - that the medicine has not already been given to the child or young person by somebody else
   - the expiry date
• the use-by date, where stated. The use by date may be different to the expiry date as some medicines have to be used within a certain amount of time once opened. (For example; antibiotic syrups or eye drops)

8. Ask the child or young person if they want their medicines before taking them out of the pack. Children or young people can refuse medicines for different reasons. When this is an important medicine, it may be better to wait a little while and ask them again. If the child or young person continues to refuse, they must never be forced and advice should be sought from the child or young person’s social worker or GP.

9. An individual dose of medication removed from the container and subsequently not administered must be disposed of safely in consultation with the pharmacist and local environmental health. It must not be returned to the container.

Best practice denotes the following:

• where only one or two tablets need to be disposed of, the carer can do this by flushing them down the toilet. Wherever possible ask someone to witness this and sign the MAR or support plan

• for larger quantities of medication disposal, these should be returned to the pharmacist for destruction, either in a container or a sealed envelope.

Permission for the removal of any medication should be obtained from the child or young person, or those with responsibility and recorded on the MAR chart. Carers should check with their line manager or supervising social worker or medical professional, as part of their duty of care, that a child or young person is not deprived of required medication

10. Some medicines are meant to be taken occasionally when there is a specific need, for example, medicines for pain, constipation, and anxiety. Carers can administer these medications. The reason for administering an 'as required' medicine must be clearly recorded at each administration (on child’s file or in carers log sheets. A copy of the written record should be kept with the MAR chart for the child or young person.

11. Encourage the child or young person to sit upright or to stand. It is very difficult to swallow tablets or capsules when lying down. The tablet or capsule could get stuck in the throat where it could cause difficulty with swallowing.

12. If the tablets/capsules are in a monitored dosage or compliance pack open the appropriate section and empty the tablets/capsules into an appropriate container and hand it to the child or young person if appropriate. Where the Carer is taking responsibility for administration of medicine the identity, quantity and dosage must be confirmed before administering by referring to the information on the label and the MAR chart.

13. If the tablets/capsules are in bottles or strip packs transfer the appropriate number of tablets/capsules into an appropriate container. The level of support required will vary from handing the container to the child or young person up to placing the tablets into the child or young person’s mouth where a physical disability prevents them from undertaking this task themselves. The level of support will be detailed in the care plan.

14. If the medicine is a syrup or mixture make sure that the medicine spoon, measure
or oral syringe that the pharmacist provided is used.

15. The dose of some medicines depends on the results of blood tests. One example is Warfarin. The dose of Warfarin prescribed, together with the result of the blood test must be recorded in the child or young person’s Warfarin Record Book. Carers who are prompting or assisting a child or young person with their Warfarin doses must ensure that the child or young person knows what dose to take, but cannot be involved in interpreting the information within the ‘Yellow book’ as this lies outside their responsibility. Where children or young people are unable to take this responsibility, the Carer must liaise with the child or young person’s GP directly and follow the dose advised by them, ensuring written confirmation is received by fax or email.

Where Carers are responsible for the administration of Warfarin, they must ensure that they know the frequency of the blood tests, and that the result and prescribed dose of Warfarin are entered into the record book and signed and dated by a healthcare professional or recognised family member at the appropriate frequency. The dose administered must be entered onto the MAR chart along with the initials of the Carer administering the Warfarin. The Warfarin record book should be kept with the MAR chart for reference. The carer must only continue to administer Warfarin if the child or young person is having regular blood tests at the agreed frequency and results and doses are being entered into the record book. If the child or young person is not having regular blood tests, the Carer must inform their line manager. If the carer is not able to secure rapid clarification from the doctor and/or pharmacist regarding the dose to be given then contact a pharmacist at the CCG for rapid help.

Another example of medicine, dependent on the results of a blood test, is methotrexate. This medicine is always given as a single dose once a week.

16. If applying medicines to the skin, disposable gloves must be worn both for protection and also to prevent cross-infection. These medicines are directly absorbed through the skin and if not protected, carers will also absorb the medicine.

17. Always make a record of exactly what has been done at the time it is done. This includes a record of when the child or young person refuses the medicine.

9. **Storage of medication**

Objectives

On completion of this section the Carer will be able to:

- Understand the principles involved in the storage of medicines
- Understand factors which can affect the stability of medicines
- Ensure that all medicines in the working environment are stored safely and appropriately
- Interpret manufacturer’s instructions regarding expiry dates
Assessment method

1. Complete tasks in Worksheets 5, 6 and 7

2. Examine medicines either in the Carer’s own home or those belonging to a child or young person. Discuss both storage and expiry dates of these medicines.

Information sheet 3: Causes of deterioration in medicines

During storage medicines may be subject to chemical reactions, which can lead to their deterioration. This is because a medicine is almost always a mixture of active ingredients, which may in time interact with each other. This may cause a loss of effectiveness of the medicine or an increase in its side effects. Bacterial growth may occur due to the breakdown of the preservative or physical changes may occur in the medicine causing it to appear cloudy or to change colour or odour. Chemical changes can occur in a medicine without any alteration in its appearance.

Whether changes occur in a medicine and the speed with which changes may occur are affected by its storage conditions. These include temperature, humidity, light, and atmospheric gases. It is essential to follow the manufacturer’s instructions regarding storage conditions.

Factors affecting stability of medicines

(a) Temperature

The rate of most chemical reactions is increased with temperature. In general, medicines should be stored in cool places, but be sure to follow the storage instructions which can be found on the packaging, containers or accompanying leaflets. The instructions may include any of the following:

- Store at room temperature 15°C - 25°C
- Store in a cool place less than 15°C but not in a fridge
- Store in a refrigerator 2°C - 8°C

Therefore, always avoid leaving or storing drugs above radiators or hot water pipes, near ovens or near windows in direct sunlight. Some medicines need to be kept in the fridge e.g. antibiotic syrup to stop them degrading too quickly.

(b) Humidity

Medicines are usually most stable in a dry form. Therefore tablets are more stable than liquids and often have longer expiry dates. Tablets and powders will deteriorate more quickly if in contact with water or damp or steamy conditions, therefore, always avoid storing medicines in kitchens or bathrooms. It is very important to always replace lids of tablet bottles securely after use. Sometimes manufacturers provide desiccants (a compound which absorbs moisture) in containers to keep the capsules or tablets dry, ensure that these are not thrown away and that the child or young person is aware of it and does not confuse it with the medicine.
(c) Light / Oxygen

Discoloration of medicine is often caused by the effects of air on the medicine. This effect is speeded up in the presence of light. Medicine should therefore be stored in dark conditions where possible i.e. not in glass fronted cupboards.

Information sheet 4: Security, safety & refrigeration of medicines

1. Medicines which are held centrally, such as in a residential home, should be stored in a lockable cupboard or lockable trolley which is attached to the wall and kept solely for this purpose. Ideally, internal and external medicines should be stored in separate cupboards, but a compromise is to store them on separate shelves, with the external medicines below the internal medicines.

Permanent storage sites should not be located near to a heat source or within a humid environment. The storage site should be below 25 degrees centigrade and the temperature should be monitored using a minimum/maximum thermometer to ensure this and recorded. Precautions should be in place to maintain appropriate stocks of medicines dependent upon need.

2. Children or young people in residential homes who self-medicate should be provided with a personal lockable drawer or cupboard in which to store their medication and a risk assessment should be in place to cover this

3. Some medicines must be stored in a refrigerator because at room temperature they break down. The ‘Patient Information’ Leaflet that is supplied with a medicine will state whether the medicines needs to be kept in a fridge. In residential homes medicines that require refrigeration should be stored in a locked refrigerator reserved solely for medication or, in small homes only, in a locked container in the fridge. The temperature of the fridge must be monitored and recorded on a daily basis. The recommended temperature is 2-8°C and managers must be notified if it falls outside this temperature.

Carers who provide domiciliary care or work in the child’s own home, and are responsible for the medications should check that the child or young person’s fridge is working correctly if it is used to store medicines. If there appears to be a problem, the carer should consult with the GP, pharmacist or their line manager or supervising social worker.

4. Manufacturers specify that some creams and ointments are to be stored in a “cool place” (below 5 degrees centigrade). This does not necessarily mean a refrigerator, for advice regarding storage contact the dispensing pharmacist.

5. The cupboard/trolley keys must not be part of the master key system and the cupboard must only be used for medication and related tasks. Only authorised staff may access the medication key system.

6. When social care is provided in a child or young person’s own home, the family will be responsible for the safe keeping of the medicine and will decide where and how to store medicines. Guidance should be offered as part of the risk assessment carried out during the assessment. External preparations should be kept separately
from internal medicines to avoid them being ingested accidentally.

7. Within residential care homes and day centres, controlled drugs should be stored in a separate, lockable cupboard that complies with the Misuse of Drugs (Safe Custody) Regulations 1972 as amended. Only staff with authorised access to the drug cupboard should hold the keys, which should never be given to a member of staff who is not permitted to access controlled drugs. The keys must be kept on the person of a designated member of staff at all times and signed for at each changeover of staff in a book kept especially for this purpose

8. Advise parents or young people to keep medication away from other children in their own homes.

Information sheet 5: Expiry dates and repeat prescriptions

It is essential that the manufacturer's instructions regarding expiry dates are strictly adhered to.

N.B. Use by March 2010’ means do not use after 31 March 2010

’Expiry date March 2010’ means do not use after 31 March 2010

‘Use before March 2010’ means do not use after the last day of February 2010

Expiry dates of medicines should be checked regularly. Many antibiotic syrups and some other liquids have quite short expiry dates. Eye drops, once opened, must be discarded after 28 days (unless indicated otherwise on the label) as sterility cannot be maintained and infection could be introduced into the eye. Once opened clearly write the date of opening on the bottle.

Disposal of out of date or unwanted medicines

Where a family in their own home is managing their medicines, they are responsible for the safe disposal of their medicines.

Where the Carer is responsible for managing the medicines, they must record the disposal of surplus, unwanted, expired, dropped or spilt medicines. Medicines no longer required or out of date should be returned to the pharmacist. The record should record the:

- Date of return to pharmacy
- Name and strength of medicine
- Quantity removed
- Name of the person for whom medication was prescribed or purchased
- Name and signature of the Carer who arranges disposal of the medicines

The MAR chart should be used to record the disposal of medicines. When medication is returned to the pharmacy, good practice would dictate that the form is signed by the pharmacy receiving the drugs for destruction to complete the audit trail.
The normal method for safe disposal should be by returning them to a community pharmacist. The community pharmacist can then ensure that these medicines are disposed of in accordance with current waste regulations. Care homes (nursing) must not return medicines to a community pharmacist but use a licensed waste management company. Additional advice is provided by Care Quality Commission in *Safe disposal of waste medicines from care homes (nursing)*

The situations when medicines might need to be disposed of include:

- A child or young person’s treatment is changed or discontinued — the remaining supplies of it should be returned to the pharmacist (with the child or young person’s consent)
- A child or young person transfers to another care service — they should take all of their medicines with them, unless they agree to dispose of any that are no longer needed
- A child or young person dies. The child or young person’s medicine records should be kept. In residential care homes the medicines should be kept for seven days, in case the Coroner’s Office, or courts ask for them
- The medicine reaches its expiry date. Some medicine expiry dates are shortened when the product has been opened and is in use, for example, eye drops. When applicable, this is stated in the product information leaflet (PIL)

Care homes and domiciliary care providers that store people’s records on a computer should take advice concerning the Data Protection Act 1998. Any records made either on paper or electronically must identify the person who made the record and be tamper-evident.

