Assist clients with medication (CHCCS305B)
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Before you begin

What you will learn

This work book is based on *CHCSS305B Assist clients with medication* from Version 3.0 of the CHC08 Community Services Training Package.

Knowledge and skills required

The following is a list of the knowledge and skills required by the worker to effectively provide support to people with taking their medications.

Knowledge

By the end of this unit students should know:

› Administrative procedures for medications listed in the Range Statement
› Appropriate storage of medications
› Basic knowledge of body systems and how illness affects people in the context of their life stage and support needs (e.g. age, intellectual disability, sensory disability, etc)
› Basic knowledge of commonly used medicines/drugs, including prescribed and over the counter medications
› Basic knowledge of some of the terms and abbreviations used in relation to medication such as PRN
› Correct handling of medications
› How and when to use the equipment listed in the Range Statement
› Organisation procedures related to medication, including documentation of medication and the use of medication charts
› Relevant commonwealth and jurisdictional legislative, regulatory, policy and industry guidelines and requirements relating to the provision of assistance with medication administration
› Standard and additional infection control procedures
› The difference between prescribed medication and over the counter medication
› The expected effect of medications being administered, the consequences of incorrect use of medication and of main reasons for errors in medication administration
› Understanding of duty of care in assisting clients with medication administration within scope of own work role
› Understanding of potential hazards in the environment including use of appropriate cleaning and sanitising procedures in relation to medication residue in containers
Skills

At the conclusion of this unit it is critical that students demonstrate the ability to:

- Provide assistance with administration of medications for clients in accordance with the client’s individual support needs, including providing physical assistance to take the medication or supporting a client to self administer medications. This assistance is to be provided in accordance with the worker’s defined job role and always in compliance with legal and organisation policies and procedures including principles of best practice relating to:

  - all work to be in accordance with health professional’s instructions
  - applying standard and additional precautions in infection control
  - correct documentation of medication administered
  - following instructions for assisting with administration of medication as per the client’s health/care/support plan
  - following occupational health and safety (OHS) guidelines
  - medication provision including managing and reporting contingencies which may arise
  - observing, recording and reporting on the client’s state of health and well being

- Demonstrate the following skills, including specific levels of literacy and numeracy and physical capabilities as required to:

  - accurately use dose administration aids
  - correctly read and follow all documentation relevant to the administration of medication, including: client’s health/care/support plan, information sheets, treatment sheets, instructions from pharmacy and health professional for administration and storage requirements of medications
  - discuss the self-medication process with the client and the support needed
  - negotiate the level and type of physical assistance to be provided to address the client’s needs
  - observe, report and record discrepancies in the medication, instructions and administration procedures
  - recognise possible changes in condition of the client through observation or as communicated by the client
  - report and record any changes in client’s condition as listed in the range statement before, during and after medication has been taken, to a supervisor and/or health professional so action can be taken
  - undertake required communication and documentation tasks
  - verbally report relevant details by telephone or face-to-face

- Distribute medications in a timely, appropriate and effective way to clients with differing needs and according to the form of medication

- Take into account opportunities to address waste minimisation, environmental responsibility and sustainable practice issues

- Use equipment listed in the Range Statement effectively and appropriately

Refer to the Training website (www.training.gov.au) for full details of the unit of competency.
How this unit is organised and what we expect of you

Throughout the learning material you will see the following:

**Practice Task**

A practice task is an activity that allows you to assess your own learning progress. It is an opportunity to determine the levels of your learning and to identify areas for improvement. **PLEASE DON’T SUBMIT YOUR PRACTICE TASKS.**

**Discussion**

At the end of each chapter you will find a number of discussion topics. Whether this occurs in an online forum, through online messaging or in a face-to-face environment, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students.

**Print students**

As a print student, you may wish to participate in the discussion forums to liaise with fellow students. Discussion forums constitute an important resource that enhances your learning and can be accessed via OpenSpace. To access OpenSpace, go to [http://www.opencolleges.edu.au/](http://www.opencolleges.edu.au/) The link to Login to OpenSpace is located on the top right hand side of the main Open Colleges web page.

Your theory assessments for this unit are located in the back of this student workbook and your workplace assessments are available in Study Period 4.

**Online students**

If you are an online student, you are expected to participate in the online discussions. Discussion forums constitute an important resource that enhances your learning.

As an online student, you may download a copy of this student workbook from your unit on OpenSpace. Please ensure that you save this workbook to your hard drive.

Your theory assessments for this unit can also be downloaded from your unit in OpenSpace. Your workplace assessments are available in Study Period 4.

**If you have a question about this unit**

If you have any questions or need further assistance with understanding concepts in the unit, please contact your trainer/assessor via the OpenSpace messaging system. Alternatively, if you have any enquiries regarding your course, please email studentsupport@opencolleges.edu.au or call the Student Services team (1300 650 011) for further assistance. You will receive a response to your enquiry within two (2) working days.

**Glossary:** A separate glossary of key words used in the learning material can be found in Study Period 1. This glossary also contains definitions of various terms used throughout your workbook.
How to work through this unit

Understand the material
To successfully complete this unit, you need to make sure you read the material presented in each of the chapters. Should you come across material that is confusing or doesn’t make sense to you, please contact your trainer via the OpenSpace messaging system. Most problems that you come across can be easily addressed by seeking clarification, and your trainer is in the best position to offer assistance. As a learner, it is very important that you take on some of the responsibility for the learning that you will undertake.

Do the practice tasks
As you read through the unit you will see a number of tasks. These give you an opportunity to:

› use your own experience
› think about what you have learnt
› do some research to enrich your learning
› discuss an issue with someone.

Minimum essential requirements for students in this unit
To pass the unit, you must attempt, complete and submit each of the assessment tasks and receive a satisfactory grade for each task.

Assessment procedures and advice
Students are expected to refer to the following information, along with “Open Colleges Assessment Policy and Procedures” available via the Open Colleges website at http://www.opencolleges.edu.au/policies.aspx#PoliciesProcedures

Please note that you will also have workplace assessment activities to complete for this unit. These activities will be undertaken either when you commence your work placement with a host organisation or if you are currently working when you decide to undertake your practical workplace assessment tasks. Workplace assessments are available in Study Period 4.

Theory Assessments
Instructions
Once you feel confident that you have covered the learning materials for this unit, you are ready to attempt this assessment.

To complete the assessment, please create a new MS-Word document and type your answers to each question or task in this document, noting the question number from the assessment.

To help Open Colleges manage your assessment, please use the following file-naming convention when you save your MS-Word document. Your file should be named and saved to your computer’s hard drive using your: [student number]_[assessment]_[assessment number].doc For example: 12345678_21850a_01.docx.
Assessment Submission

When you are ready to submit your assessment, upload the file in OpenSpace using the Assessment Upload links in the relevant Study Period of your course. The Student Lounge provides a ‘Quick Guide to Uploading Assessments’ if you need further assistance. Uploading assessments in OpenSpace will enable Open Colleges to provide you with the fastest feedback and grade on your assessment.

Alternatively, you can print and post your assessment to Open Colleges, PO Box 1568, Strawberry Hills, NSW 2012. Please ensure that you use the Open Colleges Assessment Cover Sheet (available in the Student Lounge in OpenSpace). Where assessments are submitted by post, grades will be released in OpenSpace. Please note that assessments submitted by post may take up to 21 days from the date received by Open Colleges to grade and are reliant on the efficiency of the postal service.

It is important that you keep a copy of all electronic and hardcopy assessments submitted to Open Colleges.

Resources

The following resources are suggested to assist you to gain the skills and knowledge required in this unit. They may be available online, at the Gale Library or your local library. You are not expected to read each one. Your trainer may suggest other resources to assist you in your learning.

Publications

Australian Pharmaceutical Advisory Council 2002, Guidelines for medication management in residential aged care facilities, Commonwealth Department of Health and Ageing, Canberra, ACT.

Australian Pharmaceutical Advisory Council 2005, Guiding principles to achieve continuity in medication management, Commonwealth Department of Health and Ageing, Canberra, ACT.

Deter, L 2006, Basic medication administration skills, Thomson Delmar Learning, Clifton Park, New York, USA.

Helper, C, Segal, R 2003, Preventing medication errors and improving drug therapy outcomes: a management systems approach, CRC Press, Hoboken, New Jersey, USA.

Institute for Safe Medication Practices 2005, Mosby’s nursing PDQ for medication safety, Mosby, St Louis, Missouri, USA.


Websites

Australian Cerebral Palsy Association
Recommended least restrictive principles and practices for the administration of medication to people with disabilities in community based settings

Australian Government Department of Health and Ageing
Australian Nursing and Midwifery Accreditation Council
<www.anmc.org.au>

Department of Families, Housing, Community Services and Indigenous Affairs
<www.fahcsia.gov.au>

New South Wales Health Pharmaceuticals Branch
*Drugs of addiction – schedule eight*

Royal Children’s Hospital Safety Centre
*Poisoning prevention*

Royal College of Nursing
<www.rcna.org.au>

WorkSafe Victoria
*Healthcare – preventing needlestick injuries*

**Tips to study success**

› Below are some links that may help you to improve your study skills:


› Webspiration – free online mind mapping tool. Watch a video on how to use Webspiration on YouTube http://www.youtube.com/watch?v=T0EXLbQC_F8&feature=related

› Example of a mind map at MindMeister – http://www.mindmeister.com/23290325/western-philosophy

› Bubbl-us – free online mind mapping tool https://bubbl.us/

› Mind42.com – free online mind mapping application http://mind42.com/signin


› Study Stack – Online flash cards: use the ones available or create your own http://www.studystack.com/

› Basic Study Skills - ALISON Online Training Course – http://alison.com/courses/Study-Skills

› Math Help and Tutorials by Subject and/or Topic – http://math.about.com/od/mathhelpandtutorials/Math_Help_and_Tutorials_by_Subject_and_or_Topic.htm

› Khan academy Maths – http://www.khanacademy.org/

› Computer basics – http://www.gclearnfree.org/computers


› Writing essays – http://www.greatsource.com/iwrite/educators/e_forms.html


› Sense-Lang.org – Touch-typing and accuracy practice.


Introduction: Assisting clients with medication

A crucial part of a support worker’s role and responsibilities is to assist with the administration of medication. This is an extremely sensitive and important part of client care. There are specific laws that explain exactly what you are permitted to do and what you are not permitted to do.

A history of caring

There have been many changes in the fields of aged care and disability services. These changes are listed in the following table.

<table>
<thead>
<tr>
<th>In the past</th>
<th>Now</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff focused on people’s physical health.</td>
<td>The focus is on all aspects of health: physical, emotional and spiritual.</td>
</tr>
<tr>
<td>The focus of health care was on curing illness and disease rather than maintaining good health.</td>
<td>Great care is taken to maintain good health and prevent illness and disease.</td>
</tr>
<tr>
<td>People died at an earlier age.</td>
<td>People live for longer but are more likely to experience impairments and disability.</td>
</tr>
<tr>
<td>Older people were placed in residential care.</td>
<td>Older people are supported to stay in their homes for as long as possible.</td>
</tr>
<tr>
<td>People with disabilities were institutionalised.</td>
<td>People with disabilities are supported to stay in their homes where possible.</td>
</tr>
</tbody>
</table>

Some of the functions that were previously the sole responsibility of nurses and doctors have been given to support workers. In some circumstances, support workers now have a supporting role in the administration of medication. The consequences of incorrect administration of medication can range from ill health to death. Workers who overstep their authority may face civil and criminal charges. For these reasons, workers have a key responsibility to make sure they follow relevant laws and regulations and pay attention to instructions written in workplace policies and the client’s care plan.
Providing assistance

You may work in an aged care facility, provide care in clients’ homes or work in a day stay program. In some instances, clients need support to take their medication; for example, clients with cognitive or physical impairments. Assistance will vary, and may include providing physical comfort, preparing equipment, accessing dose administration aids, and encouraging and reminding clients to take their medication.

There are a number of things that will affect the level of assistance you provide. These include:

›  the laws and regulations in your state or territory
›  industry standards and guidelines
›  your organisation’s policies and procedures
›  your job description and the boundaries of your job role
›  your level of training
›  your degree of competency
›  the route of administration
›  the instructions in the client’s care plan
›  the client’s needs and preferences.

Requirements vary greatly between states and territories. Here are some current regulations. These laws and guidelines may change. You must make sure you are not working beyond your level of authority.

<table>
<thead>
<tr>
<th>State</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Victoria</td>
<td>Under the <em>Drugs, Poisons and Controlled Substances (Aged Care Services) Act 2006</em> support workers may administer medication to clients providing they have received adequate training, have been judged to be competent, and the medication has been prescribed by a doctor. Support workers may only administer medication to high-care clients under the direct supervision of a registered nurse.</td>
</tr>
<tr>
<td>NSW</td>
<td>Support workers may only administer prescribed medication to clients.</td>
</tr>
<tr>
<td>Tasmania</td>
<td>Support workers may administer medication to clients in the community, providing they have undertaken the Tasmania Qualifications Authority’s accredited training in medication management and follow the Department of Health and Human Services guidelines.</td>
</tr>
<tr>
<td>Queensland</td>
<td>Guidelines for administration vary depending upon the type and route of medication. There are some types of medication workers must never administer, other classes that can be administered providing the worker has undertaken appropriate specialised training and others that can be administered by those who have undertaken more general training in medication administration. Indigenous health workers have additional authority. Those located in remote communities are authorised to carry controlled substances (schedule 8 drugs).</td>
</tr>
<tr>
<td>South Australia</td>
<td>Schedule 8 drugs can only be administered when witnessed by the designated nurse on duty.</td>
</tr>
<tr>
<td>Western Australia</td>
<td>Support workers may administer medication providing they are trained, comply with the training provided and undergo annual assessment to ensure they maintain their competency.</td>
</tr>
</tbody>
</table>
Skills and knowledge needed

Support workers need background knowledge to provide appropriate assistance in the administration of medication. You should be familiar with the body’s systems as well as common illness and disease. You need to understand the various routes of administration such as via the mouth, on the skin or through the skin. It’s important to know the equipment and aids to use to help administer the medication such as eye-dropper, measuring cup, nebuliser, tablet divider and mortar and pestle.

Furthermore you must understand that medication, whether prescribed by a health professional and dispensed by a pharmacist in dose administration aids, or purchased over-the-counter, can interact with other medications or with illness to produce unexpected and unwanted effects. You need to recognise and report these complications when they arise.

You can find out more about medication by accessing the MIMS annual or drug reference guide. The MIMS annual is a reference guide that is available as both an electronic resource and in hard copy that can be used to find out information about prescription and non-prescription drugs. Remember you have no authority to prescribe medication or make any changes to the way medication is administered. Therefore, any information accessed about medication should only be used for general interest.

You need to understand any instructions about the administration of medication. In most instances, doctors will provide instructions about when medication is needed. You will need to understand some technical terms and abbreviations. For example, clients may be required to take medication a certain number of times a day such as daily (which is signalled through the use of the abbreviation q.d.) or three times a day (which is signalled through the use of the abbreviation t.i.d.).

On other occasions, medication is prescribed on demand. These medications (known as p.r.n. medications) may only be administered as prescribed and instructed by the health professional. They may be administered in response to staff observation, specific information provided by client, or where the medication is documented in the client’s health care plan.

Understanding sustainability

The unit of competency CHCCS305B Assist clients with medication now includes skills and knowledge requirements relating to sustainability principles and their application in the workplace. The information provided in this section provides an overview of these principles. You should consider sustainability principles as you undertake your learning, and think about how you can apply them in the context of this unit.

Sustainability means reducing our ecological footprint – our use of the Earth’s resources balanced with the Earth’s capacity to regenerate – without affecting our quality of life. All industries have the opportunity to incorporate sustainability principles and processes into day-to-day operations. Sustainability principles are broadly applied to the workplace in terms of environmental, economic and social aspects. An additional principle is that of workforce sustainability: how staff are trained and retained.
Environmental sustainability

Environmental sustainability means using the earth’s resources without substantially affecting the ability of future generations to have access to them. This includes maintaining the beauty of the natural environment.

To a certain extent, this can be achieved through the use of renewable rather than non-renewable resources. Electricity produced from wind or solar energy is considered a renewable resource, because we can reasonably expect that wind and sun will continue to be available. Choosing to buy electricity produced from renewable resources is a good way to promote environmental sustainability.

Oil and coal are non-renewable resources. There is a limited supply, which will eventually run out. We cannot continue to use these resources at the same rate and expect our children to be able to do the same.

Environmental sustainability is also about taking things from the natural environment at a slower rate. For example, using less paper in your workplace may reduce tree logging, which may, in turn, reduce the amount of greenhouse gases in our atmosphere.

Many organisations now pride themselves on being ‘green’ workplaces. This means they are trying to reduce their environmental impact. It is easy to look at big manufacturers and see how they could reduce their environmental impact. We can see the pollution they create; the waste they produce that needs to be disposed of; and the large quantities of water they use. However, you may wonder how, in a small organisation, you can make a difference. You can do so by using the 3Rs – reduce, reuse and recycle. An example of this process is shown in the following table.

<table>
<thead>
<tr>
<th>Reduce</th>
<th>The first step is to print or copy as few things as possible. Don’t just automatically print an email; consider first if you actually need to keep a hard copy or whether an electronic copy is enough. Printing or copying on both sides of the paper will dramatically reduce the amount of paper you use. Buying paper made from recycled products also reduces the environmental impact.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reuse</td>
<td>Wherever possible, use the same paper again. If you have finished with a copy of something, use the reverse side for notes. If it is something that several people need to read (for example, a copy of an interesting article), consider setting up a system to circulate one copy for everyone to pass on when they have finished.</td>
</tr>
<tr>
<td>Recycle</td>
<td>When you have finished with the paper, make sure it is recycled. Use a box to collect your paper for recycling at your desk then transfer it to the recycling bin when it is full. Remember that for some documents, it is important to comply with your organisation’s requirements for storage and disposal. Some things, such as client letters or orders, may need to be printed for legal reasons. Other documents may need to be shredded before they are recycled to maintain confidentiality.</td>
</tr>
</tbody>
</table>
If everyone in an organisation aims to reduce, reuse and recycle, then the amount of waste produced and energy and water used will decrease. Another important benefit is that the cost to the organisation should also decrease.

**Economic sustainability**

Economic sustainability means identifying ways to ensure all resources are used in the most efficient, beneficial and responsible way. In most businesses, economic sustainability is driven by management, but everyone has a role to play.

Economic sustainability encompasses:

- the efficient use and acquisition of resources, such as securing ongoing and recurring funding
- purchasing equipment that meets quality standards, is fit for purpose and can be reused or recycled at the end of its life
- recruiting and retaining qualified staff (see workforce sustainability)
- establishing effective operational processes and procedures so that work is defined and organised in the most appropriate and efficient way
- reducing wasted or duplicated effort wherever possible.

For most workers, their responsibility is to follow their workplace policies and procedures and to use equipment and resources appropriately and according to the manufacturer’s guidelines.

**Social sustainability**

Social sustainability is about ensuring future generations have the same or greater access to social resources. The aim of social sustainability is to create healthy and liveable communities through the development of formal and informal processes, systems, structures and relationships.

In community services, this is achieved by embracing practices that promote cooperative and effective relationships such as:

- ensuring all clients have equal access to participation in the service
- supporting diversity in the community and service
- ensuring staff and clients enjoy a safe and healthy care environment.

For most workers this involves:

- communicating clearly with clients and carers
- establishing a trusting, collaborative and professional relationship with them
- following occupational health and safety policies and procedures
- incorporating cultural and linguistic diversity requirements.
Workforce sustainability

Workforce sustainability means retaining the right people with the right skills to meet current and future business requirements. Workforce sustainability should be considered in terms of recruitment, motivation and job satisfaction, stress, career paths, staff turnover and job design. For example, your organisation's workforce sustainability policies and procedures may refer to:

› accessing education and training
› accessing external expertise and advice
› reporting OHS concerns or issues.

