



Saint John of God  
Community Services clg.

## **Kerry Services Policy 27**

Person Centred Medication Management Policy  
and Procedure

Completed August 2024

THIS DOCUMENT OUTLINES ST JOHN OF GOD COMMUNITY SERVICES CLG.  
Kerry Services

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# Person Centred Medication Management

## Policy and Procedure

### Introduction

Saint John of God Kerry Services is committed to a person-centred approach to the administration of Medication. This Policy and Procedure **must be read in conjunction with the Saint John of God Policy on SJOGCS 05 Person Centred Medication Management.**

This Policy and Procedure applies to all staff employed across the Service and more specifically to those with assigned roles in relation to medication management e.g. Registered Nurse (a nurse whose name is entered on the nurse's division of the Register of Nurses and Mid Wives, Nurses and Mid Wives Act, 2011) and Staff and Health care professionals Health (any employee who have successfully completed training, assessment and certification in Responsible and Safe Medication Management and is involved in supporting the individual in the medication management process, Saint John of God Community Services Ltd Policy, Person Centred Medication Management).

### Purpose

The purpose of the policy is to outline the role and responsibilities of Staff and healthcare professionals who are supporting individuals in medication management, and to promote the safety of individuals and staff involved in medication management.

### Scope

This policy applies to all management with responsibility for any aspect of medication management. It is acknowledged by An Bord Altranais (2007) that local organisations needs must dictate specific procedures and protocols authorising the practices involved with medication management.

## The ten rights of medication administration

**Right individual:** Be certain of the identity of the individual to whom the medication is being administered by verifying through photograph or name, address and date of birth on the prescription sheet/Kardex/MARS.

**Right reason:** Understand the intended purpose of the medication to be administered.

**Right drug:** Confirm that the name of the dispensed medication to be administered corresponds with the generic or brand name of the prescribed medication. Check the medication is properly packaged and within its expiry date and the individual's allergy status.

**Right route:** Administer the medication via the prescribed route.

**Right time:** Administer the medication at the prescribed time and prescribed intervals.

**Right dose:** Confirm that the dose of the medication being administered concurs exactly with the dose prescribed.

**Right form:** Ensure the correct form of the medication is as prescribed.

**Right action:** Ensure the medication is administered for the right reason and that the individual is informed why the medication is administered.

**Right response:** Observe the individual for adverse effects and for therapeutic effects, as appropriate.

**Right documentation:** Date, record and sign the MARS/Prescription Sheet after administration of medication.

## Prescribed abbreviations

Abbreviation	Meaning	Abbreviation	Meaning
PO	orally by mouth	Mane	morning
Buccal	buccally	Tarde	evening time
INH	inhalation	Nocte	night time
PR	rectally	Stat	immediately
IM	intramuscularly	Prn	as needed
SC	subcutaneously	Ac	before meals

<b>SL</b>	sublingually	<b>Pc</b>	after food
<b>PV</b>	vaginally	<b>x/7</b>	for x days only
<b>NG</b>	nasogastrically	<b>1/12</b>	for 1 month
<b>PEG</b>	percutaneous endoscopic gastrostomy	<b>1/52</b>	for 1 week only
<b>OD</b>	once daily	<b>Mcg</b>	microgram
<b>BD</b>	twice daily	<b>Mg</b>	milligram
<b>TID/TDS</b>	three times daily	<b>ML</b>	millilitres
<b>QID/QDS</b>	four times daily		

## 1. Roles & Responsibilities

Saint John of God Kerry Services is responsible for ensuring that all Staff and Healthcare professionals involved in the management of medication receives appropriate training, supervision and support.

### Regional Director

The Regional Director ensures that Staff and healthcare professionals involved in medication management including prescribing, dispensing, administration and storage of medications are trained and competent to engage in medication practices.

### Programme Manager

The Programme Manager ensures all staff and Healthcare professionals involved in medication management processes are competent to engage in these practices. Ensures all nursing staff completes the HSE Land eLearning medication management module or equivalent every two years. Ensures staff and health care professionals have received training, certification and refreshers and supervision as necessary. Ensures Staff and Healthcare professionals that may need to administer medications for the management of seizures or the management of diabetes or other identified treatments are provided with training so that they can administer medication safely and confidently in an emergency or as required. Ensures medication incidents are reported contemporaneously by completion of the national incident report form (NIRF-01), subsequent upload to the National Incident Management System (NIMS) and communicated to relevant colleagues including the prescriber and MDT. Ensures learning from incidents for continuous improvement is shared locally in each region. Ensures audits take place as appropriate (option of Audit tool available in Appendix A).



### **Clinical Nurse Manager/Social Care Leader/ Co-ordinator**

Ensures the policy is available to Staff and Health Care Professionals. Ensures all relevant people sign the signature sheet to confirm that they have read and understood the policy.

Provides appropriate supervision to Staff and Health Care Professionals as required. Monitors and audits medication management practices and all relevant documentation in conjunction with Staff and Health Care Professionals.