**Discharge from Hospital**

All people discharged from hospital should have complete documentation listing all their current medication at the time of discharge. This may have changed considerably from the medicines that were taken into hospital. The hospital will inform the child or young person’s GP. The person responsible for administering the person’s medicines should:

- Let the supplying pharmacy know the changes as soon as possible
- Prepare a new MAR chart if required
- Dispose of any unwanted or discontinued drugs by returning to a community pharmacy
- Request a new prescription as soon as possible

If a child or young person has been discharged from hospital they may have been supplied with sufficient medicines for up to 4 weeks by the hospital. Repeat supplies of medicines will need to be obtained on a prescription (FP10) from the GP. The parent or carer, or the child or young person where appropriate, must contact their GP within the first few days that they are home to request a repeat supply. They should also ensure that the discharge letter is given to the GP.
10. **Label interpretation**

**Objective**
At the end of this section each carer will be able to:-

- Describe the legal requirements of a label on a container of medicine.
- Describe situations when they would seek advice from their line manager or Supervising Social Worker, or a pharmacist.
- Describe warning labels and when these may be present

**Assessment Method**

1. Completion of Worksheet 8

2. Using the examples on Information Sheet 10, the Carer will be shown a number of labels of medicine of different types e.g. liquid, tablets, capsules, sublingual sprays to comment on.

3. The carer will be allowed a set period of time to study the labels and must indicate on the assessment sheet in Worksheet 9 any problems associated with each label.

They must also discuss any problems with the instructions on the label and any errors or omissions which would need to be clarified before the medicine could be given.

A score will be awarded for each label according to the following guidelines:-

1 = Good understanding of drug, dose, form and directions. All errors/omissions found.

0 = Unable to understand instructions **and** missed all errors/omissions.

The pass score will be 100% on each occasion.

If this is not reached, the Carer must repeat the assessment until 100% correct is reached on 2 consecutive occasions after a period of retraining decided by the Carer and the assessor.

Additional Assessment sheets are available at the end of this document
Information sheet 6: Understanding label instructions

It is essential that the instructions on the medicine labels are clearly understood by anyone assisting a child or young person with their medication. In the event of any uncertainty as to the precise meaning of the instructions, the Carer should refer immediately to their line manager or Supervising Social Worker, pharmacist or child or young person’s GP.

The time of administration of medication can be very important and is sometimes misunderstood from the label instructions.

If the instruction is that the medication should be taken once a day, it is often most convenient for the child or young person to take that medication with their breakfast. However, it should be ensured that the medication is not adversely affected by being taken with food. It is also possible that if the medication is likely to cause drowsiness it would be better for the child or young person to take it at bed-time. In general it is important to give the medication at the same time each day.

If the instruction is that the medication should be taken each morning further clarification may be necessary as to whether this should be taken with breakfast or immediately on rising. Some medicines will work much more quickly if given on an empty stomach.

Medicines which are to be taken twice a day are commonly taken with breakfast and tea. However, some medicines need a 12 hour period in between taking the two separate doses. A 12 hour period needs to be adhered to wherever possible as a longer or shorter gap may cause side effects due to a too high or too low concentration in the blood.

If medicines need to be taken three or four times a day this is normally done during the daytime rather than throughout the 24 hours.

If medication is required to be taken at night, care needs to be taken to ensure exactly when that should be. If administering, Carers should avoid giving medication too early and it should not be left in a container for the child or young person to take at bedtime. Sleeping tablets are normally best given half an hour before bedtime.

If the instruction on the label indicates that the dose is variable for example be “one or two tablets” then the indicators for the different doses must be clear for the person administering and the maximum daily dose must be specified. The actual dose given to the child or young person must be recorded on a MAR chart.

Very occasionally medication may be labelled to be taken “as directed”. This is not acceptable for any medication that is being administered by a Carer and must always be referred back to the pharmacist or GP. However, some medicines in smaller packaging may have “as directed” on the label, e.g. creams, ointments. It is essential that Carers are aware of the exact requirements.

If a medicine is prescribed ‘as directed’ there must be a care plan to accompany the prescription which details when the medicine should be administered. This should be signed by a health professional, ideally the person who has prescribed the medicine. (For example, Joint Epilepsy or ‘JEC’ care plan for the administration of Buccal Midazolam)

There are many possible variations on the instructions that may appear on labels for
medication. When a child or young person starts a new medication it is a good idea to always check any instruction with the pharmacist. If necessary, mention to the pharmacist any other medication that the child or young person is taking.

**Information sheet 7: Legal requirements of labels**

**General Requirements**

a. All labels must be indelible (written in permanent ink).

b. All the details of a label must be in English although some details may be given in another language as well.

c. Labels must be clear and legible.

d. All containers with medicines must be labelled with "Keep out of the reach of children".

**Labelling of dispensed items**

The label on a dispensed medicine must include:

1. The name of the child or young person.
2. Name and address of the pharmacy or details of the dispensing doctor supplying the medicine.
3. Date of dispensing.
4. Name and quantity of medicine.
5. Strength of medicine where appropriate.
6. Directions for use. N.B. "As directed" is not an acceptable instruction where Carers are responsible for administering the medicine.
7. “Keep out of the reach of children”.
8. “For external use only” if product is a cream/ointment/lotion etc.
9. An expiry date may be shown on the label where a medicine deteriorates quickly when started e.g. antibiotic liquids.
10. Additional information may also be included (e.g. number of tablets dispensed).

**Information Sheet 8: Additional labels**

Cautionary and advisory labels are listed on the inside of the back cover of the BNF. Each warning is given a code number from 1 to 33. Each medicine listed in the BNF has the code numbers of any relevant additional labels next to it. Cautionary labels are not a legal requirement but it is considered good professional practice to use them on all dispensed medicines.

In general, no label recommendations are made for injections as it is assumed that they will be administered by a health professional or a well-instructed patient. There may be occasions when pharmacists will use their professional discretion and omit one or more of the additional labels for a particular patient.
1 Warning. May cause drowsiness
To be used on preparations for children containing antihistamines, or other preparations given to children where the warnings of label 2 on driving or alcohol would not be appropriate.

2 Warning. May cause drowsiness. If affected do not drive or operate machinery. Avoid alcoholic drink
To be used on preparations for adults that can cause drowsiness, thereby affecting the ability to drive and operate hazardous machinery; label 1 is more appropriate for children. It is an offence to drive while under the influence of drink or drugs. Some of these preparations only cause drowsiness in the first few days of treatment and some only cause drowsiness in higher doses.

In such cases the patient should be told that the advice applies until the effects have worn off. However many of these preparations can produce a slowing of reaction time and a loss of mental concentration that can have the same effects as drowsiness.

Avoidance of alcoholic drink is recommended because the effects of CNS depressants are enhanced by alcohol. Strict prohibition however could lead to some patients not taking the medicine. Pharmacists should therefore explain the risk and encourage compliance, particularly in patients who may think they already tolerate the effects of alcohol (see also label 3). Queries from patients with epilepsy regarding fitness to drive should be referred back to the patient’s doctor. Side-effects unrelated to drowsiness that may affect a patient’s ability to drive or operate machinery safely include blurred vision, dizziness, or nausea. In general, no label has been recommended to cover these cases, but the patient should be suitably counselled.

3 Warning. May cause drowsiness. If affected do not drive or operate machinery
To be used on preparations containing monoamine-oxidase inhibitors; the warning to avoid alcohol and dealcoholised (low alcohol) drink is covered by the patient information leaflet.
Also to be used as for label 2 but where alcohol is not an issue.

4 Warning. Avoid alcoholic drink
To be used on preparations where a reaction such as flushing may occur if alcohol is taken (e.g. metronidazole and chlorpropamide). Alcohol may also enhance the hypoglycaemia produced by some oral antidiabetic drugs but routine application of a warning label is not considered necessary.

5 Do not take indigestion remedies at the same time of day as this medicine
To be used with label 25 on preparations coated to resist gastric acid (e.g. enteric-coated tablets). This is to avoid the possibility of premature dissolution of the coating in the presence of an alkaline pH.

Label 5 also applies to drugs such as ciprofloxacin where the absorption is significantly affected by antacids; the usual period of avoidance recommended is 2 to 4 hours.

6 Do not take indigestion remedies or medicines containing iron or zinc at the same time of day as this medicine
To be used on preparations containing ofloxacin and some other quinolones, doxycycline, lymecycline, minocycline, and penicillamine. These drugs chelate...
calcium, iron and zinc and are less well absorbed when taken with calcium-containing antacids or preparations containing iron or zinc. These incompatible preparations should be taken 2-3 hours apart.

7 Do not take milk, indigestion remedies, or medicines containing iron or zinc at the same time of day as this medicine
To be used on preparations containing ciprofloxacin, norfloxacin or tetracyclines that chelate calcium, iron, magnesium, and zinc and are thus less available for absorption; these incompatible preparations should be taken 2-3 hours apart. Doxycycline, lymecycline and minocycline are less liable to form chelates and therefore only require label 6 (see above).

8 Do not stop taking this medicine except on your doctor’s advice
To be used on preparations that contain a drug which is required to be taken over long periods without the patient necessarily perceiving any benefit (e.g. antituberculous drugs).

Also to be used on preparations that contain a drug whose withdrawal is likely to be a particular hazard (e.g. clonidine for hypertension). Label 10 (see below) is more appropriate for corticosteroids.

9 Take at regular intervals. Complete the prescribed course unless otherwise directed
To be used on preparations where a course of treatment should be completed to reduce the incidence of relapse or failure of treatment. The preparations are antimicrobial drugs given by mouth. Very occasionally, some may have severe side-effects (e.g. diarrhoea in patients receiving clindamycin) and in such cases the patient may need to be advised of reasons for stopping treatment quickly and returning to the doctor.

10 Warning. Follow the printed instructions you have been given with this medicine
To be used particularly on preparations containing anticoagulants, lithium and oral corticosteroids. The appropriate treatment card should be given to the patient and any necessary explanations given.

This label may also be used on other preparations to remind the patient of the instructions that have been given.

11 Avoid exposure of skin to direct sunlight or sun lamps
To be used on preparations that may cause phototoxic or photoallergic reactions if the patient is exposed to ultraviolet radiation. Many drugs other than those listed in Appendix 9 (e.g. phenothiazines and sulphonamides) may, on rare occasions, cause reactions in susceptible patients. Exposure to high intensity ultraviolet radiation from sunray lamps and sunbeds is particularly likely to cause reactions.

12 Do not take anything containing aspirin while taking this medicine
To be used on preparations containing probenecid and sulfinpyrazone whose activity is reduced by aspirin.
Label 12 should not be used for anticoagulants since label 10 is more appropriate.

13 Dissolve or mix with water before taking
To be used on preparations that are intended to be dissolved in water (e.g. soluble tablets) or mixed with water (e.g. powders, granules) before use. In a few cases other liquids such as fruit juice or milk may be used. For example, fybogel
14  This medicine may colour the urine
To be used on preparations that may cause the patient’s urine to turn an unusual colour. These include phenolphthalein (alkaline urine pink), triamterene (blue under some lights), levodopa (dark reddish), and rifampicin (red).

15  Caution flammable: keep away from fire or flames
To be used on preparations containing sufficient flammable solvent to render them flammable if exposed to a naked flame.

16  Allow to dissolve under the tongue. Do not transfer from this container. Keep tightly closed. Discard eight weeks after opening
To be used on glyceryl trinitrate tablets to remind the patient not to transfer the tablets to plastic or less suitable containers.

17  Do not take more than . . . in 24 hours
To be used on preparations for the treatment of acute migraine except those containing ergotamine, for which label 18 is used. The dose form should be specified, e.g. tablets or capsules.

It may also be used on preparations for which no dose has been specified by the prescriber.

18  Do not take more than . . . in 24 hours or . . . in any one week
To be used on preparations containing ergotamine. The dose form should be specified, e.g. tablets or suppositories.