For most workers, it is your responsibility to:

› understand what is expected of you
› follow workplace policies and procedures
› report any improvements or deficiencies you become aware of.

Sustainability policies and procedures may be explicitly labelled or simply addressed within other policies and procedures.
Chapter 1: Preparing to assist with medication

As a support worker, you must follow the strict guidelines in place for administering medication. These guidelines are determined by legislation and guidelines and your organisation’s policies and procedures. They cover the procedures to be followed when providing supervision to clients who are self-administering their medication, assisting with all forms of medication and reporting any changes in a client’s condition.

In this chapter you will learn about:

1.1 Following guidelines and regulations when assisting with medication
1.2 Following organisational guidelines to meet your responsibilities
1.3 Handling contingencies
1.4 Identifying the physical assistance required by the client
1.5 Identifying the supervision required for self-administration
1.6 Identifying and reporting changes in the client’s condition
1.7 Checking medication and getting permission to proceed
1.8 Confirming procedures for administering the medication
1.9 Following personal hygiene procedures
1.10 Meeting duty-of-care requirements
1.1 Following guidelines and regulations when assisting with medication

The administration of medication is governed by federal and state or territory legislation. Workers must understand their responsibilities under this legislation as well as their workplace’s expectations to ensure a client’s medication is managed safely and correctly.

Legislative and regulatory requirements

Legislation is a law that has been passed in parliament. There are Commonwealth laws that apply to the whole of Australia as well as state or territory-based laws that apply within each state or territory. All workplaces are governed by these laws.

These acts, regulations and guidelines are there to ensure that medication is always given to people correctly and safely. It is essential that you are familiar with this information. The procedures you must follow in your workplace have been developed to meet these acts and regulations. If you follow the procedures, then you are following all the laws. Your workplace must ensure you are trained and qualified for the tasks they ask you to do.

By understanding the rules under which you operate, you can identify the level of authority you have, and what you can and cannot do.

Aged Care Act

One of the most important laws for aged care workers is the *Aged Care Act 1997* (Cth). This explains how care must be given, what aged care facilities must do, the range of services that must be given and what must be done to ensure everyone has access to and receives quality care that is responsive to their individual needs. It includes a statement that medication must be correctly administered and documented.

Occupational Health and Safety Act

The *Occupational Health and Safety Act 1991* (Cth) is important as it outlines the responsibilities that employers and workers have to ensure work is carried out safely and in a healthy environment. This includes the tasks involved in administering and managing medication.

Disability services legislation

The *Disability Services Act 1986* (Cth) describes the rights and responsibilities of people with a disability and of the care worker. Each state and territory also has its own Disability Services Act. The *Disability Discrimination Act 1992* (Cth) covers discrimination against people with disabilities.

The Disability Services Standards are federal guidelines that were developed by the Department of Families, Housing, Community Services and Indigenous Affairs to help promote positive outcomes for consumers by providing services that promote the client’s safety, wellbeing and independence.
Community care legislation

The *Home and Community Care Act 1985* (Cth) sets out the purpose for home and community care services and how they should be delivered in the community. The home and community care (HACC) program is jointly funded by the Commonwealth and state and territory governments.

Drugs and poisons legislation and regulations

Each state and territory has its own drugs and poisons legislation and regulations. The contents of these laws vary. Common inclusions are handling procedures for different categories of medication, who can administer medication and when medication can be administered.

The following table provides examples of different laws that apply in each of Australia’s state and territories.

<table>
<thead>
<tr>
<th>State/Territory</th>
<th>Relevant acts and codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australian Capital Territory</td>
<td><em>Medicines, Poisons and Therapeutic Goods Act 2008</em></td>
</tr>
<tr>
<td>New South Wales</td>
<td><em>Poisons and Therapeutic Goods Act 1966</em></td>
</tr>
<tr>
<td>Northern Territory</td>
<td><em>Poisons and Dangerous Drugs Act</em></td>
</tr>
<tr>
<td>Queensland</td>
<td><em>Health (Drugs and Poisons) Regulations 1996</em></td>
</tr>
<tr>
<td>South Australia</td>
<td><em>Controlled Substances Act 1984</em></td>
</tr>
<tr>
<td>Tasmania</td>
<td><em>Poisons Act 1971</em></td>
</tr>
<tr>
<td></td>
<td><em>Poisons Regulations 2008</em></td>
</tr>
<tr>
<td>Victoria</td>
<td><em>Drugs, Poisons and Controlled Substances Regulations 2006</em></td>
</tr>
<tr>
<td>Western Australia</td>
<td><em>Poisons Act 1964</em></td>
</tr>
<tr>
<td></td>
<td><em>Poisons Regulations 1965</em></td>
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</table>

Aged Care Standards and Accreditation Agency

The Aged Care Standards and Accreditation Agency is an independent organisation appointed by the government to monitor compliance with the four accreditation standards. These standards are described in the *Residential care manual 2009*. This is published by the government to describe how the government expects aged care homes to be run. It helps aged care facilities meet the requirements of the *Aged Care Act 1997* (Cth). All residential aged care facilities have a copy of the manual. Standard two is particularly relevant to medication as it covers health and wellbeing, including pain management and medication management.
Home and community care (HACC) standards

The *HACC national service standards* are for community care programs. The standards are about giving good service to older people in the community and in their home. The HACC standards explain how community care should be provided to older people. The standards describe seven objectives for high-quality service:

1. Access to services
2. Information and consultation
3. Efficient and effective management
4. Coordinated, planned and reliable service delivery
5. Privacy, confidentiality and access to personal information
6. Complaints and disputes
7. Advocacy

If you work in home and community care, there will be a copy of these standards in your workplace. You may be shown these standards as part of your induction training. Ask your supervisor for help to understand how the HACC standards relate to your tasks in assisting people to self-medicate.


**Australian Pharmaceutical Advisory Council**

The Australian Pharmaceutical Advisory Council advises the Australian Government on a range of issues relating to medication. It has developed two useful publications:

- *Guidelines for medication management in residential aged care facilities* (2002), which explains how clients must first be assessed to see if they are capable of giving themselves medicine before they are allowed to self-administer. This model also states that ‘medication must only be administered by qualified or suitably trained staff’.

- *Guiding principles for medication management in the community* (2006), which supports the partnership between health professionals and other care workers in assisting clients to remain at home. It provides information about the tasks that workers should and shouldn’t do when assisting with medication in community settings.

**Australian Nursing and Midwifery Council and nurses’ boards**

The Australian Nursing and Midwifery Council and the nurses’ boards in each state or territory provide guidelines to registered nurses about the situations in which they can delegate medication administration to appropriately trained workers.
Chapter 1: Preparing to assist with medication

Practice task 1

Do either of the following tasks.

   Select Section 2: Standards.

   What is the expected outcome for Standard 2.7 Medication management?


Establishing authority to provide assistance

Support workers need permission to assist people to take their medication. Their role is to supervise and help a client take their prescribed medication under supervision from a health care professional. The work they do is considered to be ‘under supervision’ because they have no authority to diagnose or change the prescribed treatment. They must not give injections or carry out invasive procedures, although they can administer medication from a prepared dose administration aid. Under no circumstances must they administer the medication on their own without permission.

Your workplace will have guidelines and regulations based on federal and state laws that outline the authority you have and the steps you should follow before you assist a client with their medication. Any work conducted by a support worker must be done after they have been trained and assessed as competent to assist with medication.

It is the support worker’s responsibility to question any instruction that seems unclear, inappropriate or unreasonable. You should consult your workplace policies and procedures for guidance in relation to what you should do and who you should consult in these circumstances.

The following excerpt is an example of a policy for support workers that clearly states the level of authority they have.
Example

Ballalong Nursing Home
Medication policy
Support workers must follow the client’s care plan at all times.
Support workers may be involved in:
- reminding the client to take their medication at documented times
- recording medication taken in progress notes
- recording and reporting client non-adherence to the care plan.
Support workers may only administer medication under the direct supervision of a registered nurse.
Support workers must never administer medication through injection or rectal or vaginal insertion.

Practice task 2
1. Explain in your own words why it is essential that a support worker follows the legislation about medication.
2. Explain why it is important for support workers to gain permission before they provide assistance with medication.
1.2 Following organisational guidelines to meet your responsibilities

To fulfil your duty-of-care requirements, you must have a good understanding of your role in medication management and the procedures you must follow. This can prevent a client from suffering harm as a result of incorrect medication administration.

When you first start work you will be:

› given training
› advised of your role and responsibilities
› provided with the organisation’s policies and procedures that detail the tasks, responsibilities and accountability of all those providing client services. If you do not receive a copy, make sure you know where they are kept and read them. If you follow the procedures, then you know you are complying with the law.

Documentation that outlines your responsibilities

Documents used to find out more about administering medication include:

› assessments, which include details about the client’s medical conditions as well as their ability to self-medicate
› organisational charts and authorisations, which indicate who is allowed to do what
› care plans, which provide details about medication
› job descriptions, which describe the tasks that form part of your job role
› reporting and recording requirements for medication errors
› privacy and confidentiality policies and procedures
› client charters of rights, which outline client rights such as privacy, choice and assistance with obtaining optimal health.

The following is an example of a procedure that clearly outlines the support worker’s responsibilities and what they must not do.
Example

**Procedure for receiving medication delivery from a pharmacy**

All pharmacy orders for the residential facility are handled by registered nurses in accordance with doctors’ medication orders.

The local pharmacy makes the medication up in blister packs for each individual resident. Support workers with a Certificate III are permitted to receive the orders and record they have been received.

Support worker tasks:

1. The list of residents for whom medication has been ordered is in the blue ‘Medication orders’ folder in the office.
2. Locate the list with today’s date on it.
3. Check that a blister pack for each resident on the list has been delivered.
4. Tick off each resident’s name on the list if their medication pack is there.
5. Replace the folder in the office.
6. Report to the nurse in charge that the medication has arrived and pass medication over to them.

Support workers can only check the resident’s name on each pack, and are not expected to check the contents of the medication packs. Registered nurses will do this.

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**Being part of a health care team**

Support workers work in partnership with other health professionals such as doctors, nurses and pharmacists. The roles and boundaries are clearly defined and all personnel have specific responsibilities. Doctors prescribe medication. Pharmacists make up the medication. Registered nurses and doctors administer medication. Support workers assist people to self-medicate or administer medication under strict supervision.

**Your responsibilities**

When you first start work you should be given an induction or orientation where you will be informed about your responsibilities. In addition you may be given a position description and a *contract of employment* as well as an employee handbook that will contain details about policies and procedures.

From these documents you can find out:

- your legal responsibilities
- the boundaries of your role, including what you must and must not do
- who you report to
- recording requirements.

You have a duty of care to follow all legislation, guidelines and procedures as outlined in legislation, policies and procedures manuals, and the responsibilities outlined in your position description.
What to do

Here is a list of responsibilities that are part of a support worker’s role. They will be referred to often in this learner guide.

- Follow the instructions given by the health professionals in the client’s care plan or care notes. You must make sure that you understand what is written. The information will tell you how often each medication is to be given, the route of administration and the quantity to be administered. You must not make decisions for yourself.
- Ask the registered nurse to access the medication cupboard. Most organisations will require records to be kept that detail who has accessed the medication cupboard, the type and the quantity of medication taken and who it is intended for. This allows organisations to keep track of medication, which is a hazardous substance.
- Identify yourself to the client. This helps build trust and rapport between you and the client.
- Identify the client. You can do this by checking their photograph, asking another person to confirm their identity or asking the client to identify themselves. This is discussed in more detail in Section 2.3.
- Gain permission from the client to help them administer the medication.
- Make sure the medication is taken at the right time. If medication is taken too often or at the wrong times, complications may arise. The medication may be ineffective or may produce unwanted, unexpected affects.
- Prepare the client and have equipment ready. Make sure the client is comfortable and has glasses or other equipment if required.
- Help set out the correct medication. You need to know that the dosage is correct. Get the correct number of tablets from the dose administration aid, watch the client pour the correct dosage or squeeze the right amount of lotion.
- Show the client what to do if required. Demonstrate how they are to take the medication.
- Watch the client take the medication. This serves two purposes. It allows you to make sure they are taking the medication and to take corrective action if they are having trouble swallowing or are choking.
- Observe any changes. Record and report changes to the client’s condition, appearance or behaviour.
- Follow OHS guidelines. These include washing hands, wearing personal protective equipment, such as gloves or an apron if required, and following protocols regarding returning medication to storage area or cupboard.
- Record everything that has happened with the administration of the medication, including the medicine they took or did not take, their condition and any reactions. This ensures everyone involved in the care of the client is aware of factors affecting the client’s health and wellbeing. Remember, a client has the right to refuse to take their medication.
**Practice task 3**

Contact an experienced person and ask them how to avoid making mistakes when they first start work as a support worker assisting with medication, when there is so much to remember. List their responses.

**What not to do**

A mistake with medication can have serious consequences, including death. There are a number of things that you must not do.

- Do not make decisions about the client’s medication, offer medical advice or change the medication in any way, even if the client has a reaction to the medicine or they ask you to give them more.
- Under no circumstances is a support worker allowed to give an injection. This must always be carried out by a registered nurse or doctor.
- Support workers should not carry out any invasive procedures; for example, inserting rectal or vaginal medication.
- A support worker must not force a client to take their medicine.
- A support worker must not refuse to give a client their medicine.
- A support worker must not assist a client to administer the wrong medicine.
- You can help the client to self-medicate but there are legal restrictions on who may administer medicines. You should be familiar with and follow your workplace policies and procedures in relation to administering medication. Be aware that many clients need to feel they have control over their lives. When they administer their own medicine they keep their independence and retain their self-esteem and dignity.
- A support worker must not administer medication unless under supervision.

**Practice task 4**

Read the case study, then answer the questions that follow.

**Case study**

Jessica is a support worker at Ballalong Nursing Home. A client asks for a pain reliever for a headache. There are no nurses available. Jessica has a box of pain relievers in her bag. She gives the client a pain reliever.

1. Has Jessica met her obligations?
2. What are the likely/possible consequences of Jessica’s actions?
3. How could this situation have been handled better?
Chapter 1: Preparing to assist with medication

Reporting requirements
Your supervisor is the person who is directly responsible for you and the work you do. You must report immediately to them if you are unsure of what to do if the client’s condition changes, if there is an emergency or you have any concerns. Tell your supervisor if you do not feel safe and/or competent in performing a task delegated to you. Ask for further support and training if necessary.

Recording requirements
You are legally required to document and record observations about the client including the medication they took or did not take, their condition and any reaction they have. You may be required to complete care notes or an incident report. Different organisations use different documents, so make sure you are familiar with the forms you are expected to complete.

Practice task 5
1. Outline the role and responsibilities of a support worker when assisting people to take their medication.
2. Examine a copy of the policies and procedures for medication management in a workplace. Summarise:
   - how to store medication
   - how to dispose of waste from medication
   - what records to keep.
1.3 Handling contingencies

Despite following procedures, you must always plan for instances where things go wrong or not as you expected. These plans are known as contingency plans. You may need a contingency or alternative plan for the following situations.

<table>
<thead>
<tr>
<th>Events that require a contingent approach</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client</strong></td>
</tr>
<tr>
<td>The client may:</td>
</tr>
<tr>
<td>• be confused and unable to identify themselves</td>
</tr>
<tr>
<td>• spit out the medication</td>
</tr>
<tr>
<td>• have trouble swallowing the medication</td>
</tr>
<tr>
<td>• be in pain</td>
</tr>
<tr>
<td>• suffer an adverse reaction</td>
</tr>
<tr>
<td>• refuse to take medication</td>
</tr>
<tr>
<td>• be under the influence of other drugs or alcohol</td>
</tr>
<tr>
<td>• take too much medication.</td>
</tr>
<tr>
<td><strong>Worker</strong></td>
</tr>
<tr>
<td>The worker might:</td>
</tr>
<tr>
<td>• forget to give medication</td>
</tr>
<tr>
<td>• give medication to the wrong person</td>
</tr>
<tr>
<td>• administer medication in the wrong form (for example, crushed rather than whole).</td>
</tr>
<tr>
<td><strong>Medication</strong></td>
</tr>
<tr>
<td>• The identification on the package does not match the client.</td>
</tr>
<tr>
<td>• The blister pack is not sealed.</td>
</tr>
<tr>
<td>• Tablets are missing.</td>
</tr>
<tr>
<td>• Medication is dropped and cannot be found.</td>
</tr>
<tr>
<td>• The medication is past its use-by date.</td>
</tr>
<tr>
<td><strong>Other people</strong></td>
</tr>
<tr>
<td>There may be instances where medication is taken by the wrong person. For example, clients may have toddlers at home who take medication by mistake.</td>
</tr>
</tbody>
</table>

Reporting difficulties or errors

You must know what to do when a contingent event arises. Anything that does not go according to plan may have serious consequences for the client. You need to know what action to take. This means knowing what to do immediately and who to call on to help you or give you advice, particularly if there is a life-threatening emergency.

Follow the guidelines set down by your employer by consulting relevant policy and procedure documents; clarify these with your supervisor if necessary. You must not give medical advice or assume you know what has caused the difficulty. Your job is to observe and report what has happened.

Procedures may differ between organisations so make sure you find out what you are meant to do. In most cases, you will report to your supervisor who will contact the appropriate person such as health professionals or information services. In some circumstances they may direct you to do this.
You should always have access to a contact list that contains the name and telephone numbers of your supervisor, the client’s case manager, emergency services (000), the client’s emergency contacts and next of kin, the nearest hospital, the poisons line and a pharmacist. If you do not have a contact list, you should ask for one or develop one yourself in conjunction with the client and your supervisor.

How to handle a contingency is dealt with in more detail in Chapter 4.

**Recording what has happened**

You will need to record what has happened in the care notes, communication book, and/or incident report form so everyone involved in the client’s care can see exactly what has happened and the action taken. Make sure you sign and date all entries so a health professional can contact you for further information if required.

Here are some tips for handling a contingent event.

<table>
<thead>
<tr>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Notify your immediate supervisor without delay.</td>
</tr>
<tr>
<td>2. Explain to the supervisor what has happened.</td>
</tr>
<tr>
<td>3. Follow instructions.</td>
</tr>
<tr>
<td>4. Call an ambulance if you have been instructed to do so, if there is a medical emergency or if you have good reason to believe the situation could be life-threatening.</td>
</tr>
<tr>
<td>5. Explain to the resident what is going to happen.</td>
</tr>
<tr>
<td>6. Record what has happened in the care notes.</td>
</tr>
<tr>
<td>7. Complete an error or incident report form.</td>
</tr>
</tbody>
</table>

**Practice task 6**

Explain why it is important for a support worker to know how to handle unexpected or contingent events.
1.4 Identifying the physical assistance required by the client

When supporting a client, you need to identify the level and type of support needed. While it is good practice to encourage self-administration to promote independence, there may be instances where clients require additional support. Clients may have impairments or disabilities that make it hard for them to get to their medication, open the containers or pour medication without spilling it.

Before providing physical assistance, you should be clear on the level and type of assistance required. You can do this by accessing the care plan or notes to confirm:

- the type of medication to be taken
- the quantity required; in all cases the actual dose must be prepared by the pharmacist
- when the medication should be taken
- special instructions such as ‘on an empty stomach’ or ‘after meals’
- the physical and cognitive condition of the client (whether they have the physical ability and mental understanding to take the medication).

It’s important to check the client’s condition so you know whether they will need specific assistance. Remember, all clients are different. Find out the type of assistance each particular client needs such as help with opening bottles or using a special non-slip cup.

Identifying the physical assistance required

While you should take the least restrictive alternative, some clients require direct assistance. For example, if a client can measure medication but cannot open a bottle, you should help them with opening the bottle but encourage them to measure the medication themselves. This helps maximise the client’s sense of control.