### **Registered Nurses**

Registered nurses have an obligation to practice according to the legislation governing nursing practice, and the current standards and policies of regulatory bodies and health service providers. Registered nurses should be aware of their legal and professional accountability with regard to medication management. Registered nurses should have knowledge of the relevant statutes and legislation regarding the practices of prescribing, transcribing, dispensing, storing, supplying, administering, recording and auditing scheduled medications (this includes controlled medications, prescription-only and over-the-counter medications).

Registered nurses have a responsibility to develop and maintain competence with regard to all aspects of medication management, ensuring that their knowledge, skills and clinical practice are up to date. Medication management should be discussed at the annual performance development review for each nurse. The activities of medication management require that nursing staff are accountable to the individual, the public, the regulatory body, their employer and any relevant supervisory authority. This relates to both actions and omissions. Registered nurses should be familiar with the Nursing and Midwifery Board of Ireland (NMBI) most up to date Guidance for Nurses and Midwives on Medication Management. **Registered nurses are not held responsible for the errors or omissions of other Staff and Health Care Professionals.**

### **Social care staff / care assistants/ Instructors**

Social care staff/ care assistants / instructors that are certified in responsible and safe medication management training may manage medication. The staff must successfully complete refreshers every 2 years to maintain certification. Medication management should be discussed at the annual performance development review for each staff as relevant. Social care staff / care assistants / Instructors have a duty of care and are responsible for their own practice with regard to medication management. Social care staff / care assistants / Instructors are accountable to St John of God Kerry Services and to the individual under legislation.

Approved	Not Approved
Prescribed Oral medications	Intramuscular injections
Topical medications	Subcutaneous injections
Ear Drops	Intravenous administration
Eye drops	Controlled Drugs
Buccal midazolam (additional training required)	
Transdermal Patches	
Per Rectum (additional training required)	
Nebulizer (additional training required)	
Oxygen Administration (additional training required)	
Subcutaneous injections- Epi-pen Only where training has been provided	

### Volunteers

Volunteers will not administer medication in Saint John of God Kerry Services unless they have successfully completed the same training as social care staff/ care assistants/ Registered Nurse in relation to medication management and are approved by management to administer same.

### Medication responsibilities Staff and Healthcare professionals

As well as compliance to medication management, Staff and Health Care Professionals should have knowledge of the intended therapeutic effect and the possible side/adverse effects of the medication. Staff and Health Care Professionals have responsibility for checking all prescription sheets. If the prescription sheet is unclear, incomplete, inappropriate or difficult to read, the authorised person should NOT PROCEED in this case, but should seek verification and amendment from the prescriber. Staff and Health Care Professionals have responsibility to support individuals who self-administer medication in line with assessment. Responsibilities for medication management for Staff and Health Care Professionals encompass relief staff, agency staff and other identified staff e.g.: bus escorts.



## 2. Prescriptions

**2.1** The drug prescription sheet and administration records are legal documents and are the property of Saint John of God Kerry Services. These records will be retained as per guidelines in the data retention policy.

**2.2** Only one prescription record will be in use for an individual service user at any given time (photocopies not permitted – unless approved by manager).

**2.3** The following are general principles for prescription use within Saint John of God Kerry Services;

- The prescribed medication(s) will be written on the Drug Prescription Sheet (See appendix F)
- The prescribed medication(s) will be legible and written in black ink, preferably in block capitals,
- The prescribed medication(s) will be signed by a registered medical practitioner using his/her usual signature and dated,
- The generic name of the drug will be used,
- The dose will be clearly specified, using milligrams where possible,
- For combination drug products the number of tablets will be stated,
- Micrograms will be written in full,
- Decimal points will be clearly demonstrated,
- The route of administration will be stated,
- The frequency of administration will be stated,
- Maximum dose in 24 hours will be noted, and
- Medication needs to be specific for purpose.
- Discontinuation of medications requires the signature of the GP or relevant practitioner.

### 2.4 Prescribing PRN Medication

PRN medication is used for the management of a particular situation or presentation for the individual receiving the medication. PRN prescribing must include the frequency the medication can be given with reference to the maximum dose in any 24-hour period and the criteria/ indications for administration. If PRN medication is given regularly then a referral to the prescriber should be considered for a review of the individual's medication, as their medical condition may have changed and the treatment required may need to be altered. Similarly, if the medication is not having the expected effects, the prescriber should be contacted. In both cases, the response to the medication should be clearly recorded within the individual's health care records under



health intervention or in their personal daily record. A health goal / protocol should be in place for each individual.

PRN medication that is prescribed specifically to support the management of behaviours of concern must be in place as part of an overall strategy of support e.g. behaviour support plan, proactive strategy and not the only support in place. The administration of PRN medication should be seen as a last resort if other less intrusive supports in the strategy have not helped in the management of the specific incident of behaviour of concern unless otherwise directed by the prescriber. There must be a separate PRN protocol for each PRN medication that is prescribed.

PRN medication should be rigorously monitored by Staff and Health Care Professionals and reviewed by prescribers. PRN psychotropic medication will be reviewed in accordance with Saint John of God Kerry 32 on Positive Behaviour Support Policy.