19  Warning. Causes drowsiness which may continue the next day. If affected do not drive or operate machinery.  Avoid alcoholic drink
To be used on preparations containing hypnotics (or some other drugs with sedative effects) prescribed to be taken at night. On the rare occasions (e.g. nitrazepam in epilepsy) when hypnotics are prescribed for daytime administration this label would clearly not be appropriate. Also to be used as an alternative to the label 2 wording (the choice being at the discretion of the pharmacist) for anxiolytics prescribed to be taken at night.

It is hoped that this wording will convey adequately the problem of residual morning sedation after taking ‘sleeping tablets’.

20  . . . with or after food
To be used on preparations that are liable to cause gastric irritation, or those that are better absorbed with food.

Patients should be advised that a small amount of food is sufficient.

21  . . . half to one hour before food
To be used on some preparations whose absorption is thereby improved.
Most oral antibacterials require label 23 instead (see below).

22  . . . an hour before food or on an empty stomach
To be used on oral preparations whose absorption may be reduced by the presence of food and acid in the stomach.
23 . . . sucked or chewed
To be used on preparations that should be sucked or chewed.
The pharmacist should use discretion as to which of these words is appropriate.

24 . . . swallowed whole, not chewed
To be used on preparations that are enteric-coated or designed for modified-release.
Also to be used on preparations that taste very unpleasant or may damage the mouth if not swallowed whole.

25 . . . dissolved under the tongue
To be used on preparations designed for sublingual use. Patients should be advised to hold under the tongue and avoid swallowing until dissolved. The buccal mucosa between the gum and cheek is occasionally specified by the prescriber.

26 . . . with plenty of water
To be used on preparations that should be well diluted (e.g. chloral hydrate), where a high fluid intake is required (e.g. sulphonamides), or where water is required to aid the action (e.g. methylcellulose). The patient should be advised that ‘plenty’ means at least 150 ml (about a tumblerful). In most cases fruit juice, tea, or coffee may be used.

27 To be spread thinly . . .
To be used on external preparations that should be applied sparingly (e.g. corticosteroids, dithranol).

28 Do not take more than 2 at any one time. Do not take more than 8 in 24 hours
To be used on containers of dispensed solid dose preparations containing paracetamol for adults when the instruction on the label indicates that the dose can be taken on an ‘as required’ basis. The dose form should be specified, e.g. tablets or capsules.
This label has been introduced because of the serious consequences of overdosage with paracetamol.

29 Do not take with any other paracetamol products
To be used on all containers of dispensed preparations containing paracetamol.

30 Contains aspirin and paracetamol. Do not take with any other paracetamol products
To be used on all containers of dispensed preparations containing aspirin and paracetamol.

31 Contains aspirin
To be used on containers of dispensed preparations containing aspirin when the name on the label does not include the word ‘aspirin’.

32 Contains an aspirin-like medicine
To be used on containers of dispensed preparations containing aspirin derivatives.
Information Sheet 9: Strengths of preparation

1g = 1 gram
1mg = 1 milligram = 0.001 grammes
1mcg = 1 microgram = 0.001 milligrams
1ng = 1 nanogram = 0.001 micrograms

1L = 1 Litre
1ml = 1 millilitre = 0.001L

Strengths of certain tablets may be written in different ways and it is important to be sure what has been prescribed. Generally it is good practice to avoid using decimal points and abbreviations to avoid the risk of errors. In the examples given below the second option would be the preferred format;

Example 1: Digoxin 0.125 mg daily = Digoxin 125 microgram daily
Example 2: Alfacalcidol 0.25 microgram od = Alfacalcidol 250 nanogram od
Example 3: Levothyroxine 0.1mg od = Levothyroxine 100 microgram od

If you are at all uncertain about the dose of a medicine that is to be given, you must seek help from your manager or a pharmacist.
### Information Sheet 10: Examples of labels

#### Tablets and capsules

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
</tr>
<tr>
<td><strong>FOLIC ACID 5MG TABLETS</strong></td>
<td><strong>LAN SOPRA ZOLE 30 MG CAPSULES</strong></td>
<td><strong>MORPHINE SULPHATE 60 MG TABLETS (MST continus )tablets.</strong></td>
</tr>
<tr>
<td>Take ONE daily Miss A.N.OTHER 21 NOV 09 30 TABS</td>
<td>Take ONE capsule in the MORNING swallowed whole, not chewed. Do not take indigestion remedies at the same time of day as this medicine. Miss A.N. OTHER 03 OCT 09 28 CAPSULES</td>
<td>Take ONE tablet TWICE a day. DO NOT CHEW. MAY CAUSE DROWSINESS. AVOID ALCOHOL. 21 NOV 09 60 TABS</td>
</tr>
<tr>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
<td></td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
<td><strong>ACICLO VIR 200 MG TABLETS</strong></td>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
</tr>
<tr>
<td><strong>IMIPR AMINE 25 MG TABS</strong></td>
<td>Take ONE tablet FIVE times daily for five days. Take at regular intervals. A.N. OTHER 03 OCT 09 25 TABLETS</td>
<td>500mg</td>
</tr>
<tr>
<td>Take SIX tablets at NIGHT</td>
<td></td>
<td>ONE tablet to be sucked or chewed TWICE daily. Complete the course Mr A.N. OTHER 03 OCT 11 56 TABLETS</td>
</tr>
<tr>
<td>A.N. OTHER 168 TABLETS</td>
<td></td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
<td></td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
<tr>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
</tr>
<tr>
<td><strong>ZOPICLONE TABLETS</strong></td>
<td><strong>ASPIRIN 75 MG DISPERSIBLE TABLETS</strong></td>
<td><strong>PHENYTOIN 100 MG CAPSULES</strong></td>
</tr>
<tr>
<td>Take ONE tablet EACH day. Warning: Causes drowsiness which may continue the next day. If affected do not drive or operate machinery. Avoid alcoholic drink Ms A.N. OTHER 03.OCT 09 28 TABLETS</td>
<td>Mr A. N. OTHER 03 Oct 12 28 Tablets</td>
<td>Take TWO capsules TWICE a day. DO NOT STOP TAKING THIS MEDICINE EXCEPT ON YOUR DOCTORS ADVICE.</td>
</tr>
<tr>
<td></td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
<td>Mrs A.N. OTHER 21 NOV 09 112 CAPSULES</td>
</tr>
<tr>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
<td></td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>10</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
<td><strong>KEEP OUT OF REACH OF CHILDREN</strong></td>
</tr>
<tr>
<td><strong>PRAVASTATIN 20 MG TABLETS</strong></td>
<td><strong>CO-DYDRAMOL TABLETS</strong></td>
<td><strong>FUROSEMIDE 40 MG TABLETS</strong></td>
</tr>
<tr>
<td>Take ONE tablet daily</td>
<td>Take ONE or TWO tablets every 4-6 hours with or after food when required for pain relief. DO NOT TAKE MORE THAN 2 AT A TIME OR 8 IN 24 HOURS. Mr A.N. Other CONTAINS PARACETAMOL 21 NOV 09 30 TABLETS</td>
<td>Take ONE tablet TWICE a day Mr A.N. OTHER 03.OCT 09 56 TABLETS</td>
</tr>
<tr>
<td>Mrs A.N. OTHER 28 TABLETS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>KEEP OUT OF REACH OF CHILDREN AMOXICILLIN 250mg &amp; CLAVULANIC ACID 125mg TABLETS ANTONY PHARMACY, ANYTOWN 01234 555321</td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>KEEP OUT OF REACH OF CHILDREN PREDNISOLONE 5 mg Enteric Coated TABS. ANTONY PHARMACY, ANYTOWN 01234 555321</td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>KEEP OUT OF REACH OF CHILDREN OCTOBER 11 NOV 09 ANTONY PHARMACY, ANYTOWN 01234 555321</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>KEEP OUT OF REACH OF CHILDREN BENDROFLUMETHIAZIDE 5 MG TABLETS Take ONE tablet DAILY Mr A.N. OTHER 21 NOV 09 28 TABS</td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>KEEP OUT OF REACH OF CHILDREN DICLOFENAC SODIUM 25 MG TABLETS Take one tablet swallowed whole three times a day. 21 NOV 09 28 Tablets</td>
<td></td>
</tr>
<tr>
<td>18</td>
<td>KEEP OUT OF REACH OF CHILDREN METACLOPRAMIDE 10 MG TABLETS Take ONE tablet when required every eight hours for the relief of sickness. Do NOT TAKE MORE THAN 3 IN TWENTY FOUR HOURS. ANTONY PHARMACY, ANYTOWN 01234 555321</td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>KEEP OUT OF REACH OF CHILDREN TEMAZEPAM 10 mg TABLETS ONE to be taken at NIGHT. WARNING: may cause drowsiness ANTONY PHARMACY, ANYTOWN 01234 555321</td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>KEEP OUT OF REACH OF CHILDREN DILTIAZEM 120 mg Capsules ADIZEM 8R ANTONY PHARMACY, ANYTOWN 01234 555321</td>
<td></td>
</tr>
<tr>
<td>No.</td>
<td>Item Description</td>
<td>Dosage Instructions</td>
</tr>
<tr>
<td>-----</td>
<td>---------------------------------------------------------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| 23  | **KEEP OUT OF REACH OF CHILDREN**  
*GAVISCON LIQUID*  
*SHAKE WELL BEFORE USE*  
*Take TWO 5ml spoonfuls FOUR times a day after meals and at bedtime.*  
*Mrs A.N. OTHER  
500 ml*  
*ANYTOWN PHARMACY, ANYTOWN 03923 555321* |                                                                                                               |                                                          |
| 24  | **KEEP OUT OF REACH OF CHILDREN**  
*FLUCLOxacillin 250mg/5ml liquid*  
*Take ONE 5ml spoonful FOUR times a day for 5 days. Take ONE hour before food or on an empty stomach. Take at regular intervals. Complete the course.*  
*A.N. OTHER  
03 OCT 09 100ml*  
*ANYTOWN PHARMACY, ANYTOWN 03923 555321* |                                                                                                               |                                                          |
| 25  | **KEEP OUT OF REACH OF CHILDREN**  
*Magnesium hydroxide & liquid paraffin*  
*Milpar liquid*  
*Shake the bottle*  
*Take FOUR 5ml spoonfuls TWICE a DAY.*  
*Mrs A.N. OTHER  
21 NOV 09 200ml*  
*03923 555321* |                                                                                                               |                                                          |
| 26  | **KEEP OUT OF REACH OF CHILDREN**  
*SHAKE THE BOTTLE & STORE IN THE FRIDGE AMOXYCILLIN & CLAVULANIC ACID 250/62*  
*SUSPENSION (CO-AMOXYCLAV)*  
*Take ONE 5ml spoonful THREE times a day for SEVEN days. Take at regular intervals. Complete the course.*  
*03 OCT 09 100ml*  
*ANYTOWN PHARMACY, ANYTOWN 03923 555321* |                                                                                                               |                                                          |
| 27  | **KEEP OUT OF REACH OF CHILDREN**  
*Take ONE 5ml spoonful TWO times a day.*  
*Mr A.N. OTHER  
21 NOV 09 300ml*  
*ANYTOWN PHARMACY, ANYTOWN 03923 555321* |                                                                                                               |                                                          |
| 28  | **KEEP OUT OF REACH OF CHILDREN**  
*SHAKE THE BOTTLE*  
*CHLOROPHENIRAMINE 2MG IN 5ML SYRUP (PIRITON).*  
*Mrs A.N. OTHER  
09 OCT 09 150ml*  
*ANYTOWN PHARMACY, ANYTOWN 03923 555321* |                                                                                                               |                                                          |
| 29  | **SHAKE THE BOTTLE**  
*ERYTHROMYCIN SUSPENSION 125 MG/5ML*  
*Take 5ml FOUR times a day for SEVEN days. Store in the fridge. Take at regular intervals. Complete the course.*  
*Mrs A.N. OTHER  
03 OCT 10 100ml*  
*ANYTOWN PHARMACY, ANYTOWN 03923 555321* |                                                                                                               |                                                          |
| 30  | **KEEP OUT OF REACH OF CHILDREN**  
*SENNOSIDE B (SENOKOT) 7.5MG/5ML (SENOKOT)*  
*Take 10mls at bedtime.*  
*Mrs A.N. OTHER  
21 NOV 10*  
*ANYTOWN PHARMACY, ANYTOWN 03923 555321* |                                                                                                               |                                                          |
| 31  | **KEEP OUT OF REACH OF CHILDREN**  
*IBuprofen 100mg/5ml syrup (Brufen)*  
*Take SIX 5ml spoonfuls (30mls) THREE times a day with or after food.*  
*21 NOV 09 500ml*  
*ANYTOWN PHARMACY, ANYTOWN 03923 555321* |                                                                                                               |                                                          |
| 32  | **KEEP OUT OF REACH OF CHILDREN**  
*TRIMETHOPRIM 50 MG/5ML SUSPENSION*  
*Take 0.8mls ONCE a day in the EVENING using the oral syringe provided.*  
*SHAKE THE BOTTLE*  
*Mrs A.N. OTHER  
03 OCT 09 100ml*  
*03923 555321* |                                                                                                               |                                                          |
<table>
<thead>
<tr>
<th>Page</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>33</td>
<td>FOR EXTERNAL USE ONLY AQUEOUS CREAM</td>
<td>Apply to the affected area(s) as directed. Mrs A.N. OTHER 21 NOV 09 30g ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>34</td>
<td>KEEP OUT OF REACH OF CHILDREN</td>
<td>For external use only Povidone Iodine 10% ointment (Betadine) Apply to the affected areas TWICE a day as directed. Discard 28 days after opening Mrs A.N. Other Date opened…… 21 Nov 09 80 grams ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>35</td>
<td>KEEP OUT OF REACH OF CHILDREN</td>
<td>For external use only Clobetasol Propionate 0.05% ointment. Apply sparingly as directed to the affected area daily Mrs A.N. Other 03 Oct 09 ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>36</td>
<td>KEEP OUT OF REACH OF CHILDREN DIPRO BASE CREAM FOR EXTERNAL USE ONLY</td>
<td>Apply to the affected area(s) as directed. SHAKE THE BOTTLE. 03 OCT 09 50g ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>37</td>
<td>KEEP OUT OF REACH OF CHILDREN CLOTRIMAZOLE 1% CREAM CANESTAN</td>
<td>Apply to the affected area as directed THREE times a day. FOR EXTERNAL USE ONLY Mrs A.N. OTHER 20g ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>38</td>
<td>KEEP OUT OF REACH OF CHILDREN KETOPROFEN 2.5% GEL (Orovail)</td>
<td>For external use only. Mr A.N. Other 21 NOV 09 20g ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>39</td>
<td>KEEP OUT OF REACH OF CHILDREN FOR EXTERNAL USE ONLY HYDROCORTISONE 1% CREAM</td>
<td>Apply SPARINGLY to the affected area ONCE a day. Mrs A.N. OTHER 03 OCT 09 30gms ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>40</td>
<td>KEEP OUT OF REACH OF CHILDREN Ointment</td>
<td>Apply thinly as directed TWICE a day for SEVEN days. FOR EXTERNAL USE ONLY Mrs A.N. OTHER 03 OCT 09 30g ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>41</td>
<td>KEEP OUT OF REACH OF CHILDREN HYDROCORTISONE 1% &amp; MICONAZOLE 2% (DAKTACORT)</td>
<td>Apply thinly to the affected area as directed TWICE a day. STORE IN A FRIDGE. 21 NOV 09 30gms ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>42</td>
<td>KEEP OUT OF REACH OF CHILDREN HYDROCORTISON 1% OINTMENT FOR EXTERNAL USE ONLY</td>
<td>Apply TWICE a day to the affected area(s) as directed. Mrs A.N. OTHER 30g ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
</tbody>
</table>
## Eye preparations