An important aspect when providing any type of physical assistance to a client is to make sure you provide privacy to ensure their dignity. This may mean making sure visitors stay in another room or drawing a curtain around the client’s bed.

If you are suitably qualified, you may provide physical assistance by:

- opening the bottles or dose administration aids – make sure your hands are clean and sanitised prior to commencing this activity
- carefully counting the tablets and placing on a sanitary surface.
- putting tablets into client’s mouth if necessary
- crushing or dividing tablets only if the medication carries pharmacist’s instructions to do so
- measuring the amount of liquid required into a medicine cup or a cream onto the affected area – double-check the measure against the dosage
- placing the cup up to the client’s mouth then tipping it into their mouth
- dissolving medication in water if instructed – dissolving medication can change the rate of absorption so this should only be done under the instruction of a pharmacist or doctor
placing medication into nebulisers or spacers, which make it easier for clients to inhale medication such as Ventolin
> getting medication from a fridge and bringing it to room temperature before administering, when appropriate
> warming medication in hands before using, when appropriate
> adjusting posture or position to make the client more comfortable and making it easier for them to swallow the tablets or fluids
> ensuring fluids are available to assist with swallowing – you may need to use a non-spill cup for fluids if the client has trouble gripping items.

In some instances, the level of assistance required may relate to safeguarding medication, as in the following example.

**Example**

Ben is employed as a HACC worker. He is at the home of Sopie Tepper. Sopie is an older man. Sopie is attempting to access a high shelf where medication is kept. Sopie appears unsteady on his feet.

Ben says ‘Can I give you a hand?’

Sopie replies ‘That would be great’.

Later Ben asks Sopie whether the medication could be moved to a lower shelf. Sopie agrees that this would be a good idea but says he has grandchildren who visit and wants to make sure the medication is out of reach. Ben discusses this with his supervisor who suggests childproof locks. After discussions with an occupational therapist, and Sopie, the locks are installed.

**Practice task 7**

Describe the physical assistance a support worker can safely provide according to legislation and organisational procedures, in the following scenarios.

- Serena has arthritis in her hands and cannot open the lids on the jars.
- Barry is visually impaired and even when wearing glasses he has difficulty reading the measuring glass.
1.5 Identifying the supervision required for self-administration

If a client is self-administering their medication, they may require less assistance but a certain amount of supervision. This should be outlined in the client’s care plan. For example, you may have to guide a client’s cup to their mouth, assist a client to press on a metal canister when inhaling medication such as Ventolin or provide a client with an adaptive device, such as a bottle opener, that can help them administer their own medication.

The following care plan extract outlines the support worker’s role.

Example

<table>
<thead>
<tr>
<th>Care plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: Fatima Leri</td>
</tr>
<tr>
<td>Date of birth: 13 March 1922</td>
</tr>
<tr>
<td>Medication:</td>
</tr>
<tr>
<td>☑ Sorbolene cream to be applied topically q.i.d.</td>
</tr>
<tr>
<td>☑ Fatima will apply the cream herself.</td>
</tr>
<tr>
<td>☑ Worker to assist by:</td>
</tr>
<tr>
<td>☑ ensuring Fatima has access to glasses</td>
</tr>
<tr>
<td>☑ arranging a wash cloth to ensure Fatima’s hands are clean</td>
</tr>
<tr>
<td>☑ reminding Fatima to apply the medication</td>
</tr>
<tr>
<td>☑ helping Fatima remove the lid from the bottle.</td>
</tr>
</tbody>
</table>

In this situation the worker’s role is to support Fatima. While the worker plays a role in ensuring Fatima has what she needs to apply the medication and reminding Fatima to take her medication, Fatima administers the medication herself.

In many instances, the support you give a client who is self-administering will be to make them physically comfortable so they can take their medication without any restrictions.

Making the client comfortable

You need to know the level and type of supervision required for each client to make a client comfortable:

- make sure there is sufficient light to read the label
- make sure their reading glasses are nearby or they have a magnifying glass to help them
- ensure dentures, if worn, are clean, in place and fit well
- ensure the client is sitting if they are swallowing medication (a client should never be lying down when they have to swallow medication)
adjust the client’s posture or position to ensure they are sitting upright with their head and chin forward
use cushions or pillows to make the client comfortable
use a knee table so the client doesn’t have to lean forward
if they are in bed, prop them up with pillows or a raised bed head if available
ensure the area where cream is to be applied is free from clothes
take care not to contaminate any dressings.

In some instances you need to encourage the client to take their medication. You may need to give a physical demonstration of how they should administer the medication.

Make sure the client is comfortable when assisting them with their medication.

Practice task 8

Read the case study, then answer the questions that follow.

Case study
Vivien is an older person who is required to take:
• insulin by injection as needed
• blood pressure tablets twice a day.
She has arthritis and vision impairment. In addition she is unsteady on her feet. She has dysphagia.

1. How would you make Vivien comfortable?
2. How would you prepare her for self-administration?
3. Identify the specific risks Vivien may face as a result of her various conditions when self-administering medication.
4. Explain how you could overcome or at least reduce these risks without compromising Vivien’s independence.
1.6 Identifying and reporting changes in the client’s condition

A key responsibility for a support worker is to regularly check the client is capable of taking the medication before it is given to them. This applies equally to people you are providing full support to as well as those who are self-administering.

Identifying changes in the client’s condition

Clients’ conditions can change for a number of reasons.

- An existing health condition may worsen.
- Their medication may vary or change.
- They may take different medications that interact and produce unwanted and unexpected effects.
- The client may forget or choose not to take their medication.
- The client may develop another condition such as the flu.
- The client may have trouble sleeping, which causes impaired judgment and memory problems.
- Stressful events in the client’s life may affect their abilities; for example, the death of a loved one, financial difficulties, family problems or the onset of dementia.

These circumstances can change a client’s mental state, their mobility, strength and balance, their breathing or their behaviour. As you prepare to assist with medication you should pay particular attention to:

- their mental state (for example, are they showing signs of being disoriented?)
- their mobility (for example, are they showing signs of not being able to balance as they walk?)
- their breathing (for example, is their breathing noisier or faster than usual?)
- their behaviour (for example, do they seem more depressed than usual?)

You can do this through observation, documentation and discussion as outlined in the following table.

<table>
<thead>
<tr>
<th>Method</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observation</td>
<td>Watch the client for signs their condition has changed since you last saw them. For example:</td>
</tr>
<tr>
<td></td>
<td>- Are they sweating?</td>
</tr>
<tr>
<td></td>
<td>- Do they look confused?</td>
</tr>
<tr>
<td></td>
<td>- Are they scratching themselves?</td>
</tr>
<tr>
<td></td>
<td>- Has their skin tone changed?</td>
</tr>
<tr>
<td></td>
<td>- Are they slurring speech more than usual?</td>
</tr>
<tr>
<td></td>
<td>- Is their balance affected?</td>
</tr>
</tbody>
</table>
### Method

<table>
<thead>
<tr>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>It can be difficult to assess whether a client’s condition has changed based on memory alone. Documentation, such as progress notes and records in communication books, can help you identify whether changes have occurred.</td>
</tr>
</tbody>
</table>

### Discussion

In most cases, the client is the best source of information about changes in their own health and wellbeing.

The client may tell you they feel different or believe their medication is making them feel worse or is not doing its job. Get them to describe how they feel. Make a record of this.

Ask them questions such as:
- Are you able to open the bottle?
- Did you remember to take your medication?
- Have you had enough sleep?

### Reporting changes in the client’s condition

If you notice changes in a client’s health status that may limit their ability to take their medication or to self-administer, you must notify your supervisor and record what you see and what the client tells you. That is all. You must not change the medication. If you are concerned about the client’s condition, check with your supervisor before proceeding.

Document and report all changes to your supervisor or follow the organisation’s policies, procedures and guidelines.

Health professionals you may need to report to are:

- registered nurse
- medical practitioner (general practitioner or a medical specialist)
- pharmacist
- dentist
- podiatrist
- psychologist
- psychiatrist
- dietitian
- physiotherapist
- occupational therapist
- complementary medicine therapist.
Practice task 9
Read the case study, then answer the questions that follow.

Case study
Isla, a HACC worker, has been visiting Mrs Brown three times a week for the last 12 months. Mrs Brown is required to take blood pressure medication at regular intervals. Failure to take the medication as required could result in a stroke. During one visit Mrs Brown offered Isla a cup of tea four times. At one stage Mrs Brown said, ‘Who are you?’ Isla knew she had to report this change of condition to her supervisor.

1. Has Mrs Brown’s condition changed? In what way?
2. What should Isla do? Why?
3. What are the consequences if Isla fails to report and record the changes in Mrs Brown’s state?
1.7 Checking medication and getting permission to proceed

All forms of medication to be administered, including dose administration aids, must be complete, up to date and ready for distribution. Part of your role as a support worker is to confirm everything is correct with your supervisor and obtain the authority to proceed.

Understanding medication

Make sure you are familiar with the type of medication the client uses. Medication can be:

> prescribed for a client by a health professional and dispensed or purchased over-the-counter
> purchased over-the-counter and identified in the client’s care plan
> p.r.n. medications, which are prescribed by a health professional and given to the client to take when the client feels they need it.

Medication comes in many forms including:

> capsules and tablets, which dissolve at different rates
> eardrops, eyedrops and nose drops, which are in liquid form to help manage infection in the relevant areas of the body
> inhalants, which are normally released into the body’s system via the respiratory system
> liquids, which release medication throughout the body via the gastrointestinal system
> powders, which are typically mixed with a liquid, such as water, and then released into the body via the gastrointestinal system
> lotions, creams and ointments, which are applied to the skin’s surface to combat infection or provide relief
> patches, which are applied to the skin to provide a slow and steady release of medication
> wafers, which are chewed.

Clients may use:

> antibiotics to fight infection
> antidepressants to elevate mood
> antihistamines to reduce the symptoms of allergies
> antipsychotics to reduce the symptoms of mental illness
> cardiovascular medication to adjust blood pressure
> hypnotics to reduce the affects of anxiety
> pain relievers to manage and reduce pain.

Over-the-counter medication, like all drugs, can have side effects. If you are aware the client is taking medication not listed on their care plan, you should inform your supervisor.
Regardless of the form of medication, whether it has been prescribed or purchased over-the-counter or its purpose, check the medication and ask the client’s permission before proceeding.

**Dose administration aids**

To help the client know how much to take, medication is often packaged in prescribed amounts. The pills are often organised into compartments for each day and for the time they are to be taken. This type of packaging is referred to as a dose administration aid (DAA). It is a safe and easy way to administer medication.

The DAA used depends on the dispensing pharmacy, the requirements of the client and the organisational requirements. The regulations and legislation related to the use of DAA may differ in various states and territories. Check and clarify your workplace policies and procedures to confirm the requirements for administering medication. In some circumstances, workers are not permitted to administer medication from bottles or packs, only from DAAs.

The different types of DAAs are:

1. Dosette boxes
2. Blister (or bubble) packs
3. Sachets

1. **Dosette boxes**

The refillable plastic dosette box is divided into compartments. The days of the week and times to take the pills are printed at the top of the box. Medicines for each day are placed in the box. It is easy to see what pill to take and when to take it. All the client has to do is take out the medicine for the correct day. They do not have to remember how many pills to take. This has already been done for them. A plastic sliding lid covers all the tablets. The client’s name and photo is sometimes placed on the box.

2. **Blister (or bubble) packs**

A blister pack is similar to a dosette box. It is a container where all the tablets that need to be taken at a certain time of day are sealed together into a section of the pack (a pocket or bubble). The back of each bubble lists the date and time they are to be taken. There is also a description of the tablets that should be in each bubble. The containers are prepared by a pharmacist. When it is time to take the medication, the tablets are simply pushed through the foil backing of the pack into a medicine cup or the client’s hand, ready to be taken. It is immediately obvious if a pack has been tampered with because the foil will be broken. Blister packs are not reusable.
3. Sachets

Single-dose sachets are prepared by a medical practitioner, registered nurse or pharmacist. They usually contain powders in the correct amount for a single dose.

The following example provides some information about the medication requirements of a particular client.

<table>
<thead>
<tr>
<th>Medication:</th>
<th>Amoxapine</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client name:</td>
<td>Nadine O’Connor</td>
</tr>
<tr>
<td>Client date of birth:</td>
<td>24/10/1940</td>
</tr>
<tr>
<td>Packed by:</td>
<td>Marley Sutherland – Pharmacist</td>
</tr>
<tr>
<td>Strength:</td>
<td>50 mg</td>
</tr>
<tr>
<td>Dose:</td>
<td>3 tablets daily</td>
</tr>
<tr>
<td>Directions:</td>
<td>Take orally</td>
</tr>
<tr>
<td>Date, day and time:</td>
<td>To be taken with meals three times a day</td>
</tr>
<tr>
<td>Any specific instructions:</td>
<td>Do not drive a car or operate a vehicle</td>
</tr>
<tr>
<td>Expiry date:</td>
<td>23/09/2012</td>
</tr>
</tbody>
</table>

Checking the medication is ready for distribution

Part of your role is to check the medication and confirm it is complete, current and ready to distribute. Follow these steps.

- Check the medication is correct and the person is correct. Match information on the person’s care plan with information on a label or pharmacist’s instructions.
- Check the information on the DAA against the information in the client’s care plan.
- Confirm the previous dose has been taken by looking through the client’s care notes. If a tablet has been missed, you need to notify your supervisor immediately.
- Make sure the medication has not passed its use-by date or has spoiled. If the date has passed, the medication may no longer be of benefit to the client. It could be potentially dangerous for a client to take medication that has passed its use-by date. Also, look for other signs, such as a change in the medication’s colour. Medication instructions may tell you what colour liquid the medication is supposed to be. If you are unsure, ask your supervisor.

If you encounter any problems, you must not continue. You should report to your supervisor without delay; for example, if you notice the wrong name is on the pack or the wrong amount of medication is included. Check for any faults in the packaging. If a DAA is broken or tampered with, it should not be used. It should be returned to the pharmacy without delay. Under no circumstances should a support worker remove or add any tablets to a DAA.
Preparing equipment

An important aspect of administration is to check the required equipment is available and in good condition. This may include applicators, gloves and apron, measuring cups, cottonwool, pill cutters and nebulisers.

A full list of equipment that may be required is outlined in Section 3.1. Identify what you need and make sure the equipment is clean and ready for use.

Obtaining authority to proceed

Before you can help with medication you need permission from your supervisor. Under no circumstances must you administer medication on your own without permission. Your supervisor will give you permission once they are confident you have been trained and have done the following things:

- You have read the client’s care plan and medication chart and checked the prescribing health professional has documented all medications and instructions.
- You understand what medication is to be given and the level of assistance and support required in relation to the medication.
- You have checked the client has been assessed by a health professional for the level of assistance required and they (or their decision-maker) understand and can make the request for assistance.
- You have checked all documentation in relation to a client’s medication has been confirmed.
- You have identified the client by their photograph or name on the dose administration aid or their medication chart.
- You have checked the DAA is packed for the correct dosage, the correct day and the correct time, and has not been tampered with. If there is no DAA, you have checked the information on the label of the medication to know the dosage and administration instructions.
- You have checked the client has agreed to take the medication. Remember, the client has the right to refuse medication and you need their permission or a request from them to assist them in taking their medication.
- You have followed all organisational guidelines; for example, wearing protective personal equipment.
1.8 Confirming procedures for administering the medication

The next step is to confirm the procedures for administering the medication.

Follow documented instructions
Read the care plan and any other documentation, such as support notes or medication charts, and check you understand the:

- type of medication
- dosage
- method of administration
- level of assistance you will provide.

Check the type of assistance needed
Confirm the assistance you need to provide in order to administer the medication efficiently, safely and in comfort. For example, providing a pillow, providing more light or making sure the client’s dentures are fitted.

Confirm the administration
Make sure you are confident you know how to help a client with their medication such as putting in eardrops, applying lotion or helping them to take capsules. There may be special techniques you have to be aware of, such as placing a cottonwool ball in the ear to prevent the drops leaking out. Make sure you understand any instructions printed on the label; for example, ‘apply directly to affected area’ means that the cream must only be put on the parts of the body where it is needed.

Confirm you have the client’s informed consent
Make sure the client has given their consent before going ahead with the administration. People have the right to refuse but it is your role to encourage them to take their medication. If the client is unable to understand or respond, you will have to gain the consent of their guardian or carer. When asking for their consent, let them know what they have to do and how you will assist them.

Check the equipment is ready
You need to make sure you have everything required so you can assist with the medication safely and efficiently. Make sure the equipment is clean.

If you are in any doubt about a dosage, method of administering, the client’s needs, change in the client’s condition, or the equipment, contact your supervisor immediately.
Practice task 10
Read the case study, then complete the task that follows.

Case study
You are working with a client, Alphonse, who has a learning disability. He has recently developed an eye infection. You have been given the following information from the care plan.

Name: Alphonse Aparo  
Date of Birth: 15/7/1967  
Medication: Eyedrops  
Application: Apply three drops to both eyes twice a day.

List the steps you would take to confirm you have everything ready and know the procedure to be used for administering the medication.
1.9 Following personal hygiene procedures

One of the most important requirements when dealing with medication is to make sure both you and the client follow personal hygiene procedures. You must help maintain a clean, hygienic environment at all times to prevent infection from spreading. Infection is a medical condition caused by micro-organisms such as bacteria and viruses. These are tiny particles that cause disease if they lodge in the human body and multiply.

How cross-infection occurs

Cross-infection occurs when a germ is carried from one person to another person or people. For this to happen, there needs to be a germ and a person to carry that germ to one or more people. One of the most common ways of transferring germs or infections is contact with an infected person or surface or inhaling airborne germs caused by coughing or sneezing.

Not all people will become infected when an infectious germ enters their body. Some people have a strong immune system that fights the infection. It is your duty of care to prevent cross-infection by using standard safety precautions. Always keep in mind that sick or aged people might not have a strong immune system and they might be infected much quicker or more easily than a healthy person. A support worker can contaminate a person while helping them take their medication if they have not followed safety precautions. Workplaces recommend that you do not go to work if you have an infectious disease you can spread to others; for example, flu, gastroenteritis or a common cold. Cross-contamination can occur when substances interact with each other and create an infection.

Personal hygiene procedures

To prevent infections spreading, you must follow guidelines and procedures that are set out in the occupational health and safety policies and procedures manual of your workplace. The risk of infection or cross-contamination is significantly reduced when medication is taken, or creams and lotions are applied, in a clean environment. Strict hygiene procedures must be followed where there is an increased risk present like an open or weeping skin wound.

Here are some prevention strategies you should follow when preparing to distribute and administer medication.

- Ensure treatment area is clean before commencing.
- Wash your hands before all procedures involving direct contact with a person, as well as before and after handling medication.
- Ensure the client washes their hands before and after handling medication.
- Wear disposable gloves when:
  - handling medication
  - cleaning blood or other body fluids
  - dealing with broken skin or mucus from the mouth or eyes.
- Wash your hands before putting on your gloves.
Don’t touch any part of your own body; for example, hair, nose, face or arms, with your hands or gloves.

Cover wounds.

Use clean equipment for each application. Clean equipment with hot, soapy water and a sterilising agent before and after it has been used. This should kill any germs on the equipment. If this can’t be done, use disposable items such as disposable cups, spoons, tumblers and paper towels.

Immediately wash any part of the body that becomes splashed with blood or body fluids.

Wash all equipment after use, including bottles and tubes used to hold medication liquids and creams.

Recap eye and eardrops immediately after use and store correctly.

Protect broken skin.

Dispose of sharps such as razor blades and broken glass immediately.

Don’t recap a used needle; for example, from a glucometer. Dispose of it appropriately.

Handle and clean contaminated linen and/or clothing according to occupational health and safety guidelines.

