

Medicine Policy Appendices

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- H. Consent forms
- I. Medicine Administration Records (MARs) for regular medicines and PRN medicines
- J. Fridge temperature advice
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A – Definitions and abbreviations:

Accountable

To be accountable means to be personally responsible for, and able to justify, the decisions you make.

Administer

To give a medicine directly to a person.

Anatomy

The study of the structure of the body.

Aspirate

To move liquid into or from a body space. This word is commonly used in two ways:

To aspirate into the lungs means that fluid is inhaled into the lungs (during feeding, vomiting or sometimes salivating).

Aspirating can also mean removing liquid from the body by applying negative pressure, for example suctioning secretions from someone's mouth or using a syringe to remove fluid/gas via a gastrostomy device from the stomach.

Buccal

Referring to the space in the mouth between the cheek and the teeth. It is a very vascular area (meaning there are lots of little blood vessels near the surface). Medicines may be administered into this space to be absorbed into the blood supply.

Capacity

The Mental Capacity Act (2005) sets out a legal framework for making decisions on behalf of people who may lack ability or be perceived to lack the ability to do this for themselves. Whether you can legally act on someone's behalf hinges on an assessment of their 'capacity' to make a decision for themselves.

A person is said to have capacity (legal term) to make a decision if they can;

- Understand information that is given to them
- Think about the decision
- Show that they understand the consequences of making the decision (e.g. by explaining the positives and negatives)
- Communicate that decision

There are five principles set out in the Act which relate to this assessment of capacity

1. The assumption is that everyone has capacity to make decisions about themselves, unless the capacity assessment outlined above shows that they do not.
2. All reasonable steps must be taken to communicate the decision and information relating to it in a way that will maximise the person's ability to understand, e.g. Written documents created in an accessible format for someone with a learning disability, or BSL signed discussion with someone who is deaf.
3. People with capacity have the right to make 'unwise choices' for themselves. Just because people around them may not agree that it is the best course of action, they are still entitled to make that choice.
4. If a person does not meet the assessment of capacity, then any decision made on their behalf by others must be in their "best interests". Often this is done by holding a Best Interests meeting where a person's circle of support and other involved people can meet and discuss the decision to reach consensus about what should be done.
5. Any decision made on a person's behalf by others should be the option which is 'least restrictive' of their individual rights and freedoms.

It is important to note that persons capacity to make decisions may vary on a daily or weekly basis, or depend on the decision being made so their capacity should never be assumed. Also because someone may not have capacity to make 'big' decisions such as managing their medication, reordering prescriptions, it does not mean that they should be excluded from making everyday decisions on all aspects of their health and medication.

Care plan/Person centred plan

This is the document that sets out when and how support for all aspects of a person's life should be carried out. There will be a section outlining health needs and how these should be met. It should also show what the expected outcomes (benefits to the person) will be from that support.

Central venous line (also called central line; central venous catheter)

A thin tube that is passed through the skin and into a major vein, so that the end of the tube sits in a vein near or in the heart. This can be used to administer intravenous medicines on a long term basis. It creates risks of infection and bleeding for the individual.

Controlled Drugs (CDs)

Some drugs are controlled under the Misuse of Drugs legislation. This is to prevent them being misused, taken illegally or causing harm. The controls may dictate how these drugs must be stored, produced, supplied and prescribed.

Dispense

To label from stock and supply a medicine to a person against a written prescription.

Gastrostomy

An artificial, surgically created opening, through the abdominal wall into the stomach. (Gastro = stomach; -stomy = surgical hole). The term gastrostomy refers to the actual hole; there is usually a “gastrostomy device” such as a tube in the hole to keep it open and allow access. Medicines can be administered through a gastrostomy device into the stomach.

Generalised

In the context of medicine, something that affects the whole body rather than just one section.

Independent Prescriber

An independent prescriber is someone who is able to prescribe medicines on their own initiative from the British National Formulary (BNF). Examples of independent prescribers are Doctors, independent nurse prescribers and independent pharmacist prescribers.

Informed consent

A person is said to be able to give ‘informed consent’ if they meet the test of capacity. Particularly where a person may have difficulty communicating or have an intellectual impairment it is ESSENTIAL that support with the decision-making process is given to enable the person to be as fully involved as possible, and be really sure that the person has been given every opportunity to make that decision themselves before a decision is made on their behalf. If this is not done then the person may have given consent, but it would not be *informed* consent because they did not really understand the decision and its implications.