<table>
<thead>
<tr>
<th>No.</th>
<th>Product Description</th>
<th>Dosage and Administration</th>
<th>Patient Name</th>
<th>Date of Prescription</th>
<th>Pharmacy Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>43</td>
<td>Chloramphenicol eye drops 0.5%</td>
<td>NOT TO BE TAKEN</td>
<td>Miss A.N. OTHER</td>
<td>03 OCT 09 10ml</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>44</td>
<td>Brimonidine tartrate eye drops 0.2% (Alphagan)</td>
<td>Insert ONE drop TWICE a day into the LEFT eye. DISCARD 28 DAYS AFTER OPENING</td>
<td>Miss A.N. OTHER</td>
<td>21 NOV 09 5ml</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>45</td>
<td>Hypromellose eye drops 0.3%</td>
<td>NOT TO BE TAKEN</td>
<td>Miss A.N. OTHER</td>
<td>10ml</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>46</td>
<td>Betamethasone eye ointment 0.1%</td>
<td>NOT TO BE TAKEN</td>
<td>Miss A.N. OTHER</td>
<td>03 OCT 09 10ml</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>47</td>
<td>Timolol eye drops 0.5%</td>
<td>NOT TO BE TAKEN</td>
<td>A.N. OTHER</td>
<td>03 OCT 09 5ml</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>48</td>
<td><strong>Not applicable</strong></td>
<td><strong>Not applicable</strong></td>
<td>Mrs A.N. OTHER</td>
<td>03 OCT 09 2.5ml</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
<tr>
<td>49</td>
<td>Chloramphenicol eye ointment 1%</td>
<td>NOT TO BE TAKEN</td>
<td>03 OCT 09 4g</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
<td></td>
</tr>
</tbody>
</table>
### Patches

<table>
<thead>
<tr>
<th>55</th>
<th>KEEP OUT OF REACH OF CHILDREN</th>
<th>ESTRADIOL 50 MCG/24HRS &amp; NORETHISTERONE 170MCG/24 HRS EVOREL CONTI PATCHES</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Apply ONE patch TWICE weekly. 21 NOV 10 8 patches</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
</tbody>
</table>

### Inhalers

<table>
<thead>
<tr>
<th>50</th>
<th>KEEP OUT OF REACH OF CHILDREN</th>
<th>BECLOMETASONE BP 200MCG ROTOHALER BECOTIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inhale the contents on ONE rotacap using the rotahaler TWICE a day. Do not stop taking this medicine except on your doctors advice. Miss A.N. OTHER 03 Oct 09 112 DOSES</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>51</th>
<th>KEEP OUT OF REACH OF CHILDREN</th>
<th>FLUTICASONE 50 MCG ACCUHALER FLIXOTIDE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Inhale the contents of TWO blisters TWICE a day. Rinse mouth after use. Do not stop taking this medicine except on your doctors advice. MS A.N. OTHER 03 Oct 09 60 BLISTERS</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>52</th>
<th>KEEP OUT OF REACH OF CHILDREN</th>
<th>SALBUTAMOL INHALER 100MCG VENTOLIN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Shake well and inhale one puff FOUR times a day Miss A.N. OTHER 200 doses</td>
<td>ANYTOWN PHARMACY, ANYTOWN 03923 555321</td>
</tr>
</tbody>
</table>

### Miscellaneous

<table>
<thead>
<tr>
<th>58</th>
<th>KEEP OUT OF REACH OF CHILDREN ISAGHULA HUSK 3.5G SACHETS FYBOGEL</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Take ONE sachet TWICE A DAY dissolve or mix with water</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>59</th>
<th>KEEP OUT OF REACH OF CHILDREN GLYCERYL TRINITRATE SPRAY 400MCG</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>DO NOT SWALLOW. Spray ONE spray under the tongue when required for chest pain. Mr A.N. OTHER</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>60</th>
<th>KEEP OUT OF REACH OF CHILDREN GLYCERYLTRINITRATE 500 MCG SUBLINGUAL TABLETS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dissolve ONE tablet under the tongue when needed for chest pain. Do not transfer from this container.</td>
</tr>
</tbody>
</table>
11. Drug formulation and ways of taking it

Objectives
On completion of this section the Carer will be able to:

- Understand the different types of medicines available
- Understand the different methods for using/taking medications

Assessment method
1. Complete worksheets 9, 10, 11 and 12.
2. Examine medicines either in the Carer's own home or those belonging to a child or young person. Discuss the types of medications found and how they are used/taken

Information sheet 11: Drug formulation and ways of taking it

Most medicines are specially prepared in a form designed for convenience of taking. This helps to ensure that doses are accurate and that taking medication is as easy as possible, for example some children and adults cannot swallow tablets and therefore need a liquid preparation. Some children and young people may need to have a drug administered by injection, rectal administration, or nasogastric/PEG tube, all of which fall under "Level 3 - Specialist Healthcare Tasks"- additional training and competency assessment is required before these tasks can be undertaken. See categories of tasks in Section 3.

a. Oral Administration and Oral Preparations

Giving drugs by mouth is the most convenient and frequent route of taking medication. These drugs are absorbed into the bloodstream through the walls of the intestine. Drugs given by mouth include tablets, capsules and some liquids such as syrups and sprays

i. Tablets

These are solid dose forms containing one or more drugs compressed into various shapes. In most instances they also contain other ingredients necessary for their manufacture, disintegration or appearance.

Some tablets are film-coated or sugar-coated e.g. ibuprofen. This is usually to disguise the unpleasant taste of the tablet.
Slow release tablets
In some tablets the active ingredient is released slowly after the tablet has been swallowed whole to produce a prolonged effect. These tablets may be referred to as sustained-release (SR), long acting (LA) or modified release (m/r).

Examples include:-
- Epilim Chrono (Sodium Valporate) 200mg, 300mg or 500mg tablets
- Concerta XL (methylphenidate hydrochloride) 18mg or 36mg tablets

The difference between sustained release and modified release tablets is only a matter of degree and in fact the BNF now refers to all tablets which have some mechanism to control the release of the active ingredient as modified release.

In certain cases, different release mechanisms in different brands of tablets may influence the effect of the drug on the child or young person. This is particularly the case for theophylline, diltiazem and nifedipine and it is recommended that these tablets are prescribed by the brand name e.g Nuelin/Slophyllin, Tildiem/Adizem, Adalat/Coracten. This ensures that the child or young person receives the same sort of tablet every time.

Enteric-coated tablets
Some drugs can be irritant to the stomach and cause indigestion, e.g. aspirin, diclofenac, prednisolone. In many cases these tablets are covered with an enteric-coating. This coating only breaks down when the tablet reaches the small intestine. This prevents the tablet disintegrating in the stomach and causing irritation.

ii. Capsules
The drug is enclosed in a gelatin shell. The shell breaks down after the capsule has been swallowed, releasing the drug. Capsules can occur in a modified release form similar to tablets. Gelatin shells are made from animal products (collagen), therefore they may not be suitable for vegetarians.

iii. Liquids
Liquids can occur as syrups, solutions, mixtures or suspensions. In a suspension the drug is dispersed within the liquid but not dissolved. All suspensions must be shaken before administration to ensure that the drug is evenly distributed throughout the bottle. This prevents overdosing or under dosing.

iv. Sub-lingual and Buccal tablets, sprays and solutions
Sub-lingual tablets are designed to be dissolved under the tongue and are absorbed into the blood stream very quickly. This route is used when a rapid effect is required or when the drug is broken down significantly in the gastro-intestinal tract or liver before reaching the blood stream.