**2.5** The staff and health care professional administering the medication is responsible for the accurate and contemporaneous recording of all medical preparations administered, deliberately withheld or refused by the service user.

**2.6** Difficulties in the administration of medical preparations will be documented in the service user's notes and on the Drug Prescription Sheet.

### **2.7 Emergency Prescriptions:**

- ..: It is the Policy of Saint John of God Kerry Services that confidential service user information is not normally transmitted by the below routes however in emergency circumstances it is acceptable for the staff and health care professional to administer medication on the basis of an e-mail attachment prescription. The e-mailed prescription will be retained in the service user's personal file.
- ..: The staff and health care professional will ensure that an e-mailed prescription will be written on the Drug Prescription Sheet (sometimes referred to as Kardex), as soon as is practicable, in any case no later than seventy-two hours after receipt of the e-mail.
- ..: In the event that above is not adhered to, the staff and health care professional will report the incident to their line manager and complete the appropriate documentation e.g. National Incident Report Form(NIRF).

- .. As no documentary evidence will exist to support a drug or dose given by a staff or health care professional, staff are not permitted to take oral instruction (by phone) in respect of medication administration.

### **3. Transcribing of Medication**

The decision to transcribe a medication order should only be made in the best interests of the individual. Transcribing may only be carried out by registered nurses with a second person (also a staff nurse) checking the prescription transcribed in order to minimise the risk of error. Social care staff/ care assistants must not transcribe medication orders.

A registered nurse who transcribes is professionally accountable for his/ her decision to transcribe and the accuracy of the transcription. Transcribed orders should be signed and dated by the transcribing nurse, second nurse and co-signed by the prescriber within 72 hours. Transcribing should be subject to audit and review in each area.

### **4. Ordering and Stock Control of Medical Preparations - for Community Residential Services**

#### **4.1**

- .. The staff and health care professional, where applicable, are the only staff who can order medications as prescribed by the medical practitioner.
- .. Upon receipt of the medications from the Pharmacy the service user/staff member will sign the relevant document from pharmacy to confirm medications have been collected (Appendix B).
- .. Where the medication has been collected by a service user, when they return to their place of residence they store the medication in the relevant locked box for a staff member to check
- .. All medications collected from the pharmacy are checked in the house against the relevant Kardex/ Prescription Sheet by staff member to stock control (Appendix C and D).

#### **4.2**

Only one record of Medication Stock Control Sheet - Regular Medication (see Appendix C) and Medication Stock Control Sheet - PRN Medication (see Appendix D) is to be in operation for each service user at any given time and will transfer from location to location along with the Drug Prescription Sheet (sometimes referred to as Kardex), for the respective service user.



### 4.3 Stock Control In

- ..: To commence the Stock Control In process the staff member will complete the Medication Stock Control Sheet - Regular Medication and the Medication Stock Control Sheet - PRN Medication for each service user.
- ..: Each tablet/medication must be counted noting the name, strength and quantity of the medication in the relevant unshaded columns of the Stock Control Sheet.
- ..: The person completing the Stock Control will enter under 'Location' the area where they are carrying out the process i.e. Day Service Location, Residential Service Location.
- ..: Where a discrepancy occurs in Stock Control In from the Pharmacy the staff member will contact the pharmacy advising of the discrepancy who in turn will communicate the appropriate course of action e.g. return to pharmacy immediately or at a convenient time to rectify the error following which relevant paperwork must be completed e.g. NIRF.
- ..: Where a discrepancy occurs in Stock Control In at any other time the discrepancy must be reported to the Location's Supervisor following which relevant paperwork must be completed e.g. NIRF.
- ..: Upon completion of the Stock Control In the medications are then returned to the relevant locked area.

### 4.4 Stock Control Out

- ..: Any medications leaving the service user's location i.e. Day or Residential must be 'stock controlled out'.
- ..: To commence the Stock Control Out process the staff member will complete the Medication Stock Control Sheet - Regular Medication and the Medication Stock Control Sheet - PRN Medication for each service user.
- ..: Each tablet/medication must be counted noting the name, strength and quantity of the medication in the relevant shaded columns of the Stock Control Sheet.
- ..: The person completing the Stock Control will enter under 'Location' the area where they are carrying out the process i.e. Day Service Location, Residential Service Location.
- ..: Where a discrepancy occurs in Stock Control Out the discrepancy must be reported to the Location's Supervisor and appropriate action taken in line with training under Safe and Responsible Medication Administration

Training and the Order's Policy, 05 Person Centred Medication Management.

- ✿ Following any remedial action the staff member will complete the relevant paperwork e.g. NIRF.
- ✿ Where service users are managing their own medications a Self-Medication Form (see Appendix E) is completed by the staff member to note the staff member has confirmed with the service user they have taken their medications as prescribed.