Inhaled

Medicines may be administered in a way that enables the person to breathe in the medicine so it travels directly to the lungs. This may be achieved using a spacer device.

Injection

Introduce a substance into the body, usually through a syringe and hypodermic needle.

Instillation

To place drops in a body cavity – usually the ears, eyes or nose.

Intramuscular

Administering a medicine into a muscle, by injection.

Intravenous

Administering a medicine directly into the blood stream through a vein.

Jejunostomy

An artificial, surgically created opening, through the abdominal wall into the middle section of the small intestine (bowel). (Jejun = referring to the jejunum; -stomy = surgically created hole). The term jejunostomy refers to the actual hole; there is usually a “jejunal device” such as a tube in the hole to keep it open and allow access. Medicines can be administered through a jejunostomy device into the small intestine. See also “Trans-gastric jejunal device”.

Licensed/Unlicensed

A medicine usually must be authorised (licensed) by the Medicine and Healthcare Regulatory Authority (MHRA) or the European Medicines Agency (EMA) before it can be prescribed or sold. This confirms the medicine has met standards for safety, quality and efficacy. However, there are certain exemptions from licensing including relevant medicinal products prescribed on an individual patient basis. If a medicine is unlicensed the manufacturer may not have liability for any harm that ensues – instead the person who prescribes and dispenses/supplies the medicine carry liability. Registered health care professionals have a duty to be satisfied that they have enough information to administer an unlicensed medicine safely and that, wherever possible, there is acceptable published evidence for the use of that product.

Local

Referring to one particular part of the body rather than the whole. (opposite of systemic or general)

Low profile device

A form of gastrostomy device that sits against the skin rather than being a longer tube resting on the abdomen. Commonly called “buttons” by children and carers. Examples include Mic-Key and Mini gastrostomy devices.

MAR

Medicine Administration Record, also known as medicine chart or drug chart. This is NOT a prescription, but is a direction for staff to follow in order to administer medicine correctly.

Medicine

A substance or preparation used for treating or preventing disease.

Nebuliser

A specialised mask that causes liquid to be vapourised so that it can be inhaled easily over the course of several minutes. It may be powered by air pressure produced by a machine or by oxygen being delivered through the mask.

Next of Kin/Deputy/Representative of best interest group

The next of kin is your closest blood relative and may be a spouse, parent or sibling. Normally the next of kin for a child will be one or both parents.

Parental responsibility includes the legal right and responsibility to agree to medical treatment for a child. A mother will automatically have parental responsibility for their child from birth as will most fathers (if they are married to the mother at the birth of a child or are named on the birth certificate). Parental responsibility can be taken away or granted by a court. Adoptive parents have parental responsibility. Social services may have parental responsibility for some children.

If a person lacks the capacity to make decisions then a person can apply through the courts for legal Deputyship so that they can routinely make decisions on the person's behalf, without recourse to a Best Interests meeting all the time. People can apply to be a Welfare Deputy or Financial Deputy, or both.

A person with mental capacity may grant someone else "lasting power of attorney" (LPA) to make decisions on their behalf should there ever come a time when they lose mental capacity through illness such as brain injury.

A Best Interest group can comprise of anyone who is involved in the life of the person about whom the decision is being made, e.g. Family member, parent, representative from services the person attends such as day centre or social group, advocate, G.P. community nurse or hospital specialist, friend, partner, occupational therapist, social worker, support provider. Any one of the group may act as a representative of the group, but must act in accordance with the group decisions.

Where any one of these terms is used in the medicine policy it should be taken to mean a person with the legal right and responsibility to make decisions about medical treatment on behalf of the person we support.

Oral

Of or relating to the mouth. Administering a medicine via the oral route means that the person receives their medicine by mouth, to swallow it.

Over the counter (OTC)

Medicines which can be brought at petrol stations, supermarkets (general sales) or purchased within a community pharmacy where a pharmacist supervises the sale (pharmacy only).

Percutaneous Endoscopic Gastrostomy (PEG)

This is commonly used surgical procedure to create a gastrostomy involving (under general anaesthetic) a small camera being passed through the mouth to the stomach while the surgeon creates the gastrostomy. Many people refer to the resulting opening in the stomach as a PEG, or more commonly to a tube or other device that is kept in the hole as a PEG, but strictly speaking the term only refers to the initial procedure. The hole is the “gastrostomy” and any tube or other appliance in the hole should be referred to as a “gastrostomy device”.