Dispose of contaminated waste products appropriately.

Protect yourself first when cleaning blood or body fluid spills, then clean up.

The following example shows the risks of cross-contamination.

Example

Mr Feisal has an infected wound. It has been dressed by the district nurse but the dressing has come loose and the wound is no longer covered. Mr Feisal accidentally touches the exposed wound then forgets to wash his hands. His tablets must be taken with food so he prepares some sandwiches for when the support worker arrives to help him with his medication. He offers the support worker a sandwich, which she eats.

In this instance, bacteria may be present in the wound. The bacteria may be transferred to the hands and in turn to the food. The bacteria could cause a range of conditions, including gastrointestinal complaints.

Washing your hands

You must wash your hands correctly. Cuts, sores and rashes on your hands should be covered at all times. A general hand wash should take about 20 seconds. You should wash your hands:

- when you arrive at work
- when your hands are soiled
- before and after touching people
- after blowing or wiping your nose
- before you leave work
after going to the toilet
before eating meals.

The following are hand-washing techniques to ensure your hands are free from germs that can cause infection.

(Source: Reproduced with permission of NSW Health.)
Practice task 11

Read the case study, then complete the tasks that follow.

Case study

Madeleine comes into Mr Strang’s room and sees that he has soiled himself. It is time for his medication. She makes him as comfortable as she can and reassures him not to feel embarrassed.

She washes her hands and puts on gloves and an apron. She places him on the bed with a towel and sheet protector underneath him. She removes his soiled clothing. She takes care not to contaminate any other surfaces.

Madeleine flushes the faecal matter down the toilet. She then places the soiled linen in the container that is used for soaking soiled linen before it gets laundered. She removes her soiled gloves and apron, then washes her hands correctly using a disinfectant and puts on clean gloves.

Madeleine cleans Mr Strang and makes sure his hands are washed with disinfectant. She is now ready to help Mr Strang with his medication.

1. List eight correct personal hygiene procedures that Madeleine followed.
2. Explain why Madeleine paid particular attention to Mr Strang’s hands.
1.10 Meeting duty-of-care requirements

All support workers have a duty of care to support a client to receive their medication, as prescribed by the doctor and dispensed by the pharmacist, in a timely, clean and safe manner. Meeting your duty of care does not mean you are required to provide perfect care or never make mistakes. It does mean you are expected to meet legal standards, organisational standards and community expectations.

Your duty-of-care responsibilities when assisting with medication include the following five areas.

<table>
<thead>
<tr>
<th>Duty of care</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Ethical responsibilities</td>
<td>· Make sure everything is done in the client’s best interests. Report and record instances where clients refuse to take medication.</td>
</tr>
<tr>
<td></td>
<td>· Do not cause the client any harm.</td>
</tr>
<tr>
<td></td>
<td>· Do not force clients to take medication against their will.</td>
</tr>
<tr>
<td></td>
<td>· Provide the client with autonomy.</td>
</tr>
<tr>
<td></td>
<td>· Treat the client with respect.</td>
</tr>
<tr>
<td>2. Check documentation to confirm the client’s needs and abilities</td>
<td>Read the care plan.</td>
</tr>
<tr>
<td></td>
<td>· Find out about and monitor the client’s ability to:</td>
</tr>
<tr>
<td></td>
<td>- swallow</td>
</tr>
<tr>
<td></td>
<td>- know where they are</td>
</tr>
<tr>
<td></td>
<td>- know what time it is</td>
</tr>
<tr>
<td></td>
<td>- open a medication bottle or blister pack</td>
</tr>
<tr>
<td></td>
<td>- read and identify their tablets</td>
</tr>
<tr>
<td></td>
<td>- lock and unlock their medication cupboard or container</td>
</tr>
<tr>
<td></td>
<td>- self-administer medication such as eyedrops</td>
</tr>
<tr>
<td></td>
<td>- communicate effectively.</td>
</tr>
<tr>
<td></td>
<td>· Do not assist in administering medication if the client has difficulty with any of the items above without seeking further advice from your supervisor.</td>
</tr>
<tr>
<td>3. Provide assistance as per instructions</td>
<td>· Follow the instructions in the care plan. If you do not understand the instructions or do not feel competent in carrying out the instructions, seek the advice and support of your supervisor.</td>
</tr>
<tr>
<td></td>
<td>· Provide privacy to maintain a client’s dignity.</td>
</tr>
<tr>
<td>4. Assist with reviews to ensure identified needs are addressed</td>
<td>· Record everything about the administering of medication in care notes, progress notes, communication books, incident reports, etc.</td>
</tr>
<tr>
<td></td>
<td>· Provide information verbally during case conferences and other meetings.</td>
</tr>
<tr>
<td>5. Ensure the safety of clients and others</td>
<td>· Ensure that the right client is given the right medicine, in the right dosage, at the right time, through the right route.</td>
</tr>
<tr>
<td></td>
<td>· Ensure all medication is accounted for.</td>
</tr>
<tr>
<td></td>
<td>· Report any changes in the client’s behaviour, appearance, temperature, breathing and general wellbeing.</td>
</tr>
<tr>
<td></td>
<td>· Follow OHS guidelines.</td>
</tr>
</tbody>
</table>
Practice task 12
Read the case study, then answer the questions that follow.

Case study

One of the people you care for is required to take tablets every day for depression as well as tablets to control seizures. He lives alone with his son, aged two. He has no other family living nearby. Your role is to monitor his medication. When you arrived you found two of the tablets lying on the bathroom floor. These are tablets for his seizures. He refuses to take them. His toddler is running around the house in distress.

1. Who do you owe a duty of care to?
2. What steps would you take to meet your duty of care?

Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› Many clients don’t understand the rules and get upset when a support worker tells them they cannot give them any more medicine. How can the support worker let the client know there are some things they are not allowed to do?
› Is it acceptable to provide clients with over-the-counter medication if they request it from you? Give reasons why or why not.
› How do you think a flu virus could spread in an aged care facility? What routes could it take?
› ‘I’m just a support worker. It’s not my responsibility to check whether a client is capable of self-administering medication.’ Do you agree with this point of view? Why/why not?

Chapter summary

› There are laws that must be followed in the health care industry. These include the Aged Care Act 1997 (Cth), the Occupational Health and Safety Act 1991 (Cth) and state and territory occupational health and safety and health legislation.
› Standards set by agencies act as an additional source of information on safe medication administration.
› Organisational policies, procedures, charts, job descriptions and care plans can provide more information about roles and responsibilities.
› A support worker must check their level of authority and actions to be undertaken if a difficulty arises.
› Support workers must check the level and type of physical assistance they can provide to clients, and the type of supervision required for clients who self-administer their medication.
Chapter 1: Preparing to assist with medication

> Identifying changes in the client’s condition before administering medication can ensure any barriers preventing clients from taking their medication are dealt with. Any changes must be reported appropriately.
> Checks should be carried out before administering medication.
> Personal hygiene procedures should be followed at all times to prevent cross-infection and to protect the wellbeing of all staff and clients.
> Workers owe a duty of care to their clients to make sure they receive their medication, as prescribed by the doctor and dispensed by the pharmacist, in a timely, clean and safe manner.

Checklist for Chapter 1

Tick the box when you can do the following.

- Follow guidelines and regulations when assisting with medication
- Follow organisational guidelines to meet your responsibilities
- Handle contingencies
- Identify the physical assistance required by the client
- Identify the supervision required for self-administration
- Identify and report changes in the client’s condition
- Check medication and get permission to proceed
- Confirm procedures for administering the medication
- Follow personal hygiene procedures
- Meet duty-of-care requirements
Chapter 2: Preparing the client for assistance with medication

Once you have made all the necessary preparations to help administer medication you need to prepare the client. This may involve checking you have the right client, making sure they are physically comfortable, providing privacy and showing the client what they have to do.

In this chapter you will learn about:

2.1 Checking the client’s identity and medication
2.2 Checking the assistance required
2.3 Preparing the client to take medication
2.4 Ensuring the medication is correct
2.5 Explaining the procedure to the client
2.6 Observing changes in the client
2.7 Acting on changes in the client
2.1 Checking the client’s identity and medication

Providing a client with the wrong medication or someone else’s medication is a serious breach of your duty of care. For this reason you should always identify the client prior to administering medication and never administer medication if there is any doubt about the identity of the client.

Checking identity

There are five steps you should follow to check the client’s identity:

1. Ask the client to identify themselves
2. Recognise the client
3. Look at the photograph
4. Look at the client’s details
5. Confirm the identity with another staff member

1. Ask the client to identify themselves

Give the client the opportunity to identify themselves. For example, after introducing yourself, you could say, ‘I’m looking for Shane Caulfield’. This offers the person the opportunity to identify themselves. Make sure you include the surname because there may be two or more people with the same first name. Be careful during this process. Although you might think that people can identify themselves, they could be confused, they might have a hearing impairment or they may be unable to understand English. These people may respond with an inappropriate answer when asked to identify themselves. For example, if you say, ‘Are you Mr Caulfield?’, the client might nod to agree or just say yes. He may not have heard you or he might have dementia and is not able to identify himself. He may have said yes because he thought that’s what you wanted him to say.

Here are some ways to check identity.

› ‘Hello, my name is Cathy; and you are?’ (Do not ask, ‘Are you Mrs Jones?’)
› ‘Could you please identify yourself before I help you with your medication?’

2. Recognise the client

If you are familiar with the client then you will know their name, who they are and their particular circumstances. When you see them you will be able to confirm that they are the client you are to assist with medication.

3. Look at a photograph

There should be a current photograph on the medication chart or care plan. There might also be a photograph on the dose administration aid. Check the photograph matches the client you are speaking with.
4. **Look at the client’s details**

Make sure the client’s name and date of birth are the same as the name and date of birth on the medication chart and the medicine container. It’s your job to make sure you have the correct person; cross-check with the photograph.

5. **Confirm the identity with another staff member**

You may need a nurse or other staff member to confirm the person you see is the correct one and they have been assessed as being able to take their medication. Another staff member may introduce the person to you or point the person out to you.

**Taking action if the client fails to identify themselves**

In many cases, you will need to follow the five steps outlined previously to identify the client. However, if a client is self-administering, it may be more difficult as you may not have their care plan and photograph with you. Before you proceed, you must make sure they identify themselves to your satisfaction. You might look around the room for a photograph or letters addressed to them or ask them specific questions. If you are not satisfied, contact your supervisor immediately.

**Checking the medication is correct**

**Confirm what the medication is**

Confirm the type of medication the client is to use. This might be capsules, eardrops, eyedrops, inhalants, liquid, lotion or cream, nose drops, patches, powder, tablets or wafers. The medication may include medicines prescribed by a doctor as well as non-prescribed medicines that can be bought over-the-counter; for example, cough mixtures, painkillers and antihistamines. Medication could also include complementary treatment such as herbal medicines, homeopathic medicines, health food supplements and nutritional supplements.

**Make sure the medication matches the documentation**

You need to be sure the medication to be given matches what is written on any documentation supplied. Check the instructions that have been given to the client. The name of the medication and the administration instructions will be printed on the label of the medication and on the client’s medication care chart. You will have been given this information by your supervisor. Remember to check the person’s name on the label or the dose administration aid.

The label must be legible and clearly indicate:

- the name of the client
- the name of the medication
- the strength
- the dose to be taken
- the route
- the times at which it should be taken.
The following four examples show a care plan; a medicine chart, a prescription label and a dose administration aid.

**Example**

**Care plan**
- **Service:** Home care ☐, Personal care ☐, Home maintenance ☐, Transport ☐
- **Days:** Mon/Tue/Wed/Thu/Fri/Sat/Sun (every day) ☑
- **Date of care plan:** 15/07/2012
- **Name:** Mr Anton Voynowski
- **Sex:** Male
- **DOB:** 7/08/30
- **Address:** 54 Palm Crescent, Rockingham
- **Phone:** 0020 3210

**Tasks**
- Meal preparation: Chop vegetables. Take out saucepans.
- Cleaning: Vacuum and mop kitchen and bathroom. Vacuum carpeted areas. Clean the showers and basins. Wipe down benchtops and dust surfaces.
- Shopping: Walk to the shops with Mr Voynowski at 10.00 am each Thursday.

**Assistance needed**
- Language and communication: Speak clearly. Explain words. Mr Voynowski sometimes has trouble understanding instructions.
- Mobility:
- Eating skills/dietary needs:
- Continence and toiletry needs:
- Medication: Eardrops given daily. Mr Voynowski needs help with steadying his hand when putting the drops in.

**Example**

**Care chart**

<table>
<thead>
<tr>
<th>Type of medicine</th>
<th>Time</th>
<th>How often</th>
<th>Amount</th>
<th>How to administer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eardrops</td>
<td>8.00 am</td>
<td>2 x daily</td>
<td>3 drops in each ear</td>
<td>Warm drops. Tilt head. Squirt into ear with ear-dropper. Place cottonwool ball into ear to stop liquid coming out.</td>
</tr>
<tr>
<td></td>
<td>4.00 pm</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Example

Prescription label

Amoxil: 15 mg
To be taken orally.
Take one capsule 3 times a day, with meals.
Mr Sam Rydberg
Exp: 12/12/2012
Warning: Do not open, crush or break capsule.
Medicine to be taken with food.

Example

DAA

<table>
<thead>
<tr>
<th>Medicine</th>
<th>Dosage</th>
<th>Description</th>
<th>Morning</th>
<th>Noon</th>
<th>Evening</th>
<th>Bed</th>
<th>Doctor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Analgesic</td>
<td>2 x 100 mg tablet</td>
<td>2 medium-size round white tablets</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>J. Swan</td>
</tr>
<tr>
<td>Antiemetic</td>
<td>3 x 25 mg tablet</td>
<td>3 small pink oval tablets</td>
<td>1</td>
<td>1</td>
<td>-</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Practice task 16

List three things a support worker can do to identify:
a) the client
b) their medication.
2.2 Checking the assistance required

To identify the specific assistance the client needs, you should base your decision on the client’s physical and cognitive abilities. Ask the client what assistance they require. Some people will want to do everything themselves and your responsibility is to observe the medication is taken correctly. Other people will need you to provide support such as placing a pillow behind their head, opening a bottle, pouring out the medication or lotion or guiding their hands to administer it. In all instances, you must ask the client what they need and explain to them what you are going to do so they are prepared. Remember, you must work within your role responsibilities and level of authority. Always check with your supervisor if you are unsure.

This following table outlines some conditions and the appropriate support you may need to provide.

<table>
<thead>
<tr>
<th>Condition</th>
<th>Consequence</th>
<th>Specific assistance required</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acquired brain injury</td>
<td>Client’s judgment or memory may be impaired.</td>
<td>• Use active listening techniques.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Help the client develop and use memory strategies.</td>
</tr>
<tr>
<td>Arthritis, a disability or had a stroke</td>
<td>Client has difficulty in gripping, turning or opening objects.</td>
<td>• Open a bottle.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Remove tablets.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Measure the liquid out.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Place a cup to the client’s mouth.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Use a non-spill cup for fluids.</td>
</tr>
<tr>
<td>Aphasia</td>
<td>Client experiences difficulty in:</td>
<td>• Consider using devices such as a communication board.</td>
</tr>
<tr>
<td></td>
<td>• making themselves understood.</td>
<td>• Allow time.</td>
</tr>
<tr>
<td></td>
<td>• communicating distress or discomfort</td>
<td>• Pay extra attention to visual cues.</td>
</tr>
<tr>
<td></td>
<td>• communicating informed consent.</td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td>Client has difficulty inhaling.</td>
<td>• Provide a nebuliser.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Place cushion behind client’s back or head.</td>
</tr>
<tr>
<td>Dysphagia</td>
<td>Client has difficulty in swallowing.</td>
<td>• Crush tablets with the authorisation of a general practitioner or relevant health care professional.</td>
</tr>
<tr>
<td>Intellectual disability</td>
<td>The client may not understand why or when they need to take their medication. This will depend on the severity of their impairment.</td>
<td>• Remind the client when to take medication.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Explain in plain language the purpose of their medication and the consequences of missing their medication or taking an incorrect dose.</td>
</tr>
</tbody>
</table>
Practice task 14

Indicate whether the following statements are true or false.

1. An acquired brain injury can affect a client’s ability to remember when to take medication.
2. Dysphagia is a condition that affects people’s ability to understand spoken information.
3. All people with intellectual disabilities need to be told when and why they need to take medication.
4. Asthma can affect a client’s ability to inhale medication.
5. People who have experienced a stroke may require assistance with opening bottles.
2.3 Preparing the client to take medication

Clients need to be physically, emotionally and intellectually able to take their medication. You need to make sure the environment is comfortable for the client before they take their medication. An important skill for workers involved in direct care is to be able to help the client relax or overcome their fear. They also need to know how to help the client if they are in pain.

Greeting the client

An important first step is to greet the client in a friendly and welcoming manner. Wear an identification badge and always introduce yourself by name. Never assume the client knows who you are. They may have more than one support worker who looks after them.

Tell the client why you are there and what you intend to do. If they don’t know what to expect, they might feel scared and object to any form of assistance. They may even refuse to take their medication because they do not trust you or do not understand what is going on. Building trust is an important part of the relationship between a support worker and a client, especially when dealing with medication. If the client trusts you, then they will have confidence in you and rely on you to act in their best interests.

You might mention the name of a family member or another resident. This makes them feel comfortable, as shown in the following example.

Example

Anna is an aged care worker. This is her first visit to Mrs Ling in her home. She knocks on the door and when a woman answers, Anna shows her identification badge and says, ‘Hello. I’m Anna from Pyrenees Shire. I’m looking for Mrs Rose Ling’.

‘I’m Mrs Ling’, the woman replies.

Anna says, ‘Your sister Lilly told me you were looking forward to me coming today. I’m here to help you with your medication.’

‘That’s right. Come in.’

Anna goes into the living room. She sees a family photo on the shelf. ‘Which one is you?’ she asks.

Mrs Ling quickly points herself out. ‘You look as if you are having a great time,’ says Anna. ‘Now let’s look at your medication chart.’

Here are some other examples of ways to greet a client.
**Example**

- ‘Good morning, Mr Sartori. My name is Vanessa. How are you today? I’m here to help you with your medication.’
- ‘Hello, Mrs Carpenter. I’m Craig. I’ll be looking after you this afternoon. How is your foot today? First, I’ll just get your medication organised.’
- ‘Good afternoon, Bill. I’m Janice. I saw you had your family visiting you this morning. Did they make the cake you were eating? I’m going to help you with your pills now, so I’ll just get a glass of water.’
- ‘Hello, Mrs Somopolous. I’m Vicki. I work with Samantha who brought your lunch. I’m here to help you with your medication.’

**Encouraging participation**

Support workers must gain the consent of the client before going ahead with the medication. Remember, a client has the right to choose whether or not they take their medication.

It is your role to encourage the client to take their medication. Make sure you tell the client what is going to happen and what they need to do. The client is more likely to be cooperative when they understand why they need to take the medication and know you are there to help them.

Sometimes a client might resist taking the medication. They may simply say they don’t want to take it. Others may shout, throw things, verbally abuse you or use offensive language. Your role is to find out why they don’t want to take the medication and find a way to get them in the right frame of mind to cooperate and agree to taking it. Listen to what they are saying and explain what you are going to do. Stay calm. Speak slowly and reassuringly. Don’t rush the client or act impatiently. Keep your body language non-threatening; for example, don’t frown or shake your finger at them. Don’t speculate about why they don’t want to take their medication; you won’t know until you ask questions and find out.

Be aware of why people may need encouragement to take their medication. They may have concerns about the medication for a number of reasons, even though the doctor may have already discussed this with them, as shown in the following table.