#### **4.5 Ordering and Stock Control of Medical Preparations for Campus based Services i.e. Beaufort**

- ✿ In order to provide a safe and efficient service all requests for repeat prescriptions must e-mailed (encrypted email) into the surgery Reception providing the following information:
  - Patients Full Name,
  - GMS (Medical Card Number) where relevant,
  - Date of Birth,
  - Unit,
  - Contact telephone number for the service user's Unit, and
  - A full list of medications required as well as the dosage and frequency taken.
- ✿ Where prescriptions are initiated by a third party e.g. Hospital Consultant, Psychiatrist, etc. the name of the Prescriber must be included on the request.
- ✿ A minimum of 48 hours' notice i.e. 2 working days (excluding Saturdays and Sundays) is required for all repeat prescriptions and at Public Holiday times staff must allow an additional working day.
- ✿ Prescriptions on GMS notepaper are required for the dispensing of medications by pharmacies (except in emergency situations) - a 'Kardex' faxed to a pharmacy is not a prescription and has no legal standing hence there is no legal obligation nor should there be an expectation of the pharmacy to dispense on such a request.
- ✿ There are four steps to having a prescription issued and dispensed as follows:

1. Prescription request; received by email



2. Prescription issued and signed on GMS notepaper by the G.P.,
3. Prescription delivered to the Pharmacy, and
4. Medicine(s) dispensed and collected from the Pharmacy
5. In St Mary of the Angels, O Sullivan's Pharmacy are currently delivering residents medications on a weekly basis

#### **4.6 Stock Control In**

- The Pharmacy provides the stock control document on arrival and all medications delivered for individual residents are recorded on this document which is checked by the pharmacist and an Authorised person and signed by the staff that receives same.
- Night duty staff in St Mary of the Angels are currently responsible for recording the medication stock and signing the recording sheet as provided by the pharmacist. A copy of this document is maintained on the unit.

#### **4.7 Stock Control Out**

Same process applies as per 3.4 (see also appendix C)

### **5. Use of Medication Administration Compliance Aids**

- Various names are used to describe medication administration compliance aids, such as, monitored dosage systems, blister packs, medication systems, unit dose packages, multi-dose packages, and dose administration aids.
- Medication Dispensing Aids are sealed dispensing containers provided by a pharmacy holding prescribed medication with indication labelling for intake e.g. Monday Morning, Wednesday Midday, Friday 8 am, Sunday 8 pm.
- The following information must be noted on or as part of the Dispensing Aid;
  - Date of Prescription
  - Service user name
  - Name of each medication contained in each section
  - Strength of each tablet/capsule
  - Detailed description of each medication i.e. colour, shape, size and manufacturer marks
  - Dosage of each tablet/capsule
  - Name and telephone number of the dispensing pharmacist and the prescribing medical practitioner



- ⚠️ Where a service user is self-medicating using a medication aid a risk assessment must be completed before it is employed to ensure there are no contraindications related to the service user using this device.
- ⚠️ In the event that the Medication Aid has been tampered with, e.g. if a blister within the pack has been popped or the compartmentalised box has been dropped and the medication has subsequently moved, the medication will not be administered, and the local pharmacist or dispensing agent is to be contacted for advice and instruction.
- ⚠️ Tablets are not to be removed from blister packs until the time of administration.

## 6. Administration of Oxygen

Oxygen is not a medication. However, oxygen must be listed with the other medications on the prescription sheet to highlight that the individual is prescribed oxygen treatment thus, allowing for recording of same when administered.

Those trained in the administration of Oxygen should only administer oxygen.

### 6.1 Storage of Oxygen

- ⚠️ Oxygen cylinders should not be stored in a location unless prescribed by a prescriber or on standby for emergency. The special precautions for storage of oxygen cylinders should be carefully adhered to and are as follows (keeping in line with the manufactures guidelines):
- ⚠️ Stored under cover, preferably inside, kept dry and clean and not subjected to extremes of heat or cold and away from stocks of combustible material.
- ⚠️ Stored to maintain separation between full and empty cylinders F size cylinders and larger should be stored vertically. E size cylinders and smaller should be stored according to manufacturers guidelines.
- ⚠️ Warning notices prohibiting smoking and naked lights must be posted clearly in the cylinder storage area and the emergency services should be advised of the location of the cylinder.
- ⚠️ Empty oxygen cylinders and out of date cylinders (shelf life of 36 months) should be returned to the suppliers without delay.
- ⚠️ Authorised staff members should check and record cylinder levels at least once a month.

**6.2** Oxygen should not be carried in the Orders transport vehicles. It has been agreed by Neurologist that service users should continue to enjoy going out

for community-based activities. In the event then of oxygen being required staff should either a). contact the GP or nearest GP medical Centre b). attend the hospital c). return to residence / day centre if appropriate.

**6.3** If a service user is not prescribed Oxygen, a registered nurse can use their clinical judgement and administer Oxygen if required.