Physiology

The study of the function of the body.

Nasal

Of or relating to the nose. Administering a medicine via the nasal route means that the person receives their medicine through a nostril, into the nasal cavity.

Naso-gastric tube (ng tube)

A thin tube that is passed through the nostrils, through the oesophagus to the stomach. It can be used to administer feed and medicines into the stomach. It carries increased risk of aspiration into the lungs if it becomes displaced.

Prepare

To make the medicine ready for administering, for example by drawing up into a syringe, dissolving soluble tablets, placing medicine in a nebuliser mask.

Prescription Only Medicine (POM)

These medicines can only be obtained by presenting a written prescription, which has been signed by an authorised prescriber.

PRN

A shortened form of the Latin phrase *pro re nata*, which translates roughly as "as the thing is needed". PRN, therefore, means a medication that should be taken only as needed.

Records

Record is any written document, usually explaining what needs to be done, or what has been done with regard to an individual.

Registered health care professional

A person who is qualified in some aspect of identifying, preventing or treating illness or disability and is registered with a professional body, e.g. Nursing and Midwifery

Council (NMC), Health and Care Professions Council (HCPC). Many job titles are protected in law, meaning that a person cannot call themselves a physiotherapist for example, unless they are registered with the HCPC. Registrants must continue to meet certain standards of training, skills and behaviour to continue on the register.

Rectal

Relating to the rectum, the last part of the large bowel. Medicines may be administered through the anus into the rectum to be absorbed by the blood supply.

Route

The way a medicine gets inside the human body. Examples of different routes are oral, nasal, rectal, topical.

Spacer device

A plastic container with a mouthpiece or mask at one end. At the other end a cannister can be attached to administer medicine. This allows a person to breathe in the medicine.

Supply

In the context of medicines, this usually means to take from a stock of medicine and provide it for a particular person.

Systemic

Referring to the whole body system, rather than one specific (local) area.

Topical

Applying a medicine externally to a particular (local) part of the body, for example a cream or ointment. Not to be confused with transdermal.

Transdermal

Medicine may be applied to the skin in order that it can be absorbed in the blood stream to act systemically.

Trans-gastric jejunal device

(Trans = through; gastric = stomach; jejunal = referring to the jejunum, the middle section of the small intestine). A trans-gastric jejunal device is a specialised piece of equipment including a tube that travels through a gastrostomy, through the stomach and the first section of the small intestine (duodenum) into the jejunum. Usually there will be an opening in the tube at the level of the stomach, allowing for administration of feed and medicines into the stomach or aspiration of stomach contents, as well as an opening into the jejunum, allowing administration of feed and medicines into the small intestine.

Vaginal

Relating to the vagina. Medicines may be administered into the vaginal space to treat conditions affecting this area.

Abbreviations

Abbreviations that may be used in medicine management:
(Ideally abbreviations must not be used. Where used they must appear exactly as written below.)

Abbreviation	Definition
am	in the morning (before noon)
BD	twice a day
g	gram
hr	hour
IM	intramuscular injection
Inh	inhaler
IV	intravenous injection
Jej	jejunal
mg	milligram
min	minute
mls	millilitres
Neb	nebuliser
NG	nasogastric tube
NJ	nasojejunal tube
No.	number
O ₂	oxygen
OD	once daily
PEG	by gastrostomy
pm	in the afternoon
PO	by mouth
PR	by rectum
PRN	as and when required
PV	by vagina
QDS	four times a day
SaO ₂	oxygen saturation
SC	subcutaneous injection
SL	sublingual (under the tongue)
TDS	three times a day