<table>
<thead>
<tr>
<th>Situation</th>
<th>What they might say or do</th>
<th>What you might do</th>
</tr>
</thead>
</table>
| They may be concerned about what might happen when they take the medication. | ‘I’m scared I might choke.’ ‘I don’t like having the mask on my face.’ | • Explain that their doctor has selected this medication as the most suitable one for their condition. Explain that the risk of choking is less if they relax.  
  • Demonstrate how to use an aid. |
| They may want to do something their own way.   | ‘I’m going to cut the capsule in half. I can’t take it like it is.’ | • Tell them that the capsule cannot be cut.  
  • Contact the supervisor immediately and ask whether the capsule can be taken with a food such as yoghurt or jelly. |
### Providing Privacy

Privacy and dignity are very important. Sometimes the client may not want you, or anyone else, to be involved. This can be a difficult situation, especially when you have to record that you have seen them take their medication. You need to explain to them that you have been asked by the health professional to record that the medication has been completed. It is part of the policies of the workplace that you must follow.

While you must respect a client’s right to privacy, you should be sensitive to the problem and see how you can work around the situation. For example, if the client has a visitor when they need to take their medication, they may not want the other person to know about it or to see them take it. You may need to tell the visitor to wait somewhere else. Explain that you have to talk to the client in private. In this way, they will still feel in control. Be sensitive about placing their medication chart on display. People may not want others to know what medication they are taking. Appropriate places may be inside the pantry door or in their bedroom.

You need to be aware of the medication you are assisting with and ensure only the part of the body that needs cream or lotion is exposed. It is important for people to retain their dignity.
Making the client comfortable

You need to make sure the environment is comfortable for the client before they take their medication. An important skill for a support worker is to be able to help people relax or overcome their fear. They also need to know how to help the client if they are in pain.

Read ‘Making the client comfortable’ in Section 1.5, which lists a number of things to do to make a client comfortable. Although this checklist is specifically for people who are self-administering, the same tasks apply to assisting all people taking medication.

Make sure the client is sitting to swallow their medication.

**Practice task 15**

Use a table similar to the following. In the left column, list four things you should do to prepare a client for their medication. In the right column, explain the reason for these steps.

<table>
<thead>
<tr>
<th>Steps for preparing a client for medication</th>
<th>Why you need to do this</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.4 Ensuring the medication is correct

Check and confirm that a client’s medication is correct before helping to administer it. Generally, the pharmacist makes up the doctor’s prescription and delivers it to the home or facility. The workplace will have clear, documented guidelines about how to check the medication is correct when it arrives from the pharmacy and before it is given to the client. Procedures may differ between workplaces. There are many situations where you need to check and recheck that the right person is getting the right medication. For example, the medication may have been taken from a locked cabinet by your supervisor and it may be your responsibility to collect the medication. You may have medication for a number of different people on a trolley. A number of different people may take the same types of medication.

Even though the medication will have been checked by the pharmacist and then by a qualified person at the facility, the support worker must also do a thorough check on the medication before the client takes it.

Check for any problems with the medication

It is important to check the medication is not damaged, contaminated or expired (past its use-by date) as this will make it unsuitable to use; it must not be administered. Medicine is unsuitable to use if something has happened that might make it different to what was prescribed. For example, if it is stored at the wrong temperature, the medicine might be damaged by chemical changes. If the lid is left off for too long, bacteria might contaminate the medicine. If the expiry date has passed, the medicine may have deteriorated in quality or undergone other chemical changes. Any of these changes might make the medicine ineffective or dangerous.

- Check the expiry date. If the date has passed, the medication may no longer be a benefit to the client. It could be potentially dangerous for a client to take medication that has passed its use-by date.
- Look to detect any change in the medication’s colour. For example, a change in the colour of eyedrops could mean they are passed the expiry date and will no longer be effective. It could also mean they have not been stored at the correct temperature. Medication may lose its efficacy if it has been incorrectly stored. There may be a description of the medication kept with dose administration aids. Medication instructions may tell you what colour liquid medications are supposed to be. If you are unsure, ask your supervisor.
Check medication has not separated. For example, creams and emulsions are made of oil- and water-based mixes. The mixture may start to separate if it has been stored in a hot place.

Dealing with contaminated and expired medication is discussed in Section 5.2.

Check DAAs are intact

You must check the packaging very carefully. Most medications have a warning telling people not to use them if the packaging is broken. Here are some tips for checking the packaging.

**Tips**

- Check the packaging is sealed properly to prevent contamination.
- Do not allow a client to take any medication not packed in its original packaging or in a dose administration aid as dispensed by the pharmacist.
- Do not give medication dispensed by anyone other than the pharmacist.
- Check the name and photo on the dose administration aid.
- Check the expiry dates.
- Check that medication is correctly removed from the packaging if the client self-medicates.
- Check the dose for the previous shift is removed (has been administered). Check the current and future doses are still in the container.

If anything is unclear, incomplete, inappropriate or unreasonable it must be reported to the supervisor or health professional without delay. According to specific organisation, state or territory guidelines, some medications; for example, Schedule 8 (S8) drugs must be checked with another person. They need to be double-checked by health professionals because of the damage that could be done if they were administered inappropriately. There should be two health professionals present when these drugs are unlocked, prepared and administered because these drugs are more likely to be misused or stolen.

Check whether the client is taking any other medication

Before you help with the medication, always ask the client whether they have taken any other medication that is not listed on their care plan or in their medication chart. For example, they may have bought over-the-counter medicines like a soothing cream, herbal medicine, tonics or pain relief tablets. You may notice over-the-counter medicines, or medicines prescribed by other people, in the client’s bathroom or on their kitchen bench. These non-prescribed medicines may react with the prescribed medication. Remember, your job is not to offer advice or tell the client they must not take it. However, you must let other health professionals who are involved with the client know what they are taking. You may have to contact your supervisor immediately if someone has decided to take an over-the-counter medicine when the care plan says they must not.
2.5 Explaining the procedure to the client

It is important to let the client know how the medication will be administered before they take it. Clients may not understand or they may be overwhelmed by the information provided by health professionals. It is often the role of the support worker to explain these details in plain language to make sure these instructions are understood and followed.

Communication skills are very important. Always be calm, patient and friendly, with a professional approach. Remember to speak clearly. Make and keep eye contact. Position your body to speak at the level of the client. For example, bend down to speak to someone who is sitting in a chair. Find ways to communicate if the client has a hearing impairment or does not understand English well. For example, if they have trouble understanding English you may have to draw pictures or have instructions translated to assist them. Be prepared to explain things more than once. Show the client that you are happy to do this.

Communicating effectively

Never assume a client has understood. Use open questions to clarify their level of understanding. Encourage the client to ask questions. If you are unsure of the answer, let the client know. Find out the answer from your supervisor. Let the client know the level of assistance you will provide, as well as their role.

Follow these six steps.
1. Confirm the time for medication
2. Explain the route
3. Show the amount of medication to be taken
4. Explain any conditions
5. Explain any preparation procedures
6. Show how to take the medication

1. Confirm the time for medication

If a client is self-medicating, they need to understand when they have to take the medication. Confirm the time for self-medication. The instructions on the label indicate when the medication should be taken. This might be once a day, with food, after meals, in the morning, at hourly intervals or when needed.

Sometimes, the instructions only say ‘Three times daily’. Usually, the doctor or pharmacist will decide when this should be. Often, it is as soon as they get up in the morning, before lunch time and before dinner. Keep in mind any other instructions such as ‘before meals’. You should make sure they understand it has to be taken before they begin to eat.

Explain what instructions, such as ‘four-hourly’, mean. When do you start the four hours? Do you count the hours at night as well?

Make sure the client understands any abbreviations on the label. You may need to translate these. In most cases the meaning will be clear. However, you may find some instructions are written using initials that come from a Latin word or phrase. For example:
<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>q.i.d.</td>
<td>four times daily</td>
</tr>
<tr>
<td>b.d.</td>
<td>twice daily</td>
</tr>
<tr>
<td>t.i.d.</td>
<td>three times daily</td>
</tr>
<tr>
<td>p.r.n.</td>
<td>as required or taken when needed</td>
</tr>
<tr>
<td>mane</td>
<td>in the morning</td>
</tr>
<tr>
<td>nocte</td>
<td>at night</td>
</tr>
</tbody>
</table>

Medication that is not prescribed to be taken at a specific time is known as p.r.n. medication. Many p.r.n. medications are for pain relief. It is important that support workers understand the procedures for these medications and follow the instructions they have been given. They need to explain these to the client so the client understands when they can safely take them. You need to know how the medication should be taken (for example, with food, crushed, not crushed) and the safe interval between doses (the minimum number of hours between medication). People have the right to make their own decisions about when to take their medication. However, support workers have a duty of care to see they take their medication as the doctor has prescribed. You must let your supervisor know if a client wants to take their medication more or less frequently, as this has the potential to harm them.

In the following example, the support worker explains what ‘as needed’ means.

A support worker talks to Mr Walls about medication he is taking for pain relief.

'Mr Walls, you have been prescribed analgesics for pain. The doctor says you are to take them when you feel the pain is very bad. I know the doctor and pharmacist will have explained how to use these painkillers but I would just like to confirm with you that you understand how many you should take every day.'

'The prescription says “no more than 3 every 24 hours”. This means that you can only have three tablets every day. If you are finding your pain is increasing and want to have more tablets, you must let me know and I will arrange for the supervisor to get in touch with your doctor to discuss this with you. Please ask for help if you do not understand anything.'

2. Explain the route

The route is the method used to take the medication. It might be by the mouth; rubbing on the skin; placing drops in the eyes, ear or nose; applying a patch to the skin or inhaling.

Some medication may be administered by injection or a nebuliser. Support workers must not give injections and can only place medicine in a nebuliser if allowed under workplace policies and procedures. Your role is to observe and make sure the medication instructions have been completed.
3. **Show the amount of medication to be taken**

The amount of medication the client is to take is written on the label. It may also be documented on their care plan or chart, the dosette box or the blister pack. This will indicate the number of tablets to be taken, the number of drops to give or the amount of lotion or cream to apply. Make sure you understand any instructions so you can explain them to the client. For example, a nasal spray may say ‘Spray one puff’; a cream may say, ‘Use sparingly’. Check the client’s supply to make sure they have sufficient medication.

The following is an example of a label on an eardrop medication.

```
Example

Instil 3 drops in each ear
Once in morning, once in afternoon
To be applied by tilting head to side, then hold for 20 seconds to allow drops to penetrate
Store in refrigerator
```

4. **Explain any conditions**

Confirm whether the medication instructions give any warnings or advice about preparing, taking or following up after taking the medication. Make sure the client understands. Examples of instructions or warnings are:

- Shake well.
- Must be taken with water.
- Use only if blister seal is intact.
- Do not take with antacids.
- Keep away from eyes.
- Do not apply to open wounds.
- Do not [do an activity] for a specific time (for example, do not drive for two hours)
- Do not go out in the sun.
- May cause drowsiness.
> Do not drink alcohol while taking the medication.
> Do not eat food for a specific time (for example, no food for one hour after taking the medication).

**Practice task 17**

1. Look at a label on a medication. List the conditions or warnings.
2. Look at another label. List any different warnings or conditions.

5. **Explain any preparation procedures**

You may have to do something to prepare the medicine and make sure the medicine is taken according to the instructions. For example:

> the tablet may have to be crushed to a powder to make it easy to take
> the tablet may have to be divided to make it easier to swallow
> medication must be taken before meals
> medication must be taken with food.

Follow the instructions. Don’t do anything to the medication unless you are told to. For example, some medicine must never be crushed because this will make it less effective and may even cause mouth ulcers. Capsules should never be cut open, because some medication is slow release and should not be removed from the capsule. The contents of a capsule can be split easily if cut open. Some pills should never be taken if the client has not eaten; instructions often say ‘Do not take on an empty stomach’. Make sure you explain what the instruction means.

Sometimes, the doctor may have advised that the instructions may be altered to help the client take the medicine. For example, they may say that a tablet can be taken with a food like jam, honey, custard or jelly.

If a client tells you they can’t take the medication as instructed, you must tell your supervisor and record it in the appropriate document such as the communication book or care notes. The information will be passed on to the doctor who will alter the instructions if necessary.

6. **Show how to take the medication**

You need to clearly explain exactly what the client has to do and when they have to do it. The instructions you are given on the care notes and medication containers will tell you exactly how the medication is to be administered. Your role is to repeat the written instructions you have been given. First, show them the chart, compartment box or label that tells them what they have to take and when.

Physically demonstrate what they have to do. For example, if they have to put in eyedrops, show them how to take the cap off, tilt their head back, open their eye, put the dropper close to their eye and squeeze the container to release a drop.

You also need to explain what they have to do. For example: ‘Tilt your head a little to the side so the eardrops will get in. Keep your head tilted for about 10 seconds so the
drops have a chance to go into the ear. If you put your head up immediately, the drops might run out.’

Give them tips. For example:

› Tell them to try not to blink when putting in eyedrops.
› Tell them to put a cottonwool ball in the ear after putting in eardrops to prevent the liquid dripping out.
› Have a favourite food ready for them to eat after they have taken the medicine (if this is allowed).
› Show them how to put a mask on so there are no gaps.
› Show them a 20 cent coin (or whatever is appropriate) so they know how much lotion to apply.
› Show them how to carefully remove the backing from a patch to prevent it sticking to itself.

Show a client how they should administer their medication.

You may need to provide other assistance if the client is self-administering at home. A large medical chart placed in a prominent position is ideal for helping a client take the correct dosage. You might enlarge the information on the label. You may need to draw pictures to indicate the correct dosage. If you believe vision impairment is contributing to the situation, make sure you discuss this with your supervisor as it may result in a revised care plan for the client.

You may need to make suggestions to a client who complains they can’t take all their tablets at once. For example, you might suggest they have a short break between each tablet, they could take the larger capsule a little later than the others, or ask their doctor whether there is another form of the medication that would be easier to take.
Chapter 2: Preparing the client for assistance with medication

This next example shows what the support worker does to explain to a client how to administer their medication.

**Example**

Mrs Nicholls has just been prescribed a topical corticosteroid cream for contact dermatitis, which she has developed on both hands and forearms as well as her lower legs. The cream has to be applied onto clean skin. Casey, the support worker, tells Mrs Nicholls the doctor has recommended that she puts the cream on after her morning shower because the skin will absorb the cream better then. To get the full benefit from the cream it is very important it is applied correctly.

Casey tells Mrs Nicholls what she has to do:

1. Wash and dry your hands first. (Casey would not need to use gloves here as she is only demonstrating the procedure.)
2. Place a small amount of cream in the palm of your hand (as mentioned on the label or in the care book). To help Mrs Nicholls, Casey says, ‘Put a dob about the size of a 10 cent piece. It will not help to use any more cream than this’.
3. Now briskly rub your hands together so the cream is spread over your hands.
4. Apply the cream evenly. Use long strokes. Follow the direction of the hair on your arms. Do not rub.
5. Use only on the affected areas.
6. The skin will feel as if it has cream on it but it won’t be greasy.

Casey demonstrates on herself first (without using the cream). Then she asks Mrs Nicholls to try. Casey tells her she is doing very well as Mrs Nicholls puts the cream on with long strokes.
Practice task 18

Read the case study. Work with a partner. One person takes the part of Mrs Rouse and the other takes the part of Kate the support worker. The person who is Kate should explain and demonstrate how to apply the eyedrops. The person who is Mrs Rouse should ask any questions if anything is not clear. Change roles so each person has an opportunity to be the support worker.

Case study
Kate is a support worker at the Valley Gorge Aged Care Facility. Mrs Rouse is a resident at the facility. Mrs Rouse is 78 years old. She has recently developed conjunctivitis in her left eye. Her doctor has prescribed antibiotic eyedrops for her that she must apply every three hours during the day. Kate’s job today is to help Mrs Rouse so she can apply the drops herself.

Kate makes sure Mrs Rouse is comfortable. Mrs Rouse gives her the bottle of drops she has received from the pharmacy. Kate explains that two drops are to go into the left eye. She reads the care chart.

<table>
<thead>
<tr>
<th>Name: Mrs Rouse</th>
<th>Date of birth: 15 June 1932</th>
</tr>
</thead>
<tbody>
<tr>
<td>Worker’s name:</td>
<td>Kate Peters</td>
</tr>
<tr>
<td>Medication:</td>
<td>For conjunctivitis</td>
</tr>
<tr>
<td>Two drops in the left eye, three hourly.</td>
<td></td>
</tr>
</tbody>
</table>

Kate reads the label on the bottle.

Antibiotic eyedrops
2 drops in left eye every 3 hours.
Do not touch dropper to eye or skin.
Refrigerate when not in use.

<table>
<thead>
<tr>
<th>Kate must explain or reinforce</th>
<th>Kate must show</th>
</tr>
</thead>
<tbody>
<tr>
<td>• What the medicine is for</td>
<td>• How to tilt head and hold eye open</td>
</tr>
<tr>
<td>• What ‘every 3 hours’ means</td>
<td>• How many drops to use</td>
</tr>
<tr>
<td>• The number of drops that should be used</td>
<td>• Which eye to put drops in</td>
</tr>
<tr>
<td>• The importance of keeping the bottle and contents uncontaminated and at the correct temperature</td>
<td>• How to hold the dropper so it won’t touch the eye or lids</td>
</tr>
</tbody>
</table>
2.6 Observing changes in the client

An important responsibility for support workers is to regularly check the client’s ability to take their medication. Workers must make sure that people are capable of taking the medication before it is given to them. You need to know how to help the client tell you if they are having difficulties. You also need to know what to do if you spot a change in their behaviour or condition. A change in their ability to take their medication may mean the level of assistance may have to be increased.

The following table lists a range of conditions that may occur. In all of these cases, you must follow procedures and notify your supervisor. In some circumstances, you may need to call an ambulance or perform emergency first-aid procedures if qualified. In such instances, your organisational policies and procedures will have clearly defined guidelines to follow. It is your responsibility to follow them.

### Physical changes

<table>
<thead>
<tr>
<th>Condition</th>
<th>What to look for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changes to airway</td>
<td>• Choking</td>
</tr>
<tr>
<td></td>
<td>• Not able to swallow</td>
</tr>
<tr>
<td>Changes to breathing</td>
<td>• Slowed</td>
</tr>
<tr>
<td></td>
<td>• Fast</td>
</tr>
<tr>
<td></td>
<td>• Faint</td>
</tr>
<tr>
<td>Circulation</td>
<td>• Unexpected drowsiness</td>
</tr>
<tr>
<td></td>
<td>• Colour change</td>
</tr>
<tr>
<td></td>
<td>• Rapid pulse</td>
</tr>
<tr>
<td></td>
<td>• Faint pulse</td>
</tr>
<tr>
<td>Rash</td>
<td>• Continual scratching</td>
</tr>
<tr>
<td></td>
<td>• Redness</td>
</tr>
<tr>
<td>Inflammation</td>
<td>• Redness</td>
</tr>
<tr>
<td></td>
<td>• Heat (client is hot to touch)</td>
</tr>
<tr>
<td></td>
<td>• Swelling</td>
</tr>
<tr>
<td></td>
<td>• Pain</td>
</tr>
<tr>
<td>Swelling</td>
<td>• Swollen hands, throat or nasal passages</td>
</tr>
<tr>
<td>Headache (may indicate high blood pressure)</td>
<td>• Cannot focus well</td>
</tr>
<tr>
<td></td>
<td>• Is light-sensitive</td>
</tr>
<tr>
<td></td>
<td>• Can’t get up from their bed</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>• Cannot hear</td>
</tr>
<tr>
<td></td>
<td>• Ringing in the ear/s</td>
</tr>
<tr>
<td></td>
<td>• Matter coming from the ear/s</td>
</tr>
<tr>
<td></td>
<td>• Cannot understand instructions</td>
</tr>
<tr>
<td>Blurred vision</td>
<td>• Cannot read labels</td>
</tr>
<tr>
<td></td>
<td>• Unsteady on their feet</td>
</tr>
<tr>
<td>Condition</td>
<td>What to look for</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Dizziness (may indicate low blood pressure) | • Losing balance  
• Feeling faint  
• Eye weakness  
• Inability to maintain normal seated balance |
| Slurring of speech (may indicate stroke) | • Cannot speak clearly  
• Words jumbled  
• Cannot make themselves understood |
| Nausea                                  | • Dry retching  
• Pale  
• Has the urge to vomit |
| Vomiting                                | • Vomiting as soon as medication is taken  
• Vomit in the toilet bowl or on their clothes |
| Diarrhoea                               | • Loose bowel motions |
| Mobility                                | • Stumbling |

**Behavioural changes**

<table>
<thead>
<tr>
<th>Condition</th>
<th>What to look for</th>
</tr>
</thead>
</table>
| Confusion          | • Cannot decide what to do  
• Cannot remember when to take the medicine  
• Cannot remember the right dose  
• Does not follow instructions  
• Hoards tablets |
| Disorientation     | • The client doesn’t know where they are or what is happening to them |
| Not sleeping       | • Is more tired than usual  
• Is always drowsy |
| Mood changes       | • Is more irritable than usual  
• Refuses to take the medication |
| Showing signs of stress | • Does not sleep  
• Is angry  
• Physical changes such as a rash |
| Substance abuse or misuse | • Combining medications or taking alcohol with medication |
These signs may have serious consequences for the client when taking medication. For example:

- If their hands have become swollen, they may have difficulty opening their medication and be unable to take it.
- If they feel dizzy, they may faint and hurt themselves.
- If their vision has been affected, they may not be able to read the medicine label or chart clearly.
- If they are vomiting, they will not be able to keep their medicine down.