Buccal preparations, for example Midazolam or Glucogel are placed between the lower lip and gum where they are directly absorbed.
b. **Rectal administration**

i. **Suppositories**

Suppositories are solid unit dose forms suitably shaped for insertion into the rectum. The rectal route is either used for a local effect eg Anusol® suppositories for haemorrhoids, or for a general affect eg paracetamol suppositories for pain relief. In certain situations a drug cannot be given orally and the rectal route may be an alternative eg child or young person is vomiting or unconscious.

ii. **Enemas**

Enemas are solutions, suspensions or emulsions which are packed in a special container designed to assist the insertion of the solution into the rectum. eg Predenem® for ulcerative colitis/Crohn's disease, Relaxit® for constipation. The majority of enemas produce a local effect.

Enemas can only be administered by a Health professional in care settings.

iii **Other rectal preparations**

There are other rectal preparations which are administered rectally for speed of absorption into the bloodstream. For example, Rectal diazepam or Rectal paraldehyde, both for emergency treatment of seizures. The administration of these is a level 3 Specialist Healthcare Task – training & assessment of competence required.

c. **Administration by injection**

Administration of drugs by injection usually produces a rapid response and this method can be life saving in emergencies.

There are various types of injection:

i. **Intravenous**

The drug is injected directly into the vein and therefore directly into the bloodstream.

Carers cannot administer intravenous injections

ii. **Intramuscular**

The drug is injected into a muscle.

Carers may administer an intramuscular injection that is dispensed in a preassembled injection device. For example Epipen® or growth hormone injection device.

This is a Level 3 Specialist Healthcare Task – training and assessment of competence required.

iii. **Sub-cutaneous**

The drug is injected under the surface of the skin eg insulin.

Carers may administer a subcutaneous injection that is dispensed in a preassembled injection device. For example Novapen®, insulin injection device.
This is a Level 3 Specialist Healthcare Task – training and assessment of competence required.

In all cases the solutions for injections are sterile preparations of a drug dissolved or suspended in a liquid.

d. Topical Applications

Conditions affecting the skin, ears, nose, eyes and vagina are best treated using drugs applied directly to the area involved. This produces the maximum effect with the minimum of side effects. However, in order to do this the instructions should be followed carefully avoiding a higher dose than recommended or application for longer than necessary.

i. Skin preparations

Creams
These are non-greasy, water-based preparations used to apply drugs to an area of the body or to cool or moisten the skin. They usually include a preservative to reduce growth of bacteria.

Ointments
These are greasy preparations used to apply drugs to an area of the body or to act as a protective or relieve dry skin conditions. These also contain a preservative.

ii. Ear drops
These are solutions or suspensions of drugs for instillation into the ear.

iii. Nasal drops/sprays
These are usually simple solutions of drugs in water and are intended for instillation into the nostrils for their local effect.

iv. Eye drops
These are sterile drug solutions or suspensions for instillation into the eye. They are used for antibacterial, antiviral, anaesthetic, anti-inflammatory or diagnostic purposes. Contamination during application must be avoided. Eye drops must be discarded within 4 weeks (28 days) after first opening, unless otherwise indicated on the label.

v. Pessaries
These are solid dose forms suitably shaped for inserting into the vagina where they melt or dissolve to exert their action. The vaginal route is used for a local effect e.g. Canesten® pessaries for vaginal thrush.

Carers cannot administer pessaries for children or young people.

vi. Patches
These are applied to skin where the drug is absorbed into the blood stream to produce a systemic affect e.g. Hormone Replacement Therapy (HRT), Hyoscine

e. Inhalers
Medicines inhaled have a direct effect on the lining of the respiratory system (lungs) and
are often used in the treatment of asthma. For example, Salbutamol.

There are many different types of inhaler. The correct technique for their use is vital to ensure an adequate dose reaches the lungs. For this reason different inhalers may suit different people. Examples of inhaler types include:

Metered dose aerosol inhaler (MDI), Diskhaler® Turbohaler® Accuhaler®

Solutions/suspensions for nebulisation
This is a more concentrated solution of the drug, which can be given via a nebuliser, for example during an acute asthma attack. During an acute attack it is often difficult to use ordinary inhalers and the dose from an inhaler may be too small to have adequate beneficial effects.

Information sheet 12: Procedure for using creams, ointments, emollients and lotions

After making all the usual checks to make sure it is the correct medicine, and that the instructions and any warnings are understood:

1. Wash and dry hands to prevent any cross infection or contamination of the child or young person’s skin.
2. Assemble the medication and any equipment needed for its application. Ensure that you have everything to hand before commencing application of the medication. This prevents any interruption to the procedure once the application is commenced.
3. Disposable gloves must be worn when applying creams, ointments or lotions so that there is no risk of any of the medication coming into contact with the Carer’s skin.
4. Make sure that the area is clean, and that any residue of a previous application is no longer present. This may require gentle cleansing of the area.
5. Apply the cream, ointment or lotion, making sure that you take enough to complete the application. If too much is taken, do not try to put some back as this will contaminate the remaining medicine.
6. Either spread over the surface of the skin or gently massage into the affected area until absorbed. Remember, it is important to be gentle. The prescription label should always explain how to apply the medicine e.g., “apply twice a day to the feet after washing”. If the label only says “apply as directed”, don’t apply the medicine without first checking what “as directed” means. Some medicines need to be applied sparingly i.e., only a very small amount. Again, the pharmacist’s label should say if this is the case.
7. Replace any dressing and /or clothing.
8. Dispose of gauze, gloves or old dressings.
9. Wash and dry hands.
10. Record administration on MAR.
Information sheet 13: Procedure for use of transdermal patches

Transdermal patches are applied to the skin and they have a systemic, not a topical effect i.e. they are absorbed. The medicine they contain is absorbed directly through the skin into the bloodstream.

Assemble the medication and any equipment needed for its application.

Wash and dry hands before starting the procedure.

The patches look rather like a sticking plaster and they are applied in much the same way. It is most important that the oestrogen patches used in hormone replacement therapy are always applied below the waistline.

Make sure the skin is clean, dry and undamaged, and apply the patch firmly, just like a plaster; avoid touching the active centre of the patch.

Wash and dry hands again after procedure.

Vary the site of each new application so that the skin does not get sore from repeated application in the same place.

The major advantage of using transdermal patches is that if the child or young person experiences any side effects (such as a headache with glyceryl trinitrate) or any adverse reaction, simply removing the patch should very quickly also remove the problem. But as with any other medicine, always check before taking any action.

It is important to dispose of patches in the correct manner as even used patches contain some active medicine that may harm children or animals. Once the patch has been removed fold it in half with the sticky side inwards so it sticks to itself, now return the used patch to its original pouch. Once this has been done the patch can safely be disposed of in the normal bin for household rubbish.
# Information sheet 14: Procedure for use of oral medicine

<table>
<thead>
<tr>
<th>Action</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Wash hands with soap and water and dry carefully.</td>
<td>To prevent cross-infection</td>
</tr>
<tr>
<td>2 When administering medication, use the MAR chart for the child or young person to identify the required medicines correctly. Collect all the required containers of medication together and check the name of the child or young person on the label of each container. If the label becomes illegible or detached from the container, immediate advice should be sought from the pharmacy that supplied the medicine.</td>
<td>To ensure that all medicines belong to the child or young person</td>
</tr>
<tr>
<td>3 When prompting or assisting, the child or young person has responsibility for their own medication, the carer will assist as requested by the child or young person, or prompt the child or young person to take their medication.</td>
<td></td>
</tr>
<tr>
<td>4 Before giving the medication check that the information on the label is the same as on the MAR chart. The label and MAR chart must have full instructions including: (a) Drug Name (b) Dose (c) Time of administration (d) Name of child or young person</td>
<td>To ensure that the child or young person is given the correct medicine in the prescribed dose at the correct time. To protect the child or young person from harm</td>
</tr>
<tr>
<td>5 Check the label to see when it should be given and for any other special precautions or instructions on the MAR chart or ‘Patient Information’ leaflet.</td>
<td>To protect the child or young person from harm</td>
</tr>
<tr>
<td>6 Check the expiry date on the selected medication.</td>
<td>Treatment with medication that is outside the expiry date is dangerous. Medicines deteriorate with storage. The expiry date indicates when a particular medicine is no longer to be used.</td>
</tr>
<tr>
<td>7</td>
<td>Check the MAR chart or the Daily Communication Record sheet to check that the medication has not already been given.</td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td>8</td>
<td>Ask the child or young person if they want their medicines before taking them out of the pack</td>
</tr>
<tr>
<td>9</td>
<td>If the tablets/capsules are in bottles, strip packs, a monitored dosage or compliance pack transfer the appropriate number of tablets/capsules into an appropriate container</td>
</tr>
<tr>
<td>10</td>
<td>If the medicine is a syrup or mixture use the 5ml medicine spoon or medicine syringe for required dose. Avoid touching the preparation.</td>
</tr>
<tr>
<td>11</td>
<td>When giving liquids in a dose of less than 5ml, or when an accurately measured dose in multiples of 1ml is needed, an oral syringe should be used in preference to a medicine spoon or measure.</td>
</tr>
<tr>
<td>12</td>
<td>Correct use of the oral syringe is very important. The tip should be gently pushed into and towards the side of the mouth. The contents are then slowly discharged towards the inside of the cheek, pausing to allow the liquid to be swallowed. For uncooperative children or young</td>
</tr>
<tr>
<td></td>
<td>Description</td>
</tr>
<tr>
<td>---</td>
<td>-----------------------------------------------------------------------------</td>
</tr>
<tr>
<td>13</td>
<td>Take the medication and the MAR chart or the Daily Communication Record sheet to the child or young person. Check the child or young person's identity and the dose to be given.</td>
</tr>
<tr>
<td>14</td>
<td>Give medication as instructed on the MAR chart, label and Patient Information leaflet.</td>
</tr>
<tr>
<td>15</td>
<td>Give irritant medicines with meals or snacks as instructed on the label.</td>
</tr>
<tr>
<td>16</td>
<td>Give medicines that interact with food or which are destroyed by digestive enzymes between meals or on an empty stomach as instructed on the label.</td>
</tr>
<tr>
<td>17</td>
<td>Do not break a tablet unless it is scored. Break scored tablets with a tablet-cutter, which can be obtained from the Pharmacist.</td>
</tr>
<tr>
<td>18</td>
<td>Do not interfere with time-release capsules/tablets or enteric-coated tablets. Ask the child or young person to swallow these whole and not to chew them, as instructed on the label.</td>
</tr>
<tr>
<td></td>
<td>Sublingual tablets must be placed under the tongue, and buccal tablets between the gum and cheek, as instructed on the label.</td>
</tr>
<tr>
<td>---</td>
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</tr>
<tr>
<td>20</td>
<td>Offer a drink of water to help the child or young person swallow the medication.</td>
</tr>
<tr>
<td>21</td>
<td>If the medication is a tablet or capsule, encourage the child or young person to sit upright or to stand</td>
</tr>
<tr>
<td>22</td>
<td>If the dose of medication depends on the results of blood tests, warfarin or methotrexate for example, these medicines must be administered as per the results of the blood test and the current dose recorded and signed for by a healthcare professional or recognised family member.</td>
</tr>
<tr>
<td>23</td>
<td>Observe to ensure that the child or young person has swallowed the medication completely.</td>
</tr>
<tr>
<td>24</td>
<td>Record that the dose has been taken on the MAR chart.</td>
</tr>
</tbody>
</table>
**Information sheet 15: Inhalers**

The drug inside an inhaler goes straight into the airways. Therefore, you need a much smaller dose than if you took the drug as a tablet or liquid by mouth. The airways are treated, but little of the drug gets into the rest of the body. Therefore, side-effects are unlikely to occur, or are minor. In the treatment of asthma, the drugs inside inhalers can be grouped into 'relievers', 'preventers' and 'long acting bronchodilators'.