The following should not be abbreviated

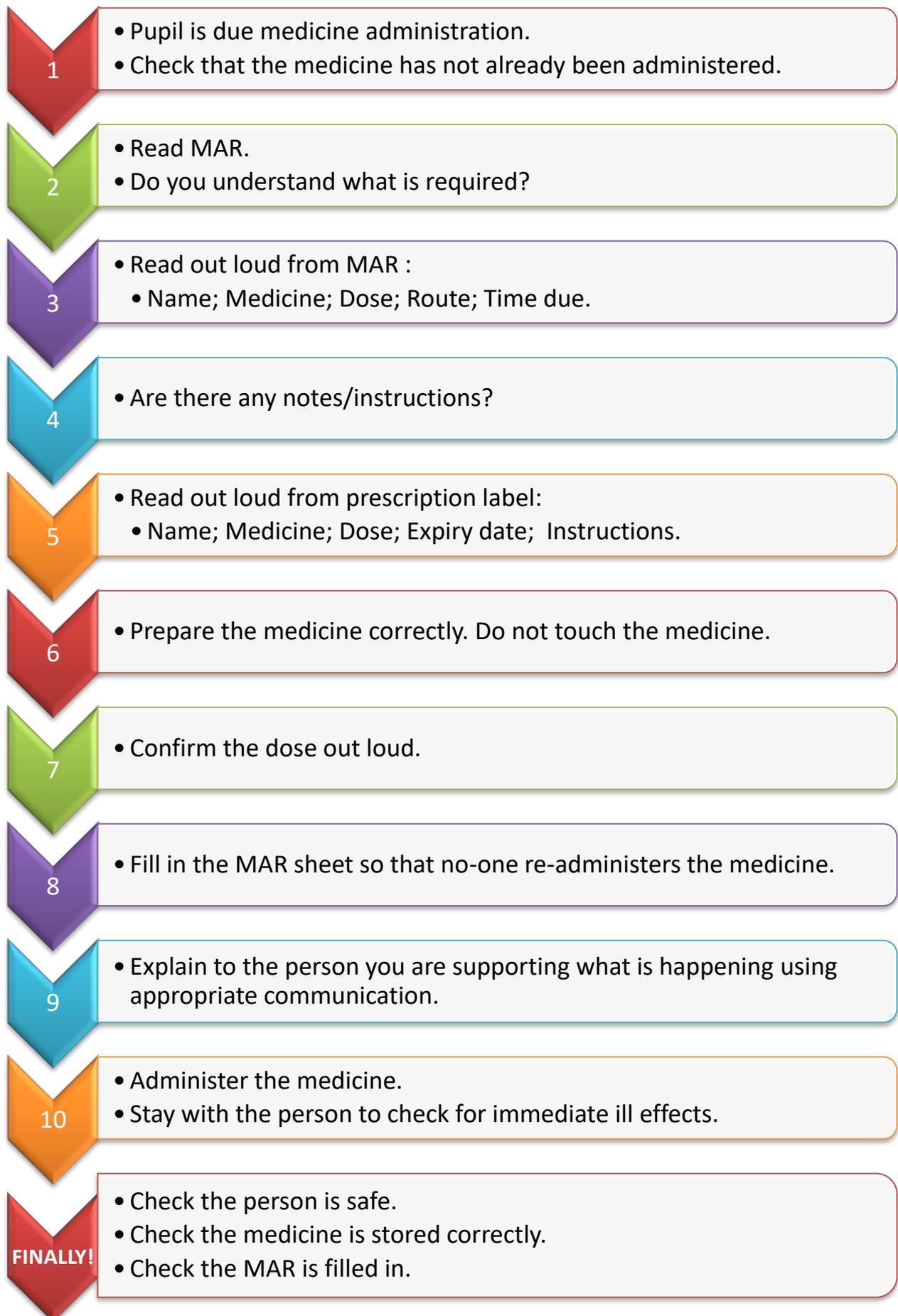
- Any drug names
- Micrograms
- Units
- Nanograms

Decimal points should be avoided if possible, for example write 500mg rather than 0.5g. If they are necessary there should always be a 0 in front of the figure, e.g. "0.5-1mg" rather than ".5-1mg"

B- Flow chart of the process of medicine administration



At ALL stages of medicine administration, concentrate solely on the task in hand. Do not allow anything to distract you unless it is a life-threatening emergency.



C – Visits outside the normal environment

Linwood School may sometimes take pupils on visits outside the normal educational environment in order to enrich their learning experience. This may increase the risks surrounding medicine administration, therefore particular care should be taken to prepare for such visits thoroughly.

Before visit, confirm any regular medicines that will be required during the time out of the normal environment. Remember to plan for unexpected delays in returning to the normal environment. Remember to take any PRN medicines that may be required.



Before the visit it is useful to write a timetable of when medicines (and any other treatments/therapies/interventions that are necessary) are due for the course of the visit, particularly if a group of people we support are going on the visit.