All these instances can be dangerous, which is why it is crucial that you notify your supervisor as soon as you identify a change in the client’s condition. More information about monitoring changes in a client’s condition is provided in Chapter 3.

**Monitoring the client’s condition**

You need to monitor the client’s condition every time you visit. You can do this in a number of ways.

**Observe them**

Watch the client for signs that their condition has changed since you last saw them. For example: Are they sweating? Do they look confused? Are they scratching themselves? Do they have a different skin tone? Are they slurring their speech more than usual?

**Listen to them**

The client may tell you they feel different or feel concerned that their medication is making them feel worse. Encourage them to talk to you. Get them to describe exactly how they feel. It is your job to record this clearly so the doctor can follow it up.

**Ask questions**

Help the client to be specific about the way they feel or look. Ask questions such as, ‘Are you concerned that the new medication is making you sick?’ Ask direct questions so you can pinpoint how they feel and what might be causing it such as ‘Where is the pain?’; ‘Do you want to vomit?’; ‘When did you start to itch?’; ‘Where does your head ache?’ and ‘Have you eaten today?’.

You may find the client’s physical behaviour has changed and they have become withdrawn, angry, depressed, uncooperative or frustrated. If they are self-medicating, ask them whether they have taken their medication today. Ask them to show you what medication they have taken.
Case study
Sam arrives and finds Mrs O’Hara sitting down. She is usually lively and talkative. Today she is pale and clammy. She says she has been vomiting and cannot keep anything down. She feels nauseous and cold.

1. List four questions you might ask Mrs O’Hara.
2. Explain why you need to ask these questions.
2.7 Acting on changes in the client

The more you find out, the more information you will be able to tell your supervisor. You need to report the client’s condition immediately if there is any doubt the client cannot take their medication safely and according to the instructions. You must not continue if:

› you observe any of the physical or behavioural signs listed in the table in Section 2.6
› the client is unconscious
› the client refuses to take their medication.

All these circumstances could affect the client’s safety and wellbeing if you don’t act immediately. Report to the supervisor or doctor and wait for direction and guidance. Your supervisor or the client’s doctor will assess the client to see whether they are able to take their medication or to self-medicate. Remember you are not making a diagnosis. You are simply recording what you have observed or what the client tells you about how they feel.

If the client is unconscious you should immediately notify emergency services.

In the following example, a support worker has a duty of care to report the changes in condition and behaviour before giving medication that may make the client worse.

Example

Maria attends Mr Wallis’s room to give him his morning medication. When she arrives she finds that he cannot remember her name, is unsure of where he is, has wet his trousers and is very angry and aggressive when she asks him if he feels all right. Maria knows these things are very unusual for Mr Wallis, as he is usually a very astute, polite and quiet man. She knows that these are probably signs that something is wrong with him.

She knows that she should not give him his medication until she has reported these changes to her supervisor, and a doctor has seen him. She reassures Mr Wallis and tries to make him comfortable before calling her supervisor.

Seeking advice

In the previous example, the support worker must not give medication if they think there is something wrong. At this stage they do not know what the problem is. It may be to do with the medication but it could also be an infection, stroke or the onset of a disease or disorder. A support worker is not qualified and is not authorised to diagnose the problem or initiate further treatment. They should immediately notify their supervisor or a health professional in the client’s care team. They will tell them the correct procedure to follow.
Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› Why is it important that you are 100 per cent sure of a client’s identity before assisting with the administering of medication?
› Why is it important to spend sufficient time settling the client and preparing them to take their medication? If you haven’t got a lot of time to spend with the person, doesn’t it make sense just to get on with it?
› Some clients may become insistent they want to take their medication even if their behaviour and condition has changed. What is a good way to deal with this?
› Some people don’t like to make a fuss and may insist there is nothing wrong even though you think there is. Should you go ahead and let them take their medication?

Chapter summary

› Good planning can make it easier to administer medication in an efficient, safe and client-centred manner.
› Before administering medication you must:
  › ensure you have the correct client
  › check on the client’s needs and abilities
  › confirm the medication is correct
  › prepare the client physically
  › explain the procedure to the client.
› Regularly monitor the client’s condition to make sure they are capable of taking the medication.
› There are instances when it is inappropriate to administer medication regardless of the instructions in the client’s care plan. For example you must not administer medication if a client is:
  › unconscious
  › vomiting
  › has other physical changes
  › displays behavioural changes.
› Contact your supervisor and/or emergency services immediately if a client displays any of the signs listed in the previous point.
Checklist for Chapter 2
Tick the box when you can do the following.

☐ Check the client’s identity and medication
☐ Check the assistance required
☐ Prepare the client to take medication
☐ Ensure the medication is correct
☐ Explain the procedure to the client
☐ Observe changes in the client
☐ Act on changes in the client
CHCCS305B Assist clients with medication
Chapter 3: Assisting the client to take medication

After initial preparations, the support worker should be ready to help with administering medication according to procedures and instructions from health professionals. A key responsibility is to keep a record of the medication that is administered and any observations they have made about the client.

Make sure you follow health and safety guidelines and dispose of waste products appropriately.

In this chapter you will learn about:

3.1 Preparing and assisting the client with administration of medication
3.2 Observing the client taking and completing their medication
3.3 Recording the details of medication administration
3.4 Monitoring the client for changes in their condition
3.5 Disposing of waste products
3.1 Preparing and assisting the client with administration of medication

Support workers must at all times follow the legislation and workplace policies and procedures for administering medication. You have a duty of care to make sure you do not place the client in any danger or cause them harm.

Before you help administer the medication, you need to check once again that you understand what you have to do and check everything is in order before you proceed. When you have been given authority to proceed, you can assist with administering the medication.

Make all the required checks

Check any documentation to help you identify the correct medication and level of assistance required. This might include the client’s care plan, their medication chart, the prescription, the dose administration aid, the medicine label and support notes that provide instructions.

Always check with your supervisor if you don’t understand anything or need to clarify an instruction. The documentation should clarify all the following aspects.

Check the right person

Double-check you have the right person by looking at their photograph on their care plan and the name on their medicine label. Confirm their identity with the person themselves if appropriate or ask another staff member.

Check the right time

Check the time for taking the medication. The time will be clearly written on the care plan and label or DAA. If a client is self-administering, they may need to be reminded and prompted. Don’t use open-ended questions such as, ‘Have you taken your medication?’. Clients with memory impairments may say yes because they are too embarrassed to acknowledge their memory issues. Instead, you might want to encourage the client to develop a routine and to use lists. These strategies can be particularly helpful for people with short-term memory impairments. Consider using other visual reminders. For example, if a client is required to take their medication before breakfast and you know they have coffee first thing in the morning, consider leaving the medication next to the kettle. You must make sure that others won’t be able to access the medication.

Check the right amount

Check the label or care plan to confirm the number of tablets to be taken, the number of drops to give or the amount of lotion to apply. Make sure you understand instructions such as q.d. or q.i.d.

Drugs will only be effective if the correct dosage is given: too much or too little can cause serious harm. For example, a support worker may have identified the correct
person and helped them to receive the right medication but given the wrong dose; this can happen if you read the dosage incorrectly; for example, 150 ml instead of 15 ml. If, for some reason, you find it hard to read the instruction label, do not proceed. Contact your supervisor, the doctor or pharmacist.

If an error occurs, you must inform your supervisor immediately, fill out an incident form and record the details of the error in the client’s notes.

Check the medication
Check the expiry date has not been reached. Check the colour and consistency of the medication. Check that a lotion or gel has not separated.

Check the right route
Check the correct way the client has to receive the medication such as through the mouth, rubbing into the skin, putting drops in or applying a patch to the skin. The label will explain how the medication is to be administered. Sometimes, the instructions will be in an abbreviated form that your supervisor may need to explain to you. The following table lists the different routes and examples of the type of medication taken via those routes. Always ask your supervisor if there is anything you are unsure of.

<table>
<thead>
<tr>
<th>Route</th>
<th>Another description</th>
<th>Abbreviation</th>
<th>Type of medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mouth</td>
<td>Oral</td>
<td>po</td>
<td>Tablets</td>
</tr>
<tr>
<td>Skin</td>
<td>Topical</td>
<td>ung</td>
<td>Ointments</td>
</tr>
<tr>
<td>Under the tongue</td>
<td>Sublingual</td>
<td>sl</td>
<td>Tablets or wafers</td>
</tr>
<tr>
<td>Under the skin</td>
<td>Subcutaneous</td>
<td>sc</td>
<td>Injections; for example, insulin</td>
</tr>
<tr>
<td>In a muscle</td>
<td>Intramuscular</td>
<td>im</td>
<td>Injections</td>
</tr>
<tr>
<td>Eyes</td>
<td></td>
<td></td>
<td>Drops</td>
</tr>
<tr>
<td>Ears</td>
<td></td>
<td></td>
<td>Drops</td>
</tr>
<tr>
<td>Nose</td>
<td>Nasal</td>
<td></td>
<td>Drops or sprays</td>
</tr>
</tbody>
</table>

Check for authorisation
Check you have permission from your supervisor or a health care professional to proceed with administering the medication. Always follow the instructions you have been given. At no time must you decide for yourself what to do or alter the amount of medication from that specified on the label or chart. All actions and decisions must be taken within your job role.
Prepare the equipment

Make sure all the necessary equipment is handy. This makes it easy to get the medication ready for the client and can help to prevent mistakes. The client will be more relaxed if everything is available and ready for them. Ensure all equipment is clean and ready to use. This is important to prevent cross-infection and to help you perform the procedure in an organised, efficient manner. Here is a list of equipment and when you might need to use it.

<table>
<thead>
<tr>
<th>Equipment needed</th>
<th>When to use the equipment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication charts</td>
<td>· To identify the client and check individual medication</td>
</tr>
<tr>
<td></td>
<td>· To record medication, date and time taken as per organisational guidelines</td>
</tr>
<tr>
<td>Keys</td>
<td>· To open a cupboard or trolley where the medication is stored</td>
</tr>
<tr>
<td>Aprons</td>
<td>· To wear during procedures to protect clothing</td>
</tr>
<tr>
<td>Disposable gloves</td>
<td>· To wear when you apply topical treatments</td>
</tr>
<tr>
<td></td>
<td>· To wear when you are in contact with body fluid</td>
</tr>
<tr>
<td>Medicine cups</td>
<td>· To dispense medication from original container just prior to the client taking it</td>
</tr>
<tr>
<td>Spoons in the correct measurement</td>
<td>· To mix medication with small amounts of food</td>
</tr>
<tr>
<td></td>
<td>· To hand to the client to take medication</td>
</tr>
<tr>
<td>Tumblers, glasses, paper cups</td>
<td>· To give water to client to swallow oral medication</td>
</tr>
<tr>
<td>Water jug</td>
<td>· To keep water in to serve to client</td>
</tr>
<tr>
<td>Pill crusher/mortar and pestle</td>
<td>· To crush medication for a client who finds it hard to swallow</td>
</tr>
<tr>
<td>Measuring cups</td>
<td>· To measure liquid medication</td>
</tr>
<tr>
<td>Tablet divider or pill cutter</td>
<td>· To cut tablets in half for a client who finds it hard to swallow larger tablets</td>
</tr>
<tr>
<td>Paper towels and tissues</td>
<td>· To dry equipment</td>
</tr>
<tr>
<td></td>
<td>· To wipe spills</td>
</tr>
<tr>
<td>Nebuliser</td>
<td>· To add moisture or air to medication (mostly used for bronchodilators or mucolytic medication; for example, Ventolin)</td>
</tr>
<tr>
<td>Containers for used equipment</td>
<td>· To store all used equipment prior to washing; for example, teaspoons</td>
</tr>
<tr>
<td>Containers for used paper goods and disposable items</td>
<td>· To dispose of used disposable equipment and paper goods</td>
</tr>
<tr>
<td>Trolleys</td>
<td>· To take medication from room to room or to different clients</td>
</tr>
</tbody>
</table>
Chapter 3: Assisting the client to take medication

Prepare to give the medication

Once you have carried out these checks, it is time to prepare the medication. The instructions may say you have to do something to the medication before the client can take it. For example, a tablet may need to be crushed into a powder, dissolved in water or split in two to make it easier to take. The medication may have to be taken with food or with water. A cream may have to be warmed before applying. Use the correct equipment and prepare the medication as per instructions on the label, care plan or DAA.

Prepare the client

You may need to prepare the client for the medication by helping them relax, providing privacy, making them comfortable and encouraging them. Refer to the list of situations in Section 2.3 and follow the suggestions for what you might do. You also need to gain their consent. The following hints may help you.

› Always treat the client with respect and in an age-appropriate way. Don’t talk to people with intellectual disabilities or cognitive impairments in the same manner you would talk to a child.

› Use inclusive language that encourages the client to feel part of the process. Phrases such as ‘Let’s organise your medicine now’ can prevent the client from feeling powerless and excluded from the process.

› Encourage the client to develop a routine and to use lists. These strategies can be particularly helpful for people with short-term memory impairment.

› You may need to modify your language and communication style to help people with a disability such as speaking clearly to clients with hearing impairments and making sure they can see your lips. Provide information in small simple chunks to people with intellectual disabilities and memory impairments. Consider using illustrations and mime to help people with limited English understand when and how they should take their medication.

› If the client is worried that medication will cause them to choke, tell them there is less risk of choking if they are relaxed, take only one tablet at a time, drink plenty of fluid with the tablet, sit with their head up and chin forward, take their medication with food (if appropriate) or cut the tablet in half (if it is a capsule that cannot be cut in half explain the capsule has a soft coating that makes it easy to slide down).

In the following example, a support worker helps a client who doesn’t want to take their medication.

Example

Carole, a support worker, has been asked to visit Mr Lennox. It is the first time he requires assistance with his medication. After greeting him and establishing a good rapport, Carole explains the medication and what she will do to help him. At this point, Mr Lennox becomes agitated and refuses to take the tablets. ‘I can get by without them. I don’t really need them,’ he says.

Carole knows it is important that he takes the medication. She reassures him the tablets are easy to take and he will be able to do it on his own. She tells him they are a common tablet that she knows a lot of people take. He calms down a bit. She explains the label says he can take them whenever he wants to, as long as he has two a day. Once he knows Carole is only there to check on the medication, he feels a bit better.
Use a checklist

Your workplace may have a checklist to help you when you first start your job as a support worker.

Here is an example of a checklist.

Example

Preparation checklist

- I understand my responsibilities and level of authority for assisting with medication.
- I have checked that the person is the person I have to assist.
- I understand the type of medication the client is taking.
- I understand any conditions or warnings attached to the medication; for example, ‘Shake well’, ‘Must be taken with water’.
- I know whether anything has to be done to the medication before it is taken.
- I have checked the dose administration aid is intact.
- I have prepared the necessary equipment.
- Personal hygiene procedures are in place.

Administer the medication

It is now time to administer the medication. Remember to do what you have been trained and instructed to do. In summary, a support worker must:

> never given an injection
> only place medication in a nebuliser if allowed under workplace policies and procedures
> never initiate any treatment (this is the task of a doctor or, in some cases, a registered nurse)
> only assist the client to remove tablets from the dose administration aid when it is packed by a pharmacist. The support worker must be assessed as competent before assisting a client to remove medication from this aid.

If the client says they want to use more medication, remember your duty of care and follow the correct procedure for administering medication. You must tell the client again how much they should take, make sure they understand what could happen if they take more and then document how much medication they actually administer. Follow the procedures you have been shown such as contacting your supervisor and telling them, writing it in the communication book or writing it in the care notes or feedback notes.