Reliever inhalers - contain bronchodilator drugs

You can take a reliever inhaler 'as required' to ease symptoms when you are breathless or wheezy. The drug in a reliever inhaler relaxes the muscle in the airways. This opens the airways wider, and symptoms usually quickly ease. These drugs are called bronchodilators as they dilate (widen) the bronchi (airways). There are several different reliever drugs, for example, salbutamol and terbutaline. These come in various brands made by different companies. There are different inhaler devices that deliver the same reliever drug. Generally, reliever (bronchodilator) drugs tend to be put in blue or grey inhaler devices.

If you only have symptoms every 'now and then', then the occasional use of a reliever inhaler may be all that you need. However, if you need a reliever three times a week or more to ease symptoms, a preventer inhaler is usually advised.

Preventer inhalers - usually contain a steroid drug

These are taken every day to prevent symptoms from developing. The drug commonly used in preventer inhalers is a steroid. There are various brands. Steroids work by reducing the inflammation in the airways. When the inflammation has gone, the airways are much less likely to become narrow and cause symptoms. (Inhalers that contain cromoglycate or nedocromil drugs are sometimes used as preventers; however, they do not usually work as well as steroids.)

It takes 7-14 days for the steroid in a preventer inhaler to build up its effect. Therefore, it will not give any immediate relief of symptoms. However, after a week or so of treatment, the symptoms have often gone, or are much reduced. It can take up to six weeks for maximum benefit. You may then not need to use a reliever inhaler very often, if at all.

Again, there are often different inhaler devices that deliver the same drug. Generally, preventer drugs tend to come in brown, orange, or red inhaler devices.

Long acting bronchodilator inhalers

The drugs in these inhalers work in a similar way to 'relievers', but work for up to 12 hours after taking each dose, they include salmeterol and formoterol and may be advised in addition to a steroid inhaler if symptoms are not fully controlled by the steroid inhaler alone.

Some brands of inhaler contain a steroid plus a long acting bronchodilator for people who need both to control their symptoms.
Procedure for use of inhalers

There are several different types of inhaler available. Make sure you are familiar with the method for using each child or young person’s particular inhaler. If you are concerned about the use of the inhaler ask your line manager or supervising social worker or the pharmacist for help or advice.

The following instructions apply specifically to the type of inhaler illustrated adjacent to the text. Make sure you are familiar with the instructions for the type of inhaler that your child or young person has. Ensure that the child or young person understands the instructions and follows them carefully. If necessary go through the instructions with the child or young person as they use their inhaler.

How to use a metered dose inhaler

1. Remove the cap and shake the inhaler.
2. The child or young person should breathe out and completely empty the lungs.
3. The child or young person should put the mouthpiece in the mouth and start inhaling. At the same time they should press the canister down at the start of a slow deep inspiration, continue to inhale deeply until the lungs are completely full.
4. Hold the breath for about 10 seconds.
5. Wait about 30 seconds before taking another inhalation.

How to use a spacer device e.g. volumatic

1. Remove the cap, shake the inhaler and insert into the device.
2. Place the mouthpiece in the mouth.
3. Press the canister once to release a dose of the drug.
4. Take a deep, slow breath in.
5. Hold the breath for about 10 seconds, and then breathe out through the mouthpiece.
6. Breathe in again but do not press the canister.
7. Remove the device from the mouth.
8. Wait about 30 seconds before a second dose is taken.
How to use a spacer device e.g. Nebuhaler

Method particularly useful for young children

1. Remove the cap, shake the inhaler and insert into the device.
2. Place the mouthpiece in the child or young person’s mouth; be careful that the lips are **behind** the ring.
3. Seal the lips round the mouthpiece by gently placing the fingers of one hand round the lips.
4. Encourage breathing in and out slowly and gently. This will make a ‘clicking’ sound as the valve opens and closes. Once the breathing pattern is well established, depress the canister with the free hand and leave the device in the same position, allowing breathing to continue.
5. Remove the device from the mouth.

How to use the autohaler

1. Remove protective mouthpiece and shake the inhaler.
2. Hold the inhaler upright and push the grey lever right up.
3. Breathe out gently. Keep the inhaler upright and put the mouthpiece in the mouth and close lips round it. The air holes must not be blocked by the hand.
4. Breathe in steadily through the mouth. **Don’t** stop breathing when the inhaler ‘clicks’ and continue taking a really deep breath.
5. Hold the breath for about 10 seconds.
6. Wait at least 60 seconds before taking another inhalation.

N.B. The lever must be pushed up (‘on’) before each dose, and pushed down again (‘off’) afterwards, otherwise it will not operate.

How to use the diskhaler

1. Remove mouthpiece cover then remove the white tray by pulling it out gently and then squeezing the white ridges either side until it slides out.
2. Put foil disk – numbers uppermost – on the wheel and slide tray back.
3. Slide tray in and out by holding the corners of the tray – this will rotate the disk. A number will appear in the small window. Rotate until number
8 appears. As the disk contains 8 doses this is a convenient way of knowing how many doses remain.

4. Keeping the Diskhaler level, lift the rear of the lid and pull it up as far as it will go. This will pierce the top and bottom of the blister. Close the lid.

5. Hold the Diskhaler level, breathe out gently and put the mouthpiece in the mouth. Do not cover the small air holes on either side of the mouthpiece. Breathe in through the mouth as quickly and deeply as possible.

6. Remove the Diskhaler from the mouth and hold the breath for about 10 seconds.

How to use the Accuhaler

1. Hold the outer casing of the Accuhaler in one hand whilst pushing the thumbgrip away until a click is heard.

2. Hold the Accuhaler with the mouthpiece towards you, slide the lever away until it clicks. This makes the dose available for inhalation and moves the dose counter on.

3. Holding the Accuhaler level, breathe out gently away from the device, put mouthpiece in mouth and take a breath in steadily and deeply.

4. Remove Accuhaler from mouth and hold breath for 10 seconds.

5. To close, slide the thumbgrip back towards you as far as it will go until it clicks shut.

6. For a second dose repeat steps 1 to 5.

7. The dose counter counts down from 60 to 0/ the last five numbers are in red.

How to use the Turbohaler

1. Unscrew and lift off white cover. Hold the Turbohaler upright and twist blue grip forwards and backwards as far as it will go.

2. Breathe out gently, put mouthpiece between the lips and breathe in as deeply as possible.

3. Remove Turbohaler from the mouth and hold breath for about 10 seconds.

Note: If the device being used by the child or young person is not detailed above, consult with your pharmacist.
Information sheet 16: Eye preparation

Management and use of eye preparations:

- ensure eye drops are being stored correctly, some require refrigeration once they are opened.
- check that they are still within the date of use, some are preservative free and have a much shorter expiry time. It is important that eye drops are dated with the date opened to ensure the correct expiry date can be calculated (usually 28 days).
- use a separate applicator for each eye if indicated – label the containers ‘right’ and ‘left’ eye
- if different eye drops are to be instilled to the same eye, allow a few minutes interval between to avoid a dilution effect.
- with combined prescriptions of drops and ointment put drops in first as the greasy ointment can inhibit absorption of drops.
- ensure medication applicators touch no part of the eye to prevent contamination of the preparation and prevent damage to the eye.
- eye preparations should never be shared between children or young people.

General preparation:
1. Ensure that there is a good light source and that the child or young person is not dazzled
2. Explain the procedure to the child or young person to encourage co-operation. Make sure you know which eye or whether both are to be treated.
3. Ensure the child or young person is seated or lying comfortably with head supported and neck slightly extended.
4. It might be easier to work from behind the child or young person, to provide less distraction, this will enable you to rest your hand on their forehead.
5. By asking the child or young person to look upwards, this effectively moves the eye into a position which will minimise possible danger of accidental damage.
6. Provide the child or young person with a clean tissue to dab excess fluid.
7. If the eye is encrusted or there is any discharge contact a healthcare professional immediately. Do not proceed with the administration of any eye medication without further advice.
8. Record administration on the MAR chart.

Management of hygiene:

a) When carrying out treatment to the eyes strict hygiene precautions must be used. Wash hands very carefully, with soap and dry thoroughly on a clean towel, before commencing treatment.

b) Great care is necessary to prevent cross infection especially from eye to eye

c) In cases of infection or inflammation the treatment must be referred to a healthcare professional.

d) Be gentle and precise in all movements.
e) The eyeball is very sensitive, therefore avoid touching it.

f) Check the preparation to be instilled, use the correct dropper for each eye.

Instilling eye drops and ointment

- rest two fingers on the skin below the eye and gently draw down the lower eyelid.
- ask the child or young person to look upwards then squeeze the dropper gently to allow one drop of solution into the eye near the outer corner, as this will reduce the loss of solution down the tear duct which is near the inner corner.
- ensure the child or young person keeps head tilted back while blinking gently without squeezing the eyelids to retain as much fluid as possible.
- excess fluid from cheeks should be dabbed with clean tissue, but do not rub the eye.
- apply ointment using the same procedure, holding the tube clear of the eye while applying a ribbon of ointment just inside the lid margin, starting at the inner corner and moving along to the outer side.
- if applied correctly it should not cause child or young person to blink.
- then encourage the child or young person to open and close the eye twice in order to get the ointment on both lids.
- observe and report: any redness of eye lids sticky or blood shot eyes any complaints of pain, discharge or irritation of the eye.
- record administration on the MAR chart.

Eye drop applicators

Some children and young people may be given an eye drop applicator of which there are many varieties. These appliances are designed to help the child or young person to instill their own eye drops. If a child or young person has one of these appliances and is experiencing difficulties seek advice from health professionals.

Information sheet 17: Homely medication

Non-prescription medicines ('over the counter' or 'homely remedies')

There is a recognised duty of care to enable carers to make an appropriate response to health needs or symptoms of a minor nature. This may be achieved by administering a non-prescription medicine (otherwise known as a ‘homely remedy’ or ‘over the counter medicine’, a medicine which can be bought in a community pharmacy without a prescription.)

The decision to administer a homely remedy (this includes vitamins and other supplements) may be taken by a carer but guidance must be sought from the young person’s GP or local pharmacist on each occasion. It is important to consider the
interaction between homely remedies and any regular medication the child/young person may be taking.

Administration of non-prescription medicines must be recorded appropriately, to include the reason for administration.

**Symptoms appearing to be minor may be indicative of a more serious condition, treatment should not extend beyond 48 hours unless agreed by the GP.**

Carers must also be alert to any possibility of overdose such as paracetamol found in many headache or cold remedies.

All non-prescribed (homely) medication must be recorded appropriately on the MAR chart. The details should include the name of the medicine, the dosage, and the time given. The reason for giving and the name and signature of the person giving it must also be recorded.

Children and young people who purchase their own medicines should be encouraged to tell Carers when and what they have taken, details of this should also be recorded. The child or young person should also be encouraged to confirm with a GP or pharmacist that the medicines they have purchased are compatible with any prescribed medicine that they are taking.

Herbal remedies must be treated the same as homely remedies. They are often thought to be completely safe in all circumstances, however many herbal remedies are very potent and can react with prescribed medicines. Children and young people, or their parents and carers may not always realise this.