Medicines **must be taken out in the original packaging and not dispensed or prepared prior to the visit**. For example, take a box of tablets or a bottle of liquid medicine.



Record on the MAR that the amount of medicine has been taken out of the service.



The member of staff with responsibility for administering the medicine should take the MAR on the visit so that it can be signed when the medicine is administered.



Ensure the medicines are transported safely, according to the medicine policy. Use cool bags with ice packs for medicines that should be refrigerated. Use clearly identified bags/boxes for all medicines.



Remember to take appropriate measuring devices, (e.g. syringes or spoon) and any other equipment that may be required to administer the medicine (e.g. gastrostomy tube and water). Ensure that a drink (and food) will be available if required.



At the correct time, administer the medicine according to the process in appendix C.



On return from the visit to the normal service environment record on the MAR the amount of medicine returned to storage.

D – Over the counter medicines/creams that may be used without prescription

The following barrier creams may be used without prescription (consent is required as per the medicine policy).

Aqueous cream
Cavilon barrier cream or spray
Cetraben
E45 cream
Emulsifying ointment
Diprobase
Medihoney barrier cream
Metanium
Sorbaderm cream or spray
Sudocrem
Zinc and castor oil barrier cream
“Own brand” baby nappy creams
Sun protection creams or lotions
Insect repellent

Toiletries and cosmetic products are not covered by the medicine policy, but should be used according to the choices and preferences of the people we support. Due care should be taken to note any allergies to such products.

E – List of Cytotoxic and cytostatic medicines

List of cytotoxic drugs and cytostatic drugs that you may see (some may be used for non-oncology indications)

(Definition = toxic to cells and work by killing certain cells):

ALL the following medicines require safe handling procedures (wear personal protective equipment) by all staff handling them:

ACITRETIN
AZATHIOPRINE
BUSULFAN
CHLORAMBUCIL
CHLORAMPHENICOL injection
CICLOSPORIN
CIDOFOVIR
COAL TAR containing products
COLISTIMETHATE SODIUM
CYCLOPHOSPHAMIDE
DANAZOL
DITHRANOL containing products
ETOPOSIDE
EVEROLIMUS
FLUDARABINE
GANCICLOVIR
IMATINIB
ISOTRETINOIN
MERCAPTOPYRINE (6MP)
METHOTREXATE
MITOTANE
MYCOPHENOLATE
MYCOPHENOLATE MOFETIL
NELFINAVIR
OXYTOCIN
PENTAMIDINE
PODOPHYLLYN
PROCARBAZINE
RIBAVARIN
SIROLIMUS
TACROLIMUS
THALIDOMIDE
TIOGUANINE (THIOGUANINE)
TRETINOIN (ATRA)
VALGANCICLOVIR
ZIDOVUDINE

Other cytostatic drugs that you may see (Definition – do not kill cancer cells but stop them from multiplying so stop cancers growing that way). Women who are pregnant or planning a pregnancy should wear gloves or consider not handling these medicines.

ALDESLEUKIN
ALEMTUZUMAB
ANASTROZOLE
BCG
BEVACIZUMAB
BICALUTAMIDE
CHLORAMPHENICOL eye drops
CICLOSPORIN
COLCHICINE
CYPROTERONE
DIETHYLSTILBESTROL
DINOPROSTONE
ESTRADIOL
ETHINYLESTRADIOL
FLUTAMIDE
GONADOTROPHIN, CHORIONIC (HCG)
GONDORELIN
GOSERELIN
INTERFERON (ALFA, BETA & GAMMA)
INFLIXIMAB
LEFLUNOMIDE
LEUPRORELIN ACETATE
MEDROXYPROGESTERONE
NORETHISTERONE
OESTROGEN containing products
OXANDROLONE
OXYMETHOLONE
PROGESTERONE containing products
RITUXIMAB
SIROLIMUS
TESTOSTERONE
TOREMIFENE
TRIPTORELIN

These lists are not exhaustive and may not include all very new, unlicensed or trial medicines. Please refer to a senior member of staff if you are unsure at any time which waste bin to use.

F – Training Programme

During initial induction training, the following points will be covered:

- Many people we support require medicines.
- Medicine administration is covered by this policy.
- Staff must not participate in medicine administration in any way until they have been trained.
- All medicines should be locked away unless they are being used.
- Any medicine queries or concerns must be immediately referred to a member of staff who has basic medicine training and has been assessed as competent.