The following table summarises a list of medicines and some guidelines for their administration. Note, this table is for information and training purposes only. Watch what experienced workers do. Ask your supervisor to explain anything you don’t understand.
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Preparation and specific guidelines</th>
</tr>
</thead>
</table>
| Eyedrops | - Keep eyedrops at the temperature recommended on the packaging.  
- Eyedrops expire one month after opening – the date when the bottle is opened should be written on the bottle.  
- Identify the correct eye to instill the medication into (if only one eye).  
- Clean the eyes before the procedure.  
- Correctly position client.  
- Use the ‘no touch’ technique. Do not touch the eye with the tip of the bottle.  
- Pull down the lower eyelid.  
- Instil the correct number of drops into the middle of the inside area of the lower eyelid. |
| Eardrops | - Ensure there are no obstructions in the way. Tuck the client’s hair behind their ear; remove hearing aids; remove cottonwool or other obstructions.  
- Ask the client to tilt their head to the side so the ear to be treated is facing up.  
- Gently pull the ear up and back to make the opening as wide as possible.  
- Instil the correct number of drops towards the back of the ear canal without touching the applicator or bottle to the ear. Do not insert bottle necks or droppers into the ear canal.  
- If instructed, assist the client to place a small wad of cottonwool loosely into their ear to prevent the medicine running out prematurely. Do not push the cottonwool into the ear canal.  
- The client should be advised to remain in the same position for at least five minutes. |
| Nasal sprays | - Spray into nostrils as indicated on the label. |
| Tablets | - Tablets may be able to be split if too big to swallow. Follow the instructions you have been given for preparing tablets for a client.  
- Where possible, a client should be in an upright or semi-upright position when taking oral medication.  
- Dispense into a medicine cup and hand to the client with a glass of water. If the client can’t hold a cup, use the cup to introduce one tablet at a time into their client’s mouth. Alternatively, place tablet on back of tongue to stimulate the swallowing reflex.  
- Some tablets may be mixed with small amounts of custard or jam to disguise the taste. You need to have permission to do this. Do not place tablets in food as part of a meal, as the client might not finish their meal.  
- Mixed, crushed tablets must be given as soon as possible after crushing to prevent chemical interaction.  
- Allow sufficient time for the client to swallow the tablet. |
| Capsules | - Capsules should be swallowed whole with water.  
- If indicated, they can be opened and mixed with food. |
<table>
<thead>
<tr>
<th>Medicine</th>
<th>Preparation and specific guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Liquids</td>
<td>• Shake gently.</td>
</tr>
<tr>
<td></td>
<td>• Check the instructions again for the correct amount and measure into a measuring cup or spoon and assist client to drink.</td>
</tr>
<tr>
<td></td>
<td>• Once the client has swallowed the medicine – check the cup to make sure they have not left any behind. It is important the client takes the whole dose.</td>
</tr>
<tr>
<td>Inhalers</td>
<td>• Shake the capsule.</td>
</tr>
<tr>
<td></td>
<td>• Ensure nebuliser, bowl and mask are clean.</td>
</tr>
<tr>
<td></td>
<td>• The client should be sitting up.</td>
</tr>
<tr>
<td>Patches (stick-on medication, designed to deliver medication evenly over 24 hours through the skin and into the veins)</td>
<td>• Skin must be cleaned with water and dried properly.</td>
</tr>
<tr>
<td></td>
<td>• Must be applied to a dry, clean, non-hairy area. Avoid applying patches to areas with cuts or rashes.</td>
</tr>
<tr>
<td></td>
<td>• Apply the sticky side to the skin. Press firmly and do not rub.</td>
</tr>
<tr>
<td></td>
<td>• Apply to alternate sides.</td>
</tr>
<tr>
<td>Powders</td>
<td>• Medication might be in powdered form and should be dissolved in water.</td>
</tr>
<tr>
<td></td>
<td>• To prevent lumps a shaker might be required.</td>
</tr>
<tr>
<td>Suppositories</td>
<td>• Usually support workers are not expected to perform this task. Check the guidelines in your workplace.</td>
</tr>
<tr>
<td>Topical medication (medication used on the skin)</td>
<td>• Identify the correct area to apply the treatment. Only use the amount prescribed. Applying more is wasteful and not necessary.</td>
</tr>
<tr>
<td></td>
<td>• Ointment should be patted onto the skin – do not rub.</td>
</tr>
<tr>
<td></td>
<td>• Gloves must be worn to prevent absorption through your own skin.</td>
</tr>
<tr>
<td>Scheduled drugs</td>
<td>• In some states or territories, there might be a requirement for two people to check before a client takes a Schedule 8 drug.</td>
</tr>
<tr>
<td>Wafers (oral disintegrating medication)</td>
<td>• Place wafer on the tongue. It will dissolve in the mouth and can be swallowed with saliva.</td>
</tr>
</tbody>
</table>

**p.r.n. medication**

Medication prescribed as p.r.n. should only be given on an ‘as needed’ basis; that is, only in circumstances as directed by a doctor and pharmacist and in accordance with organisational procedures. Check if there are clear directions from the doctor on p.r.n. medication. For example:

- the circumstances under which p.r.n. medication can be given
- the procedures to undertake when giving p.r.n. medication
- a safe interval between p.r.n. doses
- the maximum dose in 24 hours; for example, no more than four tablets in 24 hours
- circumstances when the doctor must be notified.
Chapter 3: Assisting the client to take medication

Practice task 20

1. Read the instructions for assisting with a patch. Show, or role-play with a partner, how you would apply the patch. Write notes to help you prepare for the task.

2. Read the case study, then complete the information in a table similar to the following.

<table>
<thead>
<tr>
<th>Case study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your job is to assist Miss Baddams with ointment for a fungal infection on her foot. She cannot reach to do this herself. You have been shown by the nurse how to apply this ointment. The instructions on the tube read:</td>
</tr>
</tbody>
</table>

**Canesten ointment**

Ensure affected area is clean and dry.

Apply sparingly between and underneath toes.

<table>
<thead>
<tr>
<th>The equipment you will use</th>
</tr>
</thead>
<tbody>
<tr>
<td>How you will prepare the medication</td>
</tr>
<tr>
<td>How it will be administered</td>
</tr>
</tbody>
</table>

Seeking assistance

In some instances, you may need to ask another support worker to help you. For example, you may need someone to help you lift a client. You may need help if a client decides they don’t want to take the medication and becomes physically abusive.

Know who you can call on for help. The first person you should consider asking is your supervisor. They can advise you if you are unsure of anything or need more information. You might ask a health professional for assistance if you are unsure about anything to do with the route or dose of the medication, or do not understand the instructions they have provided. You may ask a family member to assist if you are having difficulty getting the client to agree to take their medication. It is important to be very clear in understanding what you need to do and that medication is given correctly.
3.2 Observing the client taking and completing their medication

A major responsibility of a support worker is to make sure the client receives the full benefit from their medication. You must supervise the client as they take their medication so you can be sure all the instructions have been followed.

To do this, you must make sure the medication has been ingested or completed. If this is not done, the medication will not be fully effective. In some cases, this may be harmful to the client. You need to make sure:

- all the tablets have been dissolved and swallowed
- all the recommended medicine in the box or sachet has been used
- all the drops have been taken
- the correct amount of lotion has been applied
- the patch is securely in place.

Support workers should never assume the client has successfully taken their medication. Do not walk away before you are sure they have finished the medication.

What can go wrong?

There are a number of things that people do that can make it difficult for the support worker. Here are some examples.

- The client throws away, hoards or hides the medication. Some people pretend to take their medication once you have helped them to remove it from the package but they avoid taking it. Some might even pretend to take it but hide it in their hand or under their tongue. Support workers often report they have found tablets hoarded in a client’s drawer or wrapped in a tissue stuffed behind a cushion. You might find traces of a tablet in the sink where they tried to wash them away.
- The client spits the medication out.
- The client vomits the medication up before it has time to be ingested.
- The client simply refuses to take the medication.

There are a number of reasons for these behaviours. Here are some examples.

<table>
<thead>
<tr>
<th>Why the client may not take the medication</th>
<th>What the client may do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doesn’t like the taste</td>
<td>If the client doesn’t like the taste of the medication, they may spit it out or vomit it up.</td>
</tr>
<tr>
<td>Is not able to take the medication</td>
<td>A client may want to take their medication but may be unable to swallow. They may not inform the support worker and may spit the medication out later. They may have mouth problems that cause pain when anything is put in the mouth. They may need more water to swallow but do not want to bother the support worker or cause them any trouble. Tablets may stay in their mouth or fall out later.</td>
</tr>
</tbody>
</table>
Chapter 3: Assisting the client to take medication

<table>
<thead>
<tr>
<th>Why the client may not take the medication</th>
<th>What the client may do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Decides they don’t need the medication</td>
<td>When a client feels better they may decide they don’t need more medication and may stop taking it.</td>
</tr>
<tr>
<td>Doesn’t want to get better</td>
<td>Some people feel they do not want to be kept alive and don’t want to continue with their treatment.</td>
</tr>
<tr>
<td>Has a condition that causes them to be uncooperative</td>
<td>Some people may be confused and not want to take their medication. They may display a difficult behaviour and not trust the person who is giving them the medication.</td>
</tr>
<tr>
<td>Has a sore mouth</td>
<td>Ill-fitting dentures or mouth sores may make it difficult for the client to swallow their medication.</td>
</tr>
<tr>
<td>Is in pain</td>
<td>The client may be in pain and is not able to swallow, sit up or concentrate.</td>
</tr>
</tbody>
</table>

The following example shows what one client does when they do not like the taste of the prescribed tablets.

**Example**

Anna goes to Mrs Chustz’s room to give the client her medication. She finds a tablet on the floor that looks like it has been sucked and spat out. She asks Mrs Chustz where the tablet came from. Mrs Chustz looks embarrassed and says she doesn’t like the tablets because they are big and she has to hold them in her mouth before she can swallow them. She says they taste disgusting and she can’t get the taste out of her mouth afterwards. She doesn’t want to cause trouble so she has been spitting them out as soon as the staff member leaves her room.

In some instances, the medication may not be able to be administered because it is not available or it has not been dispensed correctly. For example, the medication may be packed incorrectly or the label on the package may be incomplete or incorrect. This is referred to as a pharmacy error. In these situations, you need to contact your supervisor, who will contact the pharmacist.

**Supervising the medication**

Supervision does not mean forcing the client to take the medication. You need to take all the steps possible to assist them in the most effective way. Whatever the situation and whatever strategy you use, you need to supervise to make sure the correct amount has been successfully taken. Your role is to observe and make sure the medication has been completed. You should make reasonable efforts to assist the client. Supervision can include the following techniques.

- Explain the process for taking medication and why it is important for the client. This may improve their understanding and cooperation.
- Remind the client what medication to take and why they are taking it. You can offer to contact health professionals for further advice. This allows the client to make a decision based on what their doctor tells them.
Encourage and give the client confidence to maintain their independence. A client is more likely to cooperate when they feel they are in control of the situation and have a say in their own health-care management.

Observe the client taking the medication.

Watch for the swallowing reflex in the client’s throat. This is generally a good indicator that the client has swallowed the tablets.

Offer adequate fluids. The problem may be as simple as not having adequate water in their mouth to help swallow tablets.

Provide help when needed or asked for and within authorised procedures such as cutting the tablet in two or offering the client one tablet at a time.

Give the medication with food if they dislike the taste of the tablet or offer them something they like to eat or drink immediately after they have taken all the medication (if authorised by the doctor).

Respectfully ask them if you can check their mouth, if you suspect they haven’t swallowed the medication.

Here are some further suggestions.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Possible solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hoarding tablets</td>
<td>If possible and with permission, check cupboards or drawers for hidden medication.</td>
</tr>
<tr>
<td></td>
<td>The support worker should at all times respect the client's rights, privacy and dignity when searching for medication they suspect has been hoarded.</td>
</tr>
<tr>
<td>Client is confused</td>
<td>Stay calm.</td>
</tr>
<tr>
<td></td>
<td>Talk slowly and calmly.</td>
</tr>
<tr>
<td></td>
<td>Make eye contact.</td>
</tr>
<tr>
<td></td>
<td>Go back later to try again.</td>
</tr>
<tr>
<td></td>
<td>Explain to the client why it is important for them to take the medication.</td>
</tr>
<tr>
<td></td>
<td>The supervisor may arrange for a substitute decision-maker to make the decision. This can be a person appointed who has an enduring power of attorney, the guardian or the doctor, who will be considered as the leader of the health-care team.</td>
</tr>
<tr>
<td>Client has swallowing difficulties</td>
<td>Do not continue with the administering of the medication.</td>
</tr>
<tr>
<td></td>
<td>Ask the client what is wrong.</td>
</tr>
<tr>
<td></td>
<td>Report the swallowing difficulties immediately to the supervisor or doctor.</td>
</tr>
<tr>
<td></td>
<td>The medication might need to be changed to a more suitable format; for example, liquid, wafer or patch instead of a tablet.</td>
</tr>
<tr>
<td></td>
<td>The medication may need to be crushed or split if appropriate.</td>
</tr>
<tr>
<td>Client doesn't like the taste of the medication</td>
<td>Mix tablets with food to disguise the taste.</td>
</tr>
<tr>
<td></td>
<td>Only mix with a small portion of food, because the client may not finish their food and you won’t know how much medication was left behind in the food.</td>
</tr>
<tr>
<td></td>
<td>Have a favourite food or drink ready to take the taste away once the medication is taken.</td>
</tr>
<tr>
<td></td>
<td>Check with your supervisor whether the medication can be changed to a more suitable format; for example, a tablet instead of liquid.</td>
</tr>
</tbody>
</table>
Chapter 3: Assisting the client to take medication

<table>
<thead>
<tr>
<th>Situation</th>
<th>Possible solutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client has sores in their mouth</td>
<td>• Report to the supervisor, registered nurse or doctor.</td>
</tr>
<tr>
<td></td>
<td>• The supervisor will arrange to assess the client’s mouth cavity.</td>
</tr>
<tr>
<td></td>
<td>• Ensure treatment for the mouth cavity is commenced.</td>
</tr>
<tr>
<td></td>
<td>• Tablets may be crushed and mixed with custard if appropriate.</td>
</tr>
<tr>
<td></td>
<td>• Medication may be changed to a more suitable format.</td>
</tr>
<tr>
<td>Client has ill-fitting dentures</td>
<td>• Report to the supervisor, registered nurse or doctor.</td>
</tr>
<tr>
<td></td>
<td>• The client’s dentures will be assessed.</td>
</tr>
<tr>
<td>Client doesn’t want to continue with their treatment</td>
<td>• Inform your supervisor immediately.</td>
</tr>
<tr>
<td></td>
<td>• It is the right of the client to make this decision.</td>
</tr>
<tr>
<td></td>
<td>• Remind the client why their doctor has prescribed the medication; how it will benefit them and what might happen if they don’t take it.</td>
</tr>
<tr>
<td></td>
<td>• Never criticise this decision even if you don’t agree with it.</td>
</tr>
<tr>
<td></td>
<td>• If you are not sure what to do, do not give advice; instead, arrange for a qualified health care professional, such as a registered nurse, doctor or pharmacist, to counsel the client.</td>
</tr>
<tr>
<td>Client doesn’t trust staff</td>
<td>• Identify yourself.</td>
</tr>
<tr>
<td></td>
<td>• Explain the procedure for administering the medication.</td>
</tr>
<tr>
<td></td>
<td>• Get advice from the supervisor if a client has questions about their medication.</td>
</tr>
</tbody>
</table>

Practice task 21

Read the case study, then complete the task that follows.

Case study

Herbert has recently been prescribed a medication for the short-term treatment of a duodenal ulcer. His doctor has prescribed an effervescent (fizzy) form as he thinks this could be easier for him than swallowing capsules. The prescribed method is to dissolve the tablet in half a glass of water. Herbert doesn’t like taking this as he says it ‘tickles his nose and throat’ and he doesn’t like the feel of it. Sometimes he doesn’t wait until the tablet is fully dissolved as he just wants to ‘get it down as quickly as possible’. There is often a residue on the bottom of the glass and he refuses to mix the remainder and finish it off.

Role-play this situation with a partner to show what you might do to encourage Herbert to take his medication.

If medication is not ingested as prescribed or the support worker has reason to believe that any of the situations outlined in the previous table may occur on a regular basis, it should be reported to the supervisor and documented without delay.
A support worker must make sure medication is completed.

**Practice task 22**

Read the case study, then answer the questions that follow.

**Case study**

Mrs Nugent is required to take antibiotic medicine for a urinary tract infection. As she has difficulty with tablets and capsules, her doctor has prescribed her a liquid. The liquid is quite thick and runs slowly out of the cup. When you hand Mrs Nugent the cup, she quickly throws the medication back into her mouth and hands the cup back to you. You notice that almost half of the medicine is still in the cup.

1. Why is it important that Mrs Nugent takes the full dose?
2. How could you encourage Mrs Nugent to complete the dose?
3.3 Recording the details of medication administration

A support worker must report and record exactly what they have observed when the client takes their medication. Your records will be read by your supervisor, the client’s doctor and other support workers and members of the client’s health-care team. It is a legal requirement to document what you have observed. Your observations may be needed as evidence if the client has a negative reaction to medication that causes them harm.

Organisational procedures and forms may differ between workplaces but all workers must record:

- what medication the client took
- how much they took
- the time they took it
- the day they took it
- whether the medication was ingested or completed successfully; if not, what occurred
- the support they gave to encourage the administration of the medication
- any reaction the client had to the medication (this is covered in Section 3.4)
- any further comments or observations the support worker needs to make.

Accurate record-keeping is essential so there is a permanent record of what took place. All workers and health professionals involved with the client’s care must understand what medication has been given and whether there were any side effects.

Documenting the details of the medication

Evidence that medication is taken as prescribed should be recorded and signed by the worker who assisted with the administration. It is also important to document if the medication was not given or completed or if there was an error such as:

- The client refused medication.
- The client only partially completed the medication then stopped.
- The client vomited or expelled the medication.
- The medication was missing from its packaging.

Make sure you are familiar with the types of documentation you are required to complete. These might include a medication administration form and care notes.

The following is an example of a medication administration form that records the date, time and amount of the medication given. For the purpose of this training example, no specific medicines are named. Some organisations require support workers only to sign that the client has ingested the content of multi-packed dose administration aids and not for each individual tablet taken. Find out what the specific requirements are in your workplace.
Here is an example of a medication administration form.

<table>
<thead>
<tr>
<th>Medication administration form</th>
</tr>
</thead>
<tbody>
<tr>
<td>Support workers should print their name and sign next to it for easy identification.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date: 3 August 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of client: John Milicic</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Amount</th>
<th>Time given</th>
<th>Ingestion completed/ not completed</th>
<th>Name and signature of worker</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antibiotic</td>
<td>x 1</td>
<td>9.30 am</td>
<td>Completed</td>
<td>Kerry Burns K Burns</td>
</tr>
<tr>
<td>Antacid</td>
<td>25 ml</td>
<td>9.35 am</td>
<td>Completed</td>
<td>Kerry Burns K Burns</td>
</tr>
<tr>
<td>Analgesic</td>
<td>x 2 p.r.n.</td>
<td>9.45 am</td>
<td>Not completed. Spat out.</td>
<td>Kerry Burns K Burns</td>
</tr>
</tbody>
</table>

The following is an example of a care note you may need to complete. This example is for a p.r.n. You need to record the reason the client asked for the medication and the action taken. It is important to always check, document and report the efficiency and effectiveness of the medication administered after a period of time; for example, 30 minutes later.

<table>
<thead>
<tr>
<th>Date: 23 September 2012</th>
<th>Name of client: Mr Bert Koch</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time: 10.30 am</td>
<td>DOB: 3 October 1939</td>
</tr>
</tbody>
</table>

Comments:
Mr Koch says he is having trouble taking the tablets. He says they are too big. He asked me to grind them up first. I explained I was not allowed to do this. I told him the doctor said these tablets must not be crushed. I told him I will call the supervisor who will ask the doctor whether the tablets can be taken with food. Notified Megan (supervisor).

Follow-up:
Supervisor advised not to crush the tablets but to place in yoghurt. Have done this. Mr Koch took the tablet.

Signature: Angelina Dowrey (support worker)
Print name: Angelina Dowrey
Here is an example of a completed medication chart.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Authorised</th>
<th>Instruction</th>
<th>Date, time and signature</th>
<th>Date, time and signature</th>
<th>Date, time and signature</th>
<th>Date, time and signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Panamax</td>
<td>Dr Singh (signature)</td>
<td>Take orally q.i.d.</td>
<td>2/9/2012 0800 hrs KMJ</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This medication chart says that Dr Singh has prescribed Panamax to be taken four times a day, orally. The chart shows that the medication has been given by a staff member with the initials KMJ, at 8.00 am on 2 September 2012.

Practice task 23

Read the case study, then complete the task.

Case study

You have helped Mrs Jones to take her tablets, which were packed in a multi-dose blister pack. She refused to take the blue tablet. She asked to take a tablet for pain in her hip. In the process of administering the medication, you dropped one small yellow tablet on the floor.

Complete the following care note to record what has happened.

<table>
<thead>
<tr>
<th>Date:</th>
<th>Name of client:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time:</td>
<td>DOB:</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
<tr>
<td>Follow-up:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Print name:</td>
<td></td>
</tr>
</tbody>
</table>
3.4 Monitoring the client for changes in their condition

Support workers must watch the client after they have taken their medication to observe any changes in their condition or any reactions they have to the medication. When prescribing the medication, the doctor takes into account the likelihood of the medication affecting the client and prescribes medication that should cause no adverse reactions. For example, if a client has a weak heart the doctor would not prescribe anything that would worsen this condition. When prescribing the medication, a doctor will explain to the client why they are having the medication and whether there may be any possible side effects. They might advise the client what to look out for when they take the medication. Make sure you are familiar with their medication chart, which should list any allergies the client has.

Be aware of any warnings or conditions printed on the packaging of medication. For example, ‘Do not consume alcohol with this medication’ or ‘Do not drive when taking this medication’. These warnings and conditions are listed because in some circumstances a particular medication may interact with another medication, an existing condition (such as high blood pressure, allergies), food or alcohol and cause a dangerous reaction for the client. The support worker and the client taking medication should be made aware of this by the pharmacist.

What might happen

Whenever medication is taken there is always the possibility of an unexpected reaction to a particular medicine.