If unsure, consult the pharmacist.
**Information Sheet 18: Situations where use of a homely remedy may be considered by children and young people or carers.**

<table>
<thead>
<tr>
<th>Symptom / problem</th>
<th>Possible treatment</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mild pain</td>
<td>Paracetamol, (not aspirin which may cause bleeding and fluid retention. Asprin must not be given to children under 12 yrs unless medically prescribed)</td>
<td>Check that any prescribed medicines being taken do not contain paracetamol as this could lead to an overdose</td>
</tr>
</tbody>
</table>
| Cough             | Simple linctus Proprietary brands | 1. See GP if signs of infection – yellow or green sputum.  
2. Proprietary brands may contain stimulants.  
3. If remedy contains codeine it may cause constipation.  
4. Child or young person may find it useful to use linctus containing expectorant.  
5. If child or young person is diabetic, linctus must not contain sugar. |
| Mild diarrhoea    | Fluid replacement 24 hour fast Loperamide Rehydration with oral rehydration sachets | 1. May have complex causes, if not easily resolved check with GP.  
2. Initial treatment would normally be a 24 hour fast and fluid replacement. |
<table>
<thead>
<tr>
<th>Condition</th>
<th>Treatments</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Indigestion, heartburn  | Magnesium compounds, Aluminium compounds, Proprietary preparations | 1. Pain in chest area can be due to angina or myocardial infarction (heart attack). Ensure these are not the cause.  
2. Many antacids have high sodium content – may need to check with GP if this is a problem  
3. Magnesium preparations tend to loosen stools whereas aluminium preparations tend to constipate |
| Haemorrhoids            | Soothing cream or suppositories, proprietary preparations | 1. May be combined with other symptoms which need medical attention such as constipation, diarrhoea, high blood pressure.  
2. May cause bleeding which leads to other problems – consult GP  
3. Be careful of proprietary preparations which contain local anaesthetics as these can cause sensitisation |
| Sore mouth              | Oral hygiene preparations         | 1. Bonjela must not be used for children under 16yrs.  
2. Check whether there are signs of gum disease or gum recession on natural teeth, refer to dentist if necessary.  
3. Is the tongue raw? This can be a sign of vitamin deficiency.  
4. Are there any signs of infection such as thrush.  
5. Ulcers which are difficult to heal should be seen by a GP or dentist. |
| Skin rashes             | Emollients, Calamine, Cool bath   | 1. Do not use antihistamines or local anaesthetics as these can cause sensitivity.  
2. Consider whether the rash is drug-related. |
Sunburn | Calamine lotion  
Proprietary preparations | 1. Calamine may be messy but it is effective.  
2. Use proprietary after-sun preparations if mild sunburn.  
3. Check whether light sensitivity may be due to other medicine being taken e.g. chlorpromazine  
4. Use a high factor sunscreen to prevent the sunburn happening.

Constipation | Long term use of stimulant laxatives is not appropriate.  
Dietary considerations are important | 1. Constipation may be a side effect of prescribed medicine  
2. Best to seek advice and not use homely remedy  
3. Ensure adequate fluid intake.

12. **Possible side effects and errors**

**Objectives**

At the end of this section the Carer will be able to

- Recognise what may be a side effect of medication  
- Know what to do if they suspect the child or young person is suffering from any side effect of taking medication  
- Know what to do if any mistakes are made in relation to a child or young person taking any medication or with any related tasks

**Assessment method**

1. Complete worksheets 15 and 16
Information sheet 20: Possible side effects of medication

Signs to be aware of

- Falls
- Drowsiness and confusion
- Incontinence
- Diarrhoea
- Constipation
- Cold hands and feet
- Tremor
- Abdominal pain
- Skin rashes

The above list is not exclusive, if you suspect that there may be something wrong, advise your line manager or Supervising Social Worker as soon as possible.

Further information about medication prescribed for the child or young person will be found in the ‘Patient Information’ leaflet to be found in each container of medication. Carers are encouraged to read the ‘Patient Information’ leaflet for each medication prescribed for the child or young person to be aware of the possible side-effects.

Where medication is supplied in Monitored Dosage Systems, the pharmacist should provide a copy of the ‘Patient Information’ leaflet for each medication within the pack. Ask the Pharmacist for these if they are not available to you or the child or young person or their parent or carer. These Patient Information leaflets must be current, and therefore new leaflets should be provided at least 6 monthly.

Side effects normally appear at the start of taking a course of medication and not further on in the treatment.

Suspected side effects and adverse reactions must be recorded and the GP must be contacted. The doctor may decide the benefits of treatment outweigh the problems or may decide to stop or change the treatment.

Adverse events can also be reported to the Medicines and Healthcare products Regulatory Agency (MHRA) using a Yellow Card, it is normally the GP that does this but patients/carers are encouraged to do so as well.

Information sheet 21: Errors with medicine

Errors can occur in the prescribing, dispensing and prompting or assisting with, or administering of medicines. Most medication errors do not harm the individual although a few errors can have serious consequences. Carers must report errors in the prompting or assisting with, or administering of medication and related tasks to their line manager or Supervising Social Worker, this may result in appropriate further training and competence assessment. It is important that errors are recorded and the cause investigated to learn from the incident and prevent a similar error happening in the future.

Failure to follow these guidelines could result in a safeguards alert being raised. Examples of administration errors are:
• Wrong dose is given, too much, too little
• Medication is not given
• Medication is given to the wrong person, – and is a criminal act if deliberately done

If a carer is aware of having made an error in prompting or assisting with, or administering medicines, or notices that an error has been made, the following action must be taken:

• Seek advice from the GP or appropriate health professional or A&E. Some errors may appear trivial, e.g. omitting a dose of paracetamol or antibiotics. However, since it is not appropriate for a carer to gauge the seriousness, it is advisable to seek advice from a professional on each occasion. No medication errors must be treated as trivial, and all must be reported.
• Enter the details of the error on the MAR chart and daily recording sheet, including making a note of any changes or deterioration in the child or young person’s health or behaviour.
• Notify the line manager or supervising social worker
• Line manager or supervising social workers are responsible for ensuring any errors relating to medicines are fully investigated and, where necessary, appropriate remedial measures or disciplinary actions are implemented
• Errors or mistakes in medicine administration should be addressed as per the procedure outlined in the workbook.
• Parents, carers and social workers should be informed as soon as is practically possible.
• The line manager or supervising social worker will, following initial investigation, decide upon the support or response required in relation to staff and or carers competence to continue to undertake administration of medicines.

If serious negligence or an attempt to cover up the error is uncovered, this should be treated as a disciplinary offence and the safeguards alert process should include informing the Police. This may result in legal action against the carer, their employer or both.

Errors should not be ignored; a culture that allows carers to report incidents without the fear of an unjustifiable level of recrimination must be encouraged by:

• Having a clear incident reporting system
• Investigating reports to decide whether there is a need to offer training to an individual or review existing procedures
• Recording any action taken
• Reporting serious incidents to the regulatory body.

**Drug Misuse**

Carers may have to deal with substances that have been removed from a child or young...
person, such as recreational drugs or any other medication misused, whether prescribed or obtained over the counter. Carers may only take possession of these for the purposes of safe storage whilst seeking advice from their manager or supervisor. Further advice and guidance may be sought from the police, pharmacist or health professional as appropriate.

Staff or carers who wilfully misuse a child or young person's medication will be subject to investigation and subsequent prosecution or disciplinary actions.

13. Recording Procedures

Objectives

At the end of this section each carer will be able to:

- Understand the need to maintain accurate records of medicines
- To understand what needs to be recorded for prompting or assisting with medication.
- Demonstrate the ability to maintain accurate records in relation to medication and related tasks.
- Discuss the circumstances under which the GP or pharmacist should be contacted about a child or young person's medication records.

Assessment methods

1. Complete worksheet.

2. Complete medicine records accurately after prompting or assisting with medication on 3 occasions.

Information sheet 22: Recording procedures for administering

Medicines are at all times the property of the person for whom they are prescribed and should be treated in the same way as any other valuable possession. Carers have a 'duty of care' and must account for:

- medicines received
- medicines administered
- medicines destroyed.

All administration of, or omission of medication must be recorded. A Medication Administration Record (MAR) chart must be transcribed and updated by a competent person (someone who has completed their medication workbook).
The medication ordered or received by carers must be recorded. Medicine must be audited at regular intervals to ensure that the records tally with the actual amounts held. Carers, and where appropriate, children or young people and their carers should agree how they will ensure the safe management of medication. Any discrepancies must be reported to the line manager or supervising social worker.

When variable doses are prescribed, e.g. one or two tablets, then the indicators for the different doses must be clear for the person administering and the maximum daily dose must be specified. The actual dose given to the child or young person must be recorded on the MAR in the usual way.

With prescribed “as and when” medicines, it is important that details of when the medicine is to be given and a description of the physical or psychological symptoms exhibited when the medicine is required are noted on the appropriate form.

Medicines that can be bought “over the counter” such as cough mixtures, should also be recorded on the MAR.

Always record the strength of the medicine that has been administered. Every entry on the record must be initialed legibly by the person responsible. Any changes to the dosage should be recorded, giving details of the doctor who authorised the changes and when. If possible get the doctor to alter the record and initial it.

It is an individual’s right to refuse medicines. The general consent given by a child or young person or their parent does not give a carer the right to administer medication against a child or young person’s wishes. Carers should record the reason for refusal, with the appropriate code on the MAR chart. If the refusal continues for 24 hours then the manager of the service, the prescriber and/or the pharmacist should be contacted for further advice.

The MAR chart includes different letter ‘codes’ which should be used to record the reason why a medicine has not been given and explain what the codes mean.

If the medicine was already assembled it must be disposed of appropriately and this must be recorded. This is safer than the possibility of returning it to the wrong container.

If medication is only administered by carers some of the time, anyone else administering the medication such as family members or the child or young person themselves should be encouraged to complete the medication record. This will ensure continuity of care and reduce the possibility of medication being omitted or administered too frequently. Homely remedies should also be recorded by everyone who administers them.

Ensure that the records are available to the GP, pharmacist and community nurse. Any changes in medication must be clearly indicated on the record at the time of the change.
14. Worksheets

The following worksheets form the basis for the assessment of competency.

Carers must be appropriately trained in the handling and use of medication, and have their competence assessed. Only named and approved managers and carers assessed as competent are permitted to work with medication and related tasks. The aim of the assessment is to make sure that carers can confidently and correctly give medicines as prescribed for the child or young person. This may also be achieved by accompanying carers when they prompt, assist or administer medicines or carry out related tasks. These observations and assessments should be recorded for service monitoring and audit purposes.

All training, including the use of this workbook, must be documented in the development section of ‘supporting success’ or annual review documentation.

Managers will audit carers skills, competence and practice against the policy and guidelines a minimum of once a year as part of the Performance Management Review and further training identified and arranged as required.
Worksheet 1: Definitions and basic terminology

1. Explain what is meant by POM and how you would obtain medicines of this type.

2. Describe two ways in which GSL Medicines may be obtained.

3. For which types of medicine must a pharmacist be present when they are sold.

Name of candidate(s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 1

Name of assessor: Job title

Date of sign off:
Worksheet 2: Consent

1. The care plan states that you are to administer medication to this young person. You approach the young person and inform them that it is time for their medication. The young person is uncooperative and says that they are not taking it. Do you:

   a) Insist that the medication is taken
   b) Agree to the medication not being taken and take no further action
   c) Record the refusal and speak to the GP, pharmacist, or your line manager or Supervising Social Worker
   d) Mix the medication with some jam or other sweet substance and give it to the young person without their knowledge.

   Answer: a

2. You are administering medication to a child or young person for the first time. The child or young person has difficulty communicating with you. Do you:

   a) Assume that consent has been obtained for the medication to be administered.
   b) Check in the care plan to see whether consent has been obtained.
   c) Make every effort to be sure the child or young person understands what you are doing and then go ahead.
   d) Administer the medication and ignore any indication from the child or young person that they may not be in agreement with this.