This course will give a member of staff an understanding of the how medicines should be administered safely, including legal aspects of medicine administration, practical issues and documentation. Medicines training should be refreshed or renewed at least every three years.

Staff will be required to read the medicine policy annually and sign to say they understand expectations.

H – Relevant local and national guidelines that apply to medicine administration

Council for Disabled Children (2005) Including Me: Managing complex Health Needs in Schools and Early Years Settings.

Available from:

http://www3.hants.gov.uk/including_me.pdf

Department for Education (2015) Supporting pupils at school with medical conditions. Published by Department for Education.

Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/638267/supporting-pupils-at-school-with-medical-conditions.pdf

Department of Health/Department for Education and Skills (2004) National service framework for children, young people and maternity services: Medicines for children and young people.

Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/199958/National_Service_Framework_for_Children_Young_People_and_Maternity_Services_-_Medicines_for_Children_and_Young_People.pdf

Moore K. (2017) Adult Social Care: Medicines Management Policy. Published by Borough of Poole. Available from:

<http://archive.poole.gov.uk/your-council/how-the-council-works/strategies-plans-and-policies/medicine-policy/>

Moore K. (2017) Adult Social Care: Medicines Management Guidance. Published by Borough of Poole. Available from:

<http://archive.poole.gov.uk/your-council/how-the-council-works/strategies-plans-and-policies/medicine-policy/>

National Institute for Health and Care Excellence (2014) Managing medicines in care homes. Published by NICE.

Available from:

<https://www.nice.org.uk/guidance/sc1/resources/managing-medicines-in-care-homes-pdf-61677133765>

Nursing and Midwifery Council (2007) Standards for Medicines Management.

Available from:

<https://www.nmc.org.uk/globalassets/sitedocuments/standards/nmc-standards-for-medicines-management.pdf>

Royal College of Nursing (2017) Managing Children with health care needs: delegation of clinical procedures, training and accountability issues. Published by RCN. Available from:

<https://www.rcn.org.uk/professional-development/publications/pdf-006634>

Royal Pharmaceutical Society of Great Britain (2007) The Handling of Medicines in Social Care.

Available from:

<https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Support/toolkit/handling-medicines-socialcare-guidance.pdf?ver=2016-11-17-142751-643>

Royal Pharmaceutical Society (2018) Professional guidance on the Safe and Secure Handling of Medicines in all Care Settings: an updated draft for consultation February 2018.

Available from:

<https://www.rpharms.com/making-a-difference/projects-and-campaigns/safe-and-secure-handling-of-medicines>

University of Leeds (2016) Administration of medicines in care homes (with nursing) for older people by care assistants. Published by Department of Health. Available from:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/518298/Medicines_in_care_homes_A.pdf

Websites where staff can find more information regarding medicines:

Medicines and Healthcare Products Regulatory Agency

<https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency>

Medicines for Children

<https://www.medicinesforchildren.org.uk/>

NHS choices

<https://www.nhs.uk>

Patient.co.uk

<https://patient.info/symptom-checker>

Health professionals may also use:

British National Formulary (BNF) available as an app

British National Formulary for Children (BNFC) available as an app

White, R. and Bradnam, V. (2015) *Handbook of Drug Administration via Enteral Feeding Tubes*, Third Edition. Published by Pharmaceutical Press.

Electronic Medicines Compendium <https://www.medicines.org.uk/emc>

L – Medicine Incident Report

MEDICINE INCIDENT REPORT FORM

Date:	Time:
Person for whom medication was for:	
Person who is involved:	
Nature of the incident (<i>i.e. missed, wrong dose, wrong time, wrong person</i>)	
Action taken at the time Advice taken from GP <input type="checkbox"/> Pharmacy <input type="checkbox"/> NHS Direct <input type="checkbox"/> Parents <input type="checkbox"/>	
Who highlighted the incident and when?	
Reason for the above	
Who has been notified? Name ; (Mon-Fri - 9-5) <input type="checkbox"/> On-call (Out of hours) <input type="checkbox"/> Other.....	
Follow up Informal discussion date Review of documents - date; Further training yes/ No Suspended from medication until..... Performance targets set (supervision) Date of observed administration..... Formal note on personnel record Yes/ NO Disciplinary Yes / NO	
Notes	

Person completing this form;

Date: