

Care About Medicine

Providing information, support & Guidance on managing medicines safely and effectively in a social care setting

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Reminder – Patch Site Rotation

The rotation of the site where a patch is to be applied is very important. Using the same site each time can cause skin irritation. Some patches can cause a thinning of the skin and if routinely applied to the same area the rate of absorption into the bloodstream can be higher and could lead to an overdose of the medication.

Patch site should be rotated each time a patch is applied and where systems allow body maps should be used to show where the patch has been applied. Manufacturers guidance can vary for different patches, for example, Butec patches should not be applied to the same site for 3-4 weeks, Matrifen should not be applied to the same place twice in a row. Refer to the Patient Information Leaflet in the box for clarification on site rotation and application for each individual patch.

Covert Administration

Covert administration is when medicines are given in a disguised form without the knowledge or consent of the person receiving them. Any decision to administer medicines covertly needs to be formally agreed as being in the resident's best interest. The decision needs to be made by the prescriber along with a multidisciplinary team of healthcare professionals. Care staff must not give, or make the decision to give, medicines covertly without clear authorisation and documented instructions to do so. It is important that you have the correct documentation in place when you are to administer medicines covertly. Documentation should include:



- Evidence that an assessment of mental capacity has been undertaken.
- Evidence of a best interests meeting with a multidisciplinary team.
- Evidence of why mental incapacity has been decided.
- Proposed treatment plan agreed and recorded in the service users care plan.
- Clear documentation on the MAR chart that resident is having medication covertly, which medications it applies to and how it is being disguised i.e. what food/drink added to or whether the tablet can be crushed (this should have been discussed/agreed with a pharmacist and documented).
- Dates for reviewing the decision.

MAR Chart Directions

The legal direction to administer a medication is as per the medication dispensing label. The MAR chart is a record of the medication given/taken. Both the dispensing label and MAR chart must be an exact match.

MAR charts must be completed correctly and in full to ensure a service user's safety. Medication details e.g. name of medication, formulation, strength, and dosage instructions must be in indelible ink (if handwritten), use capital letters and words instead of numbers e.g. "Two to be taken in the morning" not "2 to be taken in the morning".



It is best practice that when adding medicines onto an eMAR/MAR chart or changing a dose that the eMAR/MAR chart entry is checked for accuracy by a second member of staff.

Medicine Competency Assessments

It isn't always possible when undertaking competency assessments to witness all medicine administration techniques however it is important to ensure that care staff are competent in all aspects of medicines administration. To ensure this you can witness the additional techniques during spot checks or when undertaking the annual competency assessment, questions can be asked, or scenarios worked through to ensure competency.

Expiry Dates of Medicines Once Opened

It is well known that medication such as eye drops have a shorter expiry once opened. However, there are many other medicines in particular creams and a number of liquid medicines that also have a shorter expiry once opened. This can also differ between brands.

It is important that care staff not only look at the manufacturers expiry but also check any guidance on the box or bottle when opening for the first time.



eMAR Medication Audits

Those providers using an eMAR will be used to following up on missed medicines alerts and anomalies on a daily basis. It is important that a medicines audit is still undertaken on a monthly basis to look at trends and to check for other possible issues that are not picked up by these alerts such as PRN protocols in place, recording of variable doses given i.e. 1 or 2 etc. It is recommended the following is also included in an eMAR audit:

- Does the eMAR chart list all the medicines prescribed?
- Has the eMAR been checked for accuracy?
- Do all entries show the name, strength and form of the medicine and full directions for use?
- Do all entries show any additional information/warnings e.g., take with or after food?
- Has non-administration of medicines been recorded correctly?
- When a variable dose is prescribed is the dose administered recorded?
- Is there sufficient information to allow care staff to give 'as required' medicines safely e.g. PRN protocols?
- Has patch administration been recorded correctly i.e. removal of old patch, where new patch has been applied, daily patch check to ensure still in place?
- Are body maps in place to show where creams are to be applied?

Every effort has been made to ensure the information contained in this newsletter is accurate at the time of publication.

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