## 7. Storage of Medication

- ✿ The storage required for standard (non-controlled) medications is a locked cupboard, of a suitable size, out of direct sunlight and below 25°C. The cupboard should not be in a communal area and medication should not be stored in the kitchen, bathrooms or first aid boxes. Some medications need specific storage e.g. insulin requires cold storage in a medication only fridge. Recommended temperature control (fridge) range is between 2°C - 8°C.
- ✿ Keys for the locked medication cupboard must be held in a secure location in a password coded key box or kept in the office in a locked drawer. Access is only by Staff and Health Care Professionals who handle medication.
- ✿ Storage of Scheduled Misuse of Drugs Act (MDA) Controlled Drugs: The storage required for controlled drugs is a locked press within a locked press.

## 8. Schedule Controlled Medications

- ✿ The receipt, administration, management and disposal of controlled drugs are recorded in accordance with relevant legislative requirements, national guidelines and professional guidelines; for example, An Bord Altranais agus Cnáimhseachais na hÉireann guidelines.
- ✿ Schedule 2 and 3 controlled drugs (including those for self-administration) must be secured in a manner that meets legislative requirements as set out by the Misuse of Drugs Regulations. They should be locked in a separate cupboard or container from other medicinal products to ensure further security or in a locked press within a locked press. Policies and procedures should be in place for the checking of stock balance for each transaction of controlled drugs. A record of the receipt, administration and disposal of Schedule 2 controlled drugs is required to be maintained in a bound controlled drugs register. As per guidance issued by An Bord Altranais agus Cnáimhseachais na hÉireann, a count for controlled drugs should be carried out at all staff changeover shifts. **One staff responsible for the count/administration must be a nurse** and the second staff may be a trained and certified staff member. Sample of a protocol template attached

that can be used by locations in the event that controlled drugs are required (appendix G).

## **9. Medication Incidents**

Medication incidents are defined as preventable errors that may cause or lead to inappropriate medicinal product use or individual harm while the medicinal product is in the control of the authorised person or individual. Medication incidents including near misses can occur at any time during the medication cycle, including prescribing, transcribing, ordering, dispensing, receipt, storage, administration or monitoring of medications. This can also include near misses and incidents that do not result in harm.

All medication incidents should affect prompt reporting and completion of a NIRF-01 identifying corrective action to be taken and subsequent opportunity to learn and prevent a similar incident occurring in the future.

### **9.1 What to do following a medication error**

- .. Contact GP for advice
- .. Implement advice
- .. Record advice in individual's care plan
- .. Inform the individual's next of kin/guardian if appropriate
- .. Inform the Programme Manager/Coordinator/CNM/SCL or person on call (whoever is available)
- .. Complete NIRF-01

## **Refusal of Medication**

Should an individual refuse prescribed medication please refer to guidance from the SJOG National Policy on Person Centered Medication Management (SJOGCS 05). If the refusal of medication becomes a concern for an individual then the supervisor may also need to complete a local protocol / guidance document in consultation with the individual and their GP, for staff as well as conducting a risk assessment.

## **10. Student Nurse -Drug Administration**

- .. Prior to a Student nurse participating in administration of medication they must fully familiarise themselves with the Order's medication management policy and the Service's local Policy and Procedure.
- .. Student nurses may participate in the administration of medicines in accordance with the Guidance to Nurses and Midwives on Medication



Management (An Bord Altranais 2020) in the presence of and under the supervision of a registered nurse/midwife.

- ✿ The registered nurse staff member must ascertain the student's level of competence, and be satisfied with that level of competence prior to the administration of any medication by the student.
- ✿ The registered nurse staff member retains accountability for the administration of medicinal products by the student.
- ✿ All student nurses are permitted to administer oral, intramuscular and subcutaneous medication in the presence of and under the supervision of a Registered Nurse employed by the Service.
- ✿ For all Schedule 2 medications, controlled drugs, the student may be facilitated to observe this practice.
- ✿ The administration of the medication must also be witnessed and recorded on the relevant Drug Administration Recording Sheet / Prescription Sheet.
- ✿ Students are not permitted to collect controlled medications from a pharmacy but are permitted to observe the process.
- ✿ Students are not allowed to administer medication through the intravenous route or connect/disconnect IV fluids. They are allowed to remove an IV cannula (if deemed necessary), care for an IV site and prime a giving set once under direct supervision.

## **11. Use of Complimentary Therapies**

- ✿ For the purpose of this Policy and Procedure complimentary therapies include Aromatherapy, Herbalism, Massage Therapy and Reflexology.
- ✿ Where a complimentary therapy has been approved to proceed and will be carried out in any of the Service's locations the therapist must provide all details required by the Service's Insurance Brokers prior to commencement.
- ✿ Any use of complimentary therapies will be clearly communicated where appropriate/necessary to relevant parts of the service and again where appropriate/necessary to the parent/guardian.

## **12. Disposal of Medication**

- ✿ All unused/discontinued or out-of-date medications are to be returned to the pharmacy for disposal and receipted by the pharmacy on the relevant Medication Stock Control Sheet / Return to Pharmacy Receipt Book.