   Answer: a

Assessors only

3. Which documents can be consulted to assist in deciding the position with regard to consent in individual cases?

Name of candidate(s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 2

Name of assessor: Job title

Date of sign off:
Worksheet 3: Prompting and Assisting with medication and related tasks

1. What does the term ‘Prompting’ with medication or related tasks mean to you?

2. What does the term ‘Assisting’ with medication or related tasks mean to you?

3. When the care plan states that you are required to assist or prompt a child or young person with their medication, with who does the responsibility for this medication lie?

4. If a child or young person is experiencing problems with their medication, who would you ask for advice on how to help them? Name two possibilities.
   1. 
   2. 

5. If you are experiencing problems in assisting a child or young person with their medication or with related tasks, who would you ask for advice? Name three possibilities.
   1. 
   2. 
   3. 

6. Where would you record information relating to prompting and assisting?

Name of candidate (s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 3

Name of assessor: Job title

Date of sign off:
Worksheet 4: Medicine administration

Important: It is important to remember that when someone has their medication “administered” it is because they lack the capacity to know/understand when to take their medication and that they need to take it for their own well-being. This must be identified in the care plan.

Scenario: You arrive at a child’s home and a family member tells you that they have taken the child’s medication from the original containers and put it into dossett boxes. What would you do?

Question 1. Where do you record that you have administered the medication?

Question 2. On arrival at a child or young person home you find that they only have enough medication for that day. What do you do?

Question 3. If a child or young person refuses to take their medication or spits it out – what do you do?

Question 4. You think that the child or young persons condition has deteriorated. As you are “administering” medication for that child, what do you do?

Question 5. What is best practice when a young persons dosage of Warfarin is changed?

Name of candidate (s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 4 part 1

Name of assessor: Job title

Date of sign off:
1. If the instructions on a medicine say it should be stored at room temperature, what temperature and conditions should be avoided for that medicine?

2. On your visual check of a bottle of liquid medication, you notice some changes in its appearance or smell, what would you do?

3. Why should you encourage children or young people and their families not to store tablets in the kitchen or bathroom?

4. It is important when talking to a young person who self-medicates that they are aware of the correct storage requirements. What advice would you give?

5. Look at any medicines that you have at home or workplace. List the name of the medicine below with any storage instructions given and where you would store that medicine.

<table>
<thead>
<tr>
<th>Name of medicine</th>
<th>Storage instructions</th>
<th>Where to store</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of candidate (s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 4 part 2

Name of assessor: Job title

Date of sign off:
Worksheet 5: Refrigeration of medicines

(Residential Carers only)

1. For 5 days that you are working, record the temperature in the fridge that is used in your workplace to store medicines. For each occasion state whether you think the temperature recorded is acceptable for the storage of medicines. If not acceptable what would you do?

<table>
<thead>
<tr>
<th>Date</th>
<th>Temperature</th>
<th>Acceptable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>4</td>
<td></td>
<td>yes</td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>yes</td>
</tr>
</tbody>
</table>

Name of candidate (s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 5

Name of assessor:          Job title

Date of sign off:
Worksheet 6: Expiry dates

1. Within your work area examine any medication packages available; in domiciliary settings this will need to take place in the child or young persons home. Record the expiry date and instructions given for each medicine and also record the last date that each medicine should be used. Discuss with your assessor what you would do with any medicines where the expiry date has been exceeded.

<table>
<thead>
<tr>
<th>Name and type of product</th>
<th>Expiry date instructions</th>
<th>Last date to be used</th>
</tr>
</thead>
<tbody>
<tr>
<td>e.g. CALPOL (Paracetamol) 120mg in 5 mls</td>
<td>05/2010</td>
<td>31 May 2010</td>
</tr>
</tbody>
</table>

Name of candidate(s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 6

Name of assessor: Job title

Date of sign off:
Worksheet 7: Strengths of preparation

Fill in the blanks in the tables below;

**Grams to milligrams:**

<table>
<thead>
<tr>
<th>Grams</th>
<th>Milligrams</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>500</td>
</tr>
<tr>
<td></td>
<td>2000</td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>0.4</td>
<td>70</td>
</tr>
</tbody>
</table>

**Litres to millilitres:**

<table>
<thead>
<tr>
<th>Litres</th>
<th>Millilitres</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>5000</td>
</tr>
<tr>
<td>0.7</td>
<td>10</td>
</tr>
</tbody>
</table>

**Milligrams to micrograms:**

<table>
<thead>
<tr>
<th>Milligrams</th>
<th>Micrograms</th>
</tr>
</thead>
<tbody>
<tr>
<td>30</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>10</td>
</tr>
<tr>
<td>0.8</td>
<td>200</td>
</tr>
<tr>
<td></td>
<td>90</td>
</tr>
</tbody>
</table>

Name of candidate (s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 7

Name of assessor:          Job title
Date of sign off:
Worksheet 8: Examples of labels Assessment Form – Label Interpretation

The assessor will identify 15 labels from the list in the workbook for you to examine. The candidate should place a √ in the relevant box to indicate any prescription problems identified with the labels. Where you cannot find any problems with a particular label √ the box marked “Nil”. Your assessor will allocate a period of time for you to complete this assessment. Once completed it must be handed directly to your assessor for marking.

<table>
<thead>
<tr>
<th>Labelling Problems</th>
<th>Label Number (to be allocated by assessor)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No patient’s name</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>No address of dispenser</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>No name of medicine</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>No date of dispensing</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>No instructions for use</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>No “Keep out of reach of children” warning</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>No strength per tablet</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
<tr>
<td>Nil</td>
<td>☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐</td>
</tr>
</tbody>
</table>

Score
| Interpretation (Assessors only) | | | | | |

Total score (0-20)  percentage score (pass=100%)

Name of candidate(s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 8

Name of assessor:  Job title

Date of sign off:
Worksheet 9: Procedure for oral medicine administration

1. Why do you need to wash your hands with soap and water and dry carefully before using oral medication?

2. When would you use an oral syringe?

3. Why should you ask the child or young person to swallow time-release capsules/tablets or enteric-coated tablets whole and not to chew them or break them?

4. Where must Sublingual tablets be placed, and where must buccal preparations be placed?

5. Before giving medication, what do you need to check and why?

Name of candidate (s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 9

Name of assessor: Job title

Date of sign off:
Worksheet 10: Inhalers

1. Why would you need a much smaller dose of a drug in an inhaler than if you took the drug as a tablet/capsule or liquid by mouth?

2. In the treatment of asthma, the drugs inside inhalers can be grouped into three groups, what are they?

3. Which group of inhalers can be used 'as required', what are they for and what do they do?

4. One group of inhaler is used to prevent symptoms from developing, which drug is commonly used in these?

5. The third group of inhaler also relieve the symptoms; in what way are they different to the first group?

Name of candidate (s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 10

Name of assessor: Job title

Date of sign off:
Worksheet 11: Eye preparation

You are required to administer eye medication on three separate occasions for each of the two forms of presentation (eye drops and ointment). Your assessor will observe you carrying out these tasks and record your performance in the table below.

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication checked</th>
<th>Hygiene precautions observed</th>
<th>Technique of administration</th>
<th>Records completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drops 1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye drops</td>
<td>Name of candidate(s)</td>
<td>has successfully completed the administration of eye drops and is competent to practice</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

this procedure
<table>
<thead>
<tr>
<th>Ointment</th>
<th>Date</th>
<th>Medication checked</th>
<th>Hygiene precautions observed</th>
<th>Technique of administration</th>
<th>Records completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Eye ointment</td>
<td>Name of candidate(s)</td>
<td>has successfully completed the administration of eye ointment and is competent to practice this procedure</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Name of candidate(s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 11

Name of assessor: Job title
Date of sign off:
Worksheet 12: Homely medication

Make brief notes to answer the following questions. You will get the opportunity to discuss your answers with your line manager or Supervising Social Worker

1. What is a homely remedy?

2. What sort of conditions could you treat with a homely remedy?

3. As a Carer, when can you give a homely remedy and in what circumstances?
4. As a Carer, is there any situation in which you should refuse to administer a homely remedy?

5. Does assisting with or administering a homely remedy have to be recorded, and if so where?

6. If a residential setting if a child or young person buys their own homely remedy and keeps it in their room, does it have to be recorded?

7. How do you obtain a supply of a homely remedy?

8. Where should homely remedies be stored?
9. Do 'herbal remedies' need to be recorded?

Name of candidate (s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 12

Name of assessor: Job title
Date of sign off:
Worksheet 13: Side effects of medication

Choose one of your children or young people who take at least four medications. Read each of the ‘Patient Information’ leaflets and list the most common side-effects you may see when they are taking this medication.

Have you noticed any of these side-effects in the child or young person? What are they?

What would you do if the child or young person does not seem to be their ‘normal self’?

Attendance at a training session led by a pharmacist or a registered pharmacy technician on side-effects of medicines is very beneficial. Ask your line manager or Supervising Social Worker if there is a suitable training session you could attend.
Name of candidate(s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 13

Name of assessor: ____________________  Job title: ____________________
Date of sign off: ____________________
Worksheet 14: Errors with medicine

Discuss the two scenarios presented here with your assessor. What action would you take? Think about the steps you could take to prevent this happening.

Scenario 1

You have just finished administering child A’s medication to her, when you discover a note left by her parent to tell you she has already given child A her tablets.

Scenario 2

You are about to give child B his medication and you put it down on the counter whilst you get him a drink. Whilst you are distracted another young person takes the medication instead.
**Scenario 3**

You realise that a dose of medication has been missed several hours after the time it was due. What would you do?

Name of candidate(s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 14

Name of assessor:  
Job title

Date of sign off:
15. Administration of medicines: Competence assessment

Assessor:

Candidate (s):

Date commenced:

The assessor should place a ‘✓’ in the relevant box to indicate that the candidate has been directly supervised carrying out the corresponding procedures satisfactorily. Place a ‘✗’ in the box to indicate procedure not carried out satisfactorily. The assessor must initial each supervision after section (g).

In Fostering situation this may be a simulated supervision if the child does not require medicine at the time of assessment.

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<thead>
<tr>
<th>Date</th>
<th>Directly supervised</th>
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**Preparation – ensure that:**

- a) medications are stored securely and correctly at commencement of activity
  - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

- b) there are adequate supplies of the medications required
  - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]
Medication Workbook

<table>
<thead>
<tr>
<th>Medicine administration</th>
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<tbody>
<tr>
<td>a) informs child or young person that it is time for medication; asks if they wish to take it and how much assistance they require.</td>
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<tr>
<td>b) responds appropriately to any objections, questions or issues raised by the child or young person or their parent.</td>
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<tr>
<td>c) checks that the details and instructions on medicine label are correct for that child or young person and correspond to the medication record; assembles the medicines transferring from the dispensed containers to the medicine pots/spoon.</td>
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<th>c) resources required to administer medications are prepared ready for use</th>
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<tbody>
<tr>
<td>d) own hands are effectively washed and dried prior to each administration</td>
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d) makes adequate fluid available to client and follows any special instructions given for particular medicines.

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e) gives assistance as desired by the child or young person

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f) checks that child or young person user has taken medication

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g) records outcome of activity accurately on MAR chart & supporting documentation if necessary

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**Initial of assessor**

Name of candidate (s)

Date worksheet completed:

I confirm that those named above have successfully completed worksheet 14

Name of assessor: Job title

Date of sign off:

**Medication Workbook**
Once the candidate has been directly supervised competently giving medication (minimum of 3 occasions) the assessor if satisfied with the candidate’s capability may sign the competence agreement below.

............................................................................................................................
............................................................................................................................

Competency Agreement (Medication)

Candidate name (s) : has successfully completed the required elements of this workbook and demonstrated a competent approach to the administration of medication.

Assessed by:

Job Title:

This workbook should be reviewed annually by the Supervisor of the Carer and monitored through household review or annual appraisal system.