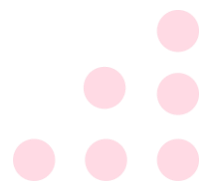
Appendix A

## Medication Management Systems Audit Tool and Report

<b>Name of Centre/Service:</b>	
<b>Dates of Audit:</b>	
<b>Date of Report:</b>	
<b>Name of person(s) carrying out the Audit:</b>	
<b>Recommended Time Frames for Completion (min of twice yearly):</b>	



Area being Tested	Yes	No	N/A	Comment
<b>1. Medication Policy and Procedures</b>				
<b>Is there a specific Medication Management Policy / Procedure in place relating to:?</b>				
Prescription of medicines?				
Ordering of medicines?				
Delivery and receipt of medicines?				
Storage of medicines including refrigerated medicine?				
Administration of medicines?				
Administration of controlled medicines?				
PRN (as required medicine)?				
Emergency situations and the use of verbal and telephone orders?				
High alert medicines?				
Covert administration?				
Crushing medicines?				
Withholding medicines?				
Refusal of medicines?				
Review of medicines?				
Disposal of medicines?				



Area being Tested	Yes	No	N/A	Comment
Recording of medicines administered?				
Medicine Stock Control				
Management of medicine at admission, transfer and discharge?				
Medicine incidents/errors?				
Appropriate assessments, recording and storage protocols in place for any service users who self-medicate?				
Is there an audit of all aspects of medicines management practice to ensure that Policies and Procedures are safe, appropriate, consistent and effectively monitored?				
Are Medication Management Policies reviewed at least every three years or more often as required?				



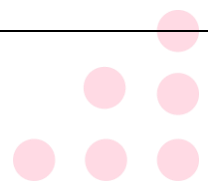
2. Staff Training				
Area being Tested	Yes	No	N/A	Comment
Have all staff involved in medication management signed off as having read and understood the local Medication Management Policies and Procedures?				
Can staff questioned articulate the Medication Management Policies and Procedures?				
Have all nursing staff attended / completed up to date Medication Management refresher training (including the management of medication incidents or near misses)? (i.e. HseLand.ie) every 2 years				
Re: all <b>non-nursing</b> staff who have involvement in medication management: A) Have they all completed the 2-day SAMS's training programme or 1 day SAM's refresher training?(including clinical assessments)  B) Do they all hold current Certification (in the last 2 years, as verified in their files / records)?  C) Are the exam records and clinical assessments for all staff available?				

### 3. Prescription and Administration of Medication

Area being Tested	Yes	No	N/A	Comment
Are all prescriptions written:				
a) Legibly?	_____	_____	_____	
b) In indelible ink?	_____	_____	_____	
c) In black ink?	_____	_____	_____	
<b>Does the Medication Prescription and Administration Record (KARDEX) contain the following information?</b>				
a) Service user's name?				
b) Service user's address?				
c) Current passport type photo of service user?				
d) Service user's date of birth?				
e) Allergy section completed?				
f) The generic drug name, written in block capitals or un-joined lower case?				



g) The dose of the medication?				
h) The route of administration?				
i) The time/frequency of the administration?				
j) In the case of short term medicines, duration of the medicine is to be taken for is specified on the prescription i.e. antibiotics?				
k) The date of the initiation of the prescription?				
l) Is there a medical practitioner signature for each medicine prescribed?				
m) Is there a medical practitioner signature for each medicine discontinued?				
n) Is there a clear discontinuation date for each medication discontinued?				
<p>In the case of medicine that is prescribed for 'as required' PRN use, are the following in place?</p> <p>a) The maximum dosage to be administered in a 24 hr period or the minimal does</p>	_____	_____	_____	



interval for PRN medication?	_____			
b) A protocol for the use of each psychotropic PRN prescribed?		_____	_____	
c) Reviews of PRN medicines?		_____	_____	
Are only acceptable abbreviations used?				

Area being Tested (Observations of administration)	Yes	No	N/A	Comment
Do the times of administration in the administration sheet correspond with the frequency prescribed?				
Are there any unexplained gaps in the administration sheet?				
Are medicines administered in accordance with the directions from the prescriber and the pharmacist (if supplied by the pharmacist)?				
Are medications administered on date on day of audit (to ensure expired medicines are not administered)?				
Are good hand hygiene and cross infection control techniques implemented during medicine preparation and administration?(during supervision of administration)				





Are weekly/monthly medicines administered as prescribed?				
Are entries fully legible and written in indelible ink?				
Are all medicines administered, recorded contemporaneously?				

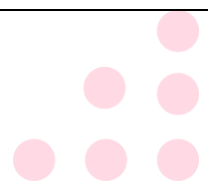
Area being Tested	Yes	No	N/A	Comment
Is there a space in the administration sheet to record comments (i.e. withholding or refusing medicine)?				
Is there a note made in the service user's file following all medicine refusal or medicine being withheld?				
<p>In the event of medicine requiring crushing before administration:</p> <p>a) Is this direction given by the resident's medical practitioner?</p> <p>b) Is the reason for the medicine being crushed detailed in the service user's file?</p>		<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	



c) Was the pharmacist consulted about the type of preparation to be used?				
d) Has the medical practitioner documented the need for the medicine to be crushed on the KARDEX?		—	—	
In the case of controlled drugs:				
a) Are controlled drugs checked by two staff members against the delivery form and details entered on the controlled drug book?		—	—	
b) Does the controlled drug balance available correspond with the balance recorded in the controlled drug book?		—	—	
c) Are entries in the controlled drug book signed by two staff members?		—	—	
Are any writing errors on the KARDEX managed correctly? (line through error with initials and date)				
Are there copies of signatures on file for all administering staff?				
Is medicine administered only by the staff member who prepared it?				



Does the service user understand the nature, purpose and likely effects of his/her current proposed medication treatment?				
<b>Area being Tested</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
Are service users informed of their rights; and are their rights respected regarding their medicines?				
Have service users who self-administer been assessed and their competence to self-administer been confirmed?				
Where self-administration of medicines is carried out, has an individual risk assessment been carried out to determine:				
a) The service user's choice?	_____	_____	_____	
b) The amount of support a service user needs to self-administer medicines?	_____	_____	_____	
c) The service user's ability to understand the process?	_____	_____	_____	
d) The service user's knowledge of their medicines?	_____	_____	_____	
e) The service user's literacy and ability to read labels?	_____	_____	_____	
f) The service user's dexterity and ability to open bottles and containers?	_____	_____	_____	



g) If the service user can take the correct dose of his/her own medicines at the right time in the right way?	—	—	—	
h) Where the service user's medicines will be stored	—	—	—	
i) How and when the self-administration will be reviewed?	—	—	—	

### Ordering and Receipt of Medicine

Area being Tested	Yes	No	N/A	Comment
Are there clear records or copies of orders?				
Are appropriate directions provided with the dispensed medicine?				
Is the dispensed supply checked against the service user's current prescription sheet?				

### Storage of Medication

Area being Tested	Yes	No	N/A	Comment
Are medicines stored securely at all times?				
Are medicine storage areas clean and free from damp, mould, litter, dust and pests, spillage or breakage?				
Are medicine storage areas free from anything other than medicines e.g. cleaning agents, food and drink etc.?				

Are drugs storage areas (press/trolley) clean & tidy at time of audit? Where applicable are medicines bottles clean at time of audit?				
<b>Area being Tested</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comment</b>
Are medicines stored in the appropriate environment as indicated on the label or packaging of the medicine, or as advised by the pharmacist?				
Is there a robust system in place for key holding?				
Are scheduled controlled drugs locked in a separate cupboard within a locked press?				
Is there a specifically designated medicine fridge in place for the storage of medicines that require refrigeration?				
Is the medicine fridge temperature monitored through daily checks?				
Are all medicines in date?				
Is there an opening date on creams / lotions/blister packs that are in use?				
Where medicine is dispensed to be self-administered is it stored securely in a locked storage unit (with the exception of medicine that should be stored in a refrigerator)?				



Are medicines no longer required stored securely and segregated from other medicines?				
---	--	--	--	--

Disposal of Medicines				
Area being Tested	Yes	No	N/A	Comment
Are medicines no longer required returned to the pharmacy?				
Are all returns (of medicines) clearly documented and does this include: <ul style="list-style-type: none"> <li>▪ Date of return to pharmacy?</li> <li>▪ Name and strength of medicine?</li> <li>▪ Quantity removed?</li> <li>▪ Service user for whom medicines were prescribed, if applicable?</li> <li>▪ Signature of the member of staff who arranges disposal of the medicines?</li> <li>▪ Signed receipt by the pharmacist who received the returned medicines?</li> </ul>		<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	<div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div> <div>_____</div>	
Storage of O <sub>2</sub>  Weekly check: Signage present:				



## Audit Improvement Action Plan

Date: \_\_\_\_\_

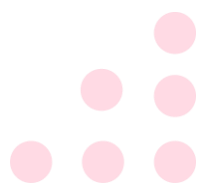
Action Required as a result of the Audit	Person responsible for action	Deadline Date	Outcome / Progress Report

Name of person responsible for overseeing implementation of this plan

Signature(s)

Date:







## DISPENSING FROM PHARMACY

*When acknowledging Receipt, please print name and date*

[illegible]

Appendix C  
**SAINT JOHN OF GOD KERRY SERVICES**  
 (For use in Day and Community Residential Services only)

**MEDICATION STOCK CONTROL SHEET - REGULAR MEDICATION**

Name of Person

PPS No:

(Separate form for each person)

DATE	NAME OF MEDICATION	STRENGTH	DRUGS CAME FROM; Pharmacy/ Service User/ Family/Staff	LOCATION	QUANTITY IN	PRINT & SIGN NAME	DATE	QUANTITY OUT	LOCATION	BALANCE	MEDICATION ON DISPOSED Pharmacy to sign & date	SIGNATURE

**GENERAL COMMENTS:**

APPENDIX D  
**SAINT JOHN OF GOD KERRY SERVICES**  
 (For use in Day and Community Residential Services only)

**MEDICATION STOCK CONTROL SHEET - PRN MEDICATION**

Name of Person				PPS No:			(Separate form for each person)					
DATE	NAME OF MEDICATION	STRENGTH	DRUGS CAME FROM; Pharmacy/ Service User/ Family/Staff	LOCATION	QUANTITY IN	PRINT & SIGN NAME	DATE	QUANTITY OUT	LOCATION	BALANCE	MEDICATION DISPOSED Pharmacy to sign & date	SIGNATURE

**GENERAL COMMENTS:**

## Appendix E

### Self-Medication Checklist

#### Saint John of God Kerry Services

## DAILY CHECKLIST FOR PEOPLE WHO SELF-MEDICATE

PERSON'S NAME: \_\_\_\_\_ UNIT \_\_\_\_\_ PPS NUMBER: \_\_\_\_\_ YEAR: \_\_\_\_\_

Present Medication \_\_\_\_\_

*Staff please place your initials in box (not a tick) when the person confirms they have taken medication as prescribed. If the person has not taken medication please comment as to why not*

[illegible]

COMMENTS:

## Appendix F

PHOTO	<b>DRUG PRESCRIPTION SHEET</b> St. John of Gods - Kerry Services	
	<b>RELEVANT INFORMATION / DRUG ALLERGY</b>	

NAME \_\_\_\_\_

LOCATION \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ G.P. \_\_\_\_\_

G.P. ADDRESS \_\_\_\_\_

\_\_\_\_\_ G.P. PHONE NO. \_\_\_\_\_

PHARMACY NO. \_\_\_\_\_ MEDICAL CARD NO. \_\_\_\_\_

TRANSCRIBED BY (TB): \_\_\_\_\_ DATE: \_\_\_\_\_

CHECKED BY (CB): \_\_\_\_\_ DATE: \_\_\_\_\_

ABBREVIATIONS USED	
PO .....	Orally
PR .....	Per Rectum
PV .....	Per Vagina
PRN .....	Pro re nata - as required
STAT.....	Immediately
BD .....	Twice Daily
TID/TDS.....	Three Times Daily
MANE .....	Every Morning
NOCTE.....	Every Night
TARDE .....	Every Evening

## REGULAR PRESCRIPTION

	DATE	DRUG (BLOCK LETTERS) APPROVED NAME	DOSE	TIMES OF ADMINISTRATION								METHOD OF ADMIN	DOCTOR'S SIGNATURE	TB	CB	DISCONTINUED	
				0800	1000	1200	1400	1600	1800	2000	2200					2400	DATE
A																	
B																	
C																	
D																	
E																	
F																	
G																	
H																	
I																	
J																	
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U																	
V																	
W																	
X																	
Y																	
Z																	

## MEDICATION REVIEW

DATE	SIGNATURE

\*ALL DRUG PRESCRIPTION SHEETS MUST BE REVIEWED 6 MONTHLY & REWRITTEN WHEN REQUIRED



### P.R.N. (WHEN NECESSARY)

	DATE	DRUG (BLOCK LETTERS) APPROVED NAME	DOSE	FREQUENCY	METHOD OF ADMIN	REASON FOR PRN	MAX IN 24 HRS	DOCTOR'S SIGNATURE	TB	CR	DISCON- TINUED
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
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19											
20											
21											
22											
23											
24											
25											
26											

### MEDICATION REVIEW

DATE	SIGNATURE



### OTHER DRUGS - ONCE ONLY PRESCRIPTIONS

	DATE	DRUG (BLOCK LETTERS) APPROVED NAME	DOSE	TIMES OF ADMINISTRATION								METHOD OF ADMIN	DOCTOR'S SIGNATURE	TB	CB	DISCONTINUED	
				0600	1000	1300	1600	1800	2000	2200	OVER TIME					DATE	INITIALS
27																	
28																	
29																	
30																	
31																	
32																	
33																	
34																	
35																	

### SLIDING SCALE MEDICATION

36																	
37																	
38																	
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## Appendix G

### Local Protocol for the Management of Controlled Drugs

Location:

Date:

In the event of controlled drugs being prescribed by a Medical Practitioner the following protocol should be adhered to:

- ⋮ On receiving the medication from the pharmacist both the Nurse and the pharmacist should sign the controlled drug register.
- ⋮ The Controlled Drug register will be provided by the PIC.
- ⋮ Controlled drugs should be locked in a separate cupboard or container from other medicinal products to ensure further security or in a locked press within a locked press.
- ⋮ In the event the medication needs refrigeration it should be stored in a locked box in a designated refrigerator that is: a) not used for any other purpose b) accessible and reliable c) capable of being secured.
- ⋮ The keys of the controlled drug press should be retained by the Staff Nurse on duty.
- ⋮ At handover the nurse from each shift should complete the count of these drugs and record same in the controlled drug register.
- ⋮ Appropriate documentation of the administration of the controlled drug should be entered in the residents' Kardex and in the controlled drug register.

PIC/ Supervisor Signature \_\_\_\_\_



**Policy Name: Person Centred Medication Management**

## SIGNATURE PAGE

I have read, understand and agree to adhere to the attached Policy and Procedure:

[illegible]