Side effects

A side effect is a possible response to a medication; for example, a client may become drowsy as a result of an antihistamine or a specific medication might cause headaches in some people. Possible side effects are listed in the drug information sheet or on the dispensed container; for example, ‘May cause drowsiness’. Most medications have the potential for side effects but not all side effects are serious. The reaction to medication can range from mild (a slight headache) to very serious (kidney failure, seizures and death).

Adverse reactions

An adverse reaction is an unexpected response to a medication and may occur as a result of drug interaction or food interacting with drugs. Over-the-counter or non-prescribed substances like herbal medicine, caffeine and alcohol have the potential to affect the impact of prescribed drugs and may result in an adverse reaction known as drug interaction. The effect of one or both drugs may be increased or decreased. Some drugs are used purposely in combination to prevent or minimise side effects. Support workers should seek guidance from the doctor or pharmacist before assisting a client to take over-the-counter substances.
Allergic reactions

An **allergic reaction** occurs when a drug triggers the release of antibodies in the body and causes a mild or severe reaction. The onset can be fast; for example, resulting in anaphylactic shock. This means a full-body reaction to a substance that the client is allergic to. The body goes into an ‘overreaction’, which can lead to death. Symptoms include difficulty with breathing, loss of consciousness due to sudden lowering of blood pressure and in severe cases heart failure. A reaction may be delayed and occur over a period of time. An example is dermatitis, an itchy dry rash that occurs when the skin has been in contact – usually repeatedly – with a substance that the client is allergic to; for example, a soap, cream or washing powder. The allergic effects and reactions will vary depending on the type of medication and each person. For example, anti-inflammatories can cause cramps, codeine can cause constipation and an overdose of medication can cause drowsiness or confusion.

Effects from taking more than one medication

The support worker may be aware the client is also taking over-the-counter supplements such as vitamins or minerals. They should document this clearly in the care notes or notify their supervisor. Some non-prescribed supplements might react with the prescription medication. For example, a client may be on tablets to lower their blood pressure and at the same time be taking a supplement that may raise their blood pressure. The client’s medication should be reviewed by their doctor on a regular basis to prevent possible complications of **polypharmacy** and to ensure the lowest possible dose is taken to minimise the possibility of side effects or adverse reactions.

Monitoring the client

A support worker has a responsibility to know about the potential side effects of any medication they are helping a client to take and any possible adverse reactions. Read the client’s care plan, medication form or notes made by health professionals, which should include information about:

- allergies
- unwanted side effects to watch out for
- how long before side effects are expected to occur
- possible interactions with other medication the client is taking
- storage conditions.

A support worker may make the following notes in a client’s care plan:

- ‘Mr Fallon may be allergic to the penicillin. Watch for a rash appearing 4–6 hours after taking the medication.’
- ‘Eardrops should not be too cold. If they are too cold when applied to the ear, they may cause pain, dizziness or nausea. Check the storage temperature is correct.’

A key responsibility is to watch for any changes in a client’s condition after they have taken the medication. The role of the support worker in these circumstances is written clearly into their job role and the policies and procedures of the workplace. You must understand and follow these instructions.
Side effects and reactions to look for

A support worker is not expected to assess the cause of the reaction but is required to monitor the client and immediately report and record any signs presented.

Changes to watch for include:

- changes to airway; for example, choking
- change in skin colour
- swelling
- feelings of dizziness
- cramps
- weight fluctuations
- change in pulse
- rash
- sweating
- slurring of speech
- blurred vision
- bowel movements (diarrhoea, constipation)
- breathing that has slowed or is fast
- inflammation or redness
- headache
- nausea and vomiting
- confusion
- changes in behaviour such as becoming angry, irritable, lethargic, energetic.

Checking the client’s condition

A support worker who regularly cares for a client is in a good position to see whether the client is experiencing any side effects caused by the medication they are taking. You can identify changes in a client’s condition by:

- talking to them and asking them how they feel
- observing their colour, mobility, mental and verbal responses and physical signs
- talking to others associated with them such as family members or a neighbour
- checking the client’s care plan.

When you have identified there are changes, there are a number of things you should ask yourself:

- What response is needed?
- Can I deal with this?
- Should I consult my supervisor or other health professional?
- What impact will this have on the client’s routine?

In the following example, the support worker should have paid more attention to what the client told them.
Chapter 3: Assisting the client to take medication

Example

Jackson reports that he feels nauseous. He says ‘I feel like I could vomit. My head feels as if it will split today.’

The worker, Shania, responds, ‘That’s no good’ and continues with other duties. Ten minutes later another worker, Elizabeth notices Jackson’s distress. She calls for a supervisor, who calls an ambulance.

Jackson suffers a stroke, which results in partial paralysis in the muscles in his arm and one side of his face. This could have been avoided if Shania has paid more attention to the warning signs of stroke and sought help earlier.

Emergencies, such as loss of consciousness, dangerous behaviour or seizures, must be dealt with according to policies and procedures, which will tell you when or whether to apply first aid or call emergency services. Emergencies should always be reported as soon as possible.

You must watch to see whether a client has any side effects after taking their medication.

Seeking assistance

Report any abnormalities immediately to your supervisor, the client’s doctor, the pharmacist, a medical officer or emergency services. Your workplace may also have a helpline for staff to use.

A reaction may take hours, days or even weeks to happen. Sometimes it may occur immediately or very soon after the client has taken the medication. For example, a client may vomit, become dizzy, lose consciousness or have a seizure. Sometimes it may take much longer and the changes may be small. You should observe the client every time you visit for any changes in their condition.

It is important to document your findings and actions. Write down exactly what you see and what the client or their carer tells you; record these observations in the care or progress notes, feedback sheet, communication book, incident report form, or other documentation as specified in your workplace.
You must not change the medication. The client’s doctor or other health professionals are the only people who can make decisions about medication, so it is important you report changes as soon as possible.

Do not continue to administer anything if you are concerned about the client’s condition. Document and report all changes to your supervisor or according to the organisation’s policies, procedures and guidelines. More information about documenting the client’s condition is in Section 4.4.

Practice task 24

One morning Mrs Janssen greets you. She is very confused and unsteady on her feet. She tells you she took some laxatives last night and has been up all night with diarrhoea. After making her comfortable you contact your supervisor at once for advice.

Complete the following care note for Mrs Janssen.

<table>
<thead>
<tr>
<th>Care notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
<tr>
<td>Follow-up:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Print name:</td>
</tr>
</tbody>
</table>
3.5 Disposing of waste products

To reduce the risk of contamination, always dispose of any waste materials associated with medication. Sometimes there won’t be much waste except for empty glass bottles, plastic tubes of medicine and disposable gloves. In other cases, you may deal with vomit, soiled clothes, sharps, blood and other body fluids as well as discarded packaging material, used cottonwool, disposable plastic cups and gloves.

Make sure you are familiar with the rules for disposing of waste and follow procedures to make sure all waste products are disposed of safely and hygienically.

Procedures for handling dirty equipment and rubbish

Follow the documented procedures and guidelines that explain what you must do to dispose of rubbish. Always look around to check whether any waste is left lying on the ground when you begin your visit and just before you leave.

In a residential care setting, there will be waste disposal containers for different types of waste, like sharps containers, bins for material with blood on them and recycle bins for cardboard, paper and glass. These may be located on the medication or treatment trolleys, in medication rooms or in residents’ rooms.

In a client’s home, you may have to give them special containers for waste. If not, you should ask permission to use the client’s own recycle and rubbish bins.

Disposing of equipment and items

Disposable items such as plastic cups, tissue paper and cottonwool can cause significant harm to the environment and so it is essential they are disposed of in the correct way.

Here are some suggestions.

- Disposable cups and spoons should be discarded in the rubbish bin.
- Soiled paper towels and aprons should be wrapped in newspaper before being discarded in the rubbish bin.
- Soiled cottonwool should be wrapped up before disposing of it in the rubbish bin.
- Gloves need to be wrapped and sealed in a bag before putting into the rubbish bin. The gloves may be covered in vomit, blood or other body fluids.
- Wipe vomit from affected areas or a vomit bowl and flush it down the toilet.
- Sharp equipment; for example, insulin syringes, razor blades or needles used in measuring blood sugar levels must be placed in a sharps container with a secure lid. They must not be put into general rubbish.
Disposal of contaminated, unused or expired medication

Getting rid of waste incorrectly can have serious consequences, including detrimental effects on the environment. If medication goes into general rubbish, children and pets could get hold of it. When disposed of into landfill, it can trickle through to rivers, lakes and water supplies. There are strict environmental and safety guidelines for the disposal of medical wastes, so you must follow the policies and procedures that apply in your workplace.

- Contaminated drugs or expired medication must be returned to the pharmacy for safe disposal. Check with your supervisor if your organisation has any specific guidelines for the disposal of Schedule 8 drugs.
- The client may not ingest a tablet properly. They may spit it out or it may fall out of their mouth. These tablets should be disposed of in the sharps container or discarded with clinical waste.
- Used patches must be folded in half, sides stuck together and placed in the clinical waste container.

Disposal of medication containers

- Containers with medication residue should be discarded in clinical waste bins. Organisations are obliged to provide these and should have a contract for their safe removal.
- Some dose administration aids are suitable for multiple uses and should be returned to the pharmacist when empty.
- Containers that have the client’s details printed on them should be sent back to the pharmacist or shredded onsite to protect people’s privacy.
- All used medicine bottles, tubes and other containers should be washed then placed into a regular rubbish bin.
In a community setting, a client has the right to decide whether they want to place medication containers in the ordinary garbage bin and whether they want to remove the label prior to doing so.

Never throw away out-of-date medicines in the rubbish. They must be returned to the pharmacy.

### Practice task 25

1. You have completed providing medication to a client. The medication provided included: tablets, a patch (including removing the old patch), liquid medicine in a medicine cup, lotion applied with a cottonwool ball.

   List the things that need to be disposed of and how you should dispose of them.

<table>
<thead>
<tr>
<th>Item</th>
<th>Disposal method</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Draw a line from the item of rubbish to where it should be safely disposed. (Note: soiled items must be wrapped in a paper towel before they are disposed of.)

   - a) Sharps
   - b) Soiled tissues
   - c) Bloodstained material
   - d) Vomit
   - e) Empty medicine bottle made of glass
   - f) Plastic bottle tops
   - g) Cardboard packaging from tablets
   - h) Disposable gloves

### Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

- Should I report a change in a client’s condition if I think the client’s condition isn’t serious? For example, they’re always complaining of a headache. Today they complained of a headache after they’ve had their pills.
- ‘If I know the client’s condition is not caused by medication, or won’t be affected by medication, do I need to report it? For example, if a resident is complaining of a stomach ache but I know she had three pieces of cake at afternoon tea, I can still give her medication, can’t I?’

- Isn’t it overreacting to have to wrap everything up before putting it in a rubbish bin?
Chapter summary

- The role of the support worker is to make sure medication is taken at the correct time in the correct quantity through the correct method.
- Support workers must at all times follow the legislation and workplace policies and procedures for preparing and administering medication. They have a duty of care to make sure they do not place the client in any danger or cause them harm.
- Support workers must understand the different ways medication must be applied or taken.
- There are various ways of assisting a client to take their medication ranging from verbal prompting through to direct assistance.
- Support workers must never force clients to take their medication and must make sure medication is taken and ingested.
- Support workers must watch for and report adverse reactions to medication. All actions taken must be documented in case notes, progress notes or incident reports.
- The job of assisting people to administer medication is not complete until all waste products have been disposed of in a safe manner.

Checklist for Chapter 3

Tick the box when you can do the following.

- Prepare and assist the client with administration of medication
- Observe the client taking and completing their medication
- Record the details of medication administration
- Monitor the client for changes in their condition
- Dispose of waste products
Chapter 4: Handling contingencies and issues

Sometimes things may not go according to plan. A client may refuse to take their medication or is not be able to ingest it completely. They may have an unexpected reaction. There may be problems with the medication.

Unplanned events can cause considerable stress for workers and clients. Workers can reduce the impact of these events if they develop contingency strategies or plans for dealing with these events.

As with all aspects of client care, any issues must be documented and reported using workplace documentation.

In this chapter you will learn about:

4.1 Reporting concerns with administration of medication
4.2 Dealing with a client’s reaction to medication
4.3 Dealing with contaminated or expired medication
4.4 Identifying, reporting and recording changes in a client’s condition
4.5 Identifying procedures to address changes in a client’s condition or needs
4.6 Reporting any inconsistencies with the medication or client
4.7 Documenting inconsistencies
4.1 Reporting concerns with administration of medication

In most cases, people take their medication as directed. There are factors that may prevent clients from taking their medication as prescribed, as outlined in the following table.

<table>
<thead>
<tr>
<th>Factor</th>
<th>More information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client refusal</td>
<td>People may refuse to take some or all of their medication. Some clients may not understand the benefits of the medication or may be suffering adverse affects. They may not want to admit they have a particular condition.</td>
</tr>
<tr>
<td>Incomplete ingestion</td>
<td>Some clients may not be able to ingest tablets. They may have a condition such as dysphagia that makes it hard for them to swallow tablets. They may have an illness or other gastrointestinal complaint that causes them to vomit. Changes in the gastrointestinal system and the metabolic system can also prevent medication from being properly absorbed.</td>
</tr>
<tr>
<td>Missed or missing doses</td>
<td>People may miss their doses because of memory issues or because they have not yet formed the habit of taking their medication at prescribed times. If medication is missing, it may indicate that a client has inadvertently taken or been administered more than their prescribed dose.</td>
</tr>
</tbody>
</table>

Consequences of failure to complete the administration

Failure to take the prescribed medication as directed can result in a number of complications. For example, if an insufficient dose is taken, the medication may not produce the desired effect. If too much medication is taken, overdoses and other adverse reactions may occur. Stopping medication suddenly can also produce undesirable effects such as anxiety, confusion, shakiness and nausea.

Severe health complications can arise if people take certain medications without the support of a medical professional such as a general practitioner.

All health professionals and support workers involved in the care of a client need to be informed about variations from the prescribed medication. Support workers need to be aware of changes to look for.

How you find out about a difficulty

To find out if there is a difficulty you may need to ask the client questions, look for evidence in their environment and observe their behaviour. For example, sometimes a client will have taken their early morning medication before you have arrived. You must ask them whether they have taken it. They may tell you they opened their pack and the pill fell onto the floor and disappeared under a cupboard. They may say they didn’t feel like having it. They may tell you they went to an appointment and forgot to take it when they returned. They may say the top was on too tightly and they couldn’t open it.

You may need to ask them specific questions to get an answer; for example, ‘Have you taken all your tablets today? How many tablets have you taken? What have you taken?’
You may need to look around their home or room to see whether there is any medication in their rubbish bin or on the floor. You may find they are consistently applying more lotion than necessary and the tube is nearly empty.

When you are ready to assist them with self-medicating, you may find they refuse to take the tablet, despite your encouragement. If they administer the medication, they might vomit it, take only half of a tablet or leave most of a liquid medication in the glass.

**Reporting concerns**

The support worker must report any concerns they have about a client not completing the administration of their medication. You must always contact your supervisor immediately, explain the situation and wait for their instructions. The information the supervisor receives from you about the situation may lead to an adjustment of the client’s care plan or a change in their medication.

The supervisor will give you feedback and explain the follow-up action that needs to occur. For example, your supervisor may tell you not to do anything until they have notified the doctor or pharmacist and received advice from them. Then they will call you back and advise what to do. In other situations, they may respond immediately and tell you to give the client another tablet.

Follow the instructions and guidance you are given. Remember, you are not the one to make a decision about what to do next. For example, you must not decide to give the client the next dosage in place of the one they missed or give them an extra tablet if they vomited one up.

**Knowing who to contact if a difficulty arises**

It is important to keep a list of who you should call if a difficulty arises. The list should be easily accessible so you can contact the appropriate person without wasting any time. In most cases, the supervisor will contact other people but in some circumstances they may ask you to do this. You must tell the client you are going to contact your supervisor for advice.

You need to explain to the supervisor exactly what has happened so they can make a decision. For example, is it crucial the client take the dosage that was missed? Is it all right to substitute another pill? Should the worker encourage the client to complete the medication even if they refuse? Should the doctor be informed?

After you have contacted your supervisor, explain to the client what is going to happen so they feel they are in control.
Practice task 26

Read the case study, then complete the task that follows.

Case study

Janine, a support worker, is helping Alice with her pills for a urinary tract infection. Alice is fiercely independent so all Janine does is encourage her to take the pill at the correct time. Today, Alice fumbles and the pill falls out of the dosette pack, rolls under the table and disappears down a crack in the floorboards. 'Oh dear,' Alice says, 'I suppose I’d better take the one for tomorrow instead.'

Janine tells her that she cannot do this. She explains she will call the supervisor and ask for their advice. She tells Alice not to do anything until she finds out what to do.

The supervisor tells Janine it is all right for Alice to take tomorrow's pill. She says she will call the pharmacist and they will fill a new dosette box and deliver it that day.

Janine tells Alice what will happen.

Describe what the consequences could have been if Janine:

- permitted Alice to take the pill without consulting with her supervisor
- failed to contact her supervisor
- did not keep Alice informed.
4.2 Dealing with a client’s reaction to medication

Your job is to observe, identify, report, record and address a client’s reaction to their medication within the level of your authority and by following workplace procedures.

Your first steps are to make sure the client is comfortable, notify your supervisor and follow any instructions you are given. You then need to complete the correct form. This might be a care note, a communication book, an incident report form or an adverse drug reaction form. Detail exactly what has happened, describe what you have done and what follow-up is required so everyone else involved in the person’s care understands the situation. Remember to include the date and time of the reaction. Print and sign your name.

Write clearly, accurately and in brief sentences. Keep to the point. Do not make any suggestions or personal statements. For example, write ‘Agnes has a rash’, not ‘I think Agnes has a rash because she ate oysters, which always disagree with her, though it could be the new medication’. Generally, any known allergies are recorded on the client’s care plan and would have been taken into account by the doctor when prescribing the medication.

In the following example, the support worker follows the procedures set out by his workplace.

Example

Geoff visits a client, Audrey. Audrey’s doctor has recently altered the dose of her medication. While Geoff is working with Audrey, she takes her medication. Immediately after she swallows she vomits. Geoff takes the following steps to care for Audrey’s immediate needs.

- He comforts Audrey while putting gloves on.
- He then cleans the area while Audrey showers in privacy.
- He calls his supervisor who informs him she will call a doctor. She promises to call Geoff as soon as she has consulted with a doctor. She asks Geoff to remain with Audrey until he receives other instructions.
- When Audrey returns from the shower, Geoff explains the situation.
- He then writes the following notes.

| Care notes |
|--------------------|---------------------|
| **Date:** 3 November 2012 | **Name of client:** Audrey Brit |
| **Time:** 9.15 am | **DOB:** 13/10/1936 |
| **Details:** | |
| Audrey took her medication as prescribed at 9.00 am. At 9.01 am she vomited. Notified supervisor at 9.07 am who directed me to stay with Audrey until she has consulted with a medical professional for further instructions. | |
| **Signature:** Geoff Wilson (worker) | **Print name:** G.Wilson |
Practice task 27

1. You are a HACC worker. You visit Mr Graham Richiardi at 10.00 am today. He takes his heart medication at 10.15 am. Fifteen minutes later he faints.
   a) Who would you contact?
   b) What else would you do in this situation?
   c) Why is it particularly important to take prompt action in this situation?
   d) Complete the care note to reflect your actions.

<table>
<thead>
<tr>
<th>Care notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
<tr>
<td>Details:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Print name:</td>
</tr>
</tbody>
</table>

2. Sara is working with Bronwyn, a young person with a behavioural disability. After taking her medication Bronwyn reports that she feels dizzy. Sara records the following information in Bronwyn’s care notes.

<table>
<thead>
<tr>
<th>Care notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date: Today</td>
</tr>
<tr>
<td>Time:</td>
</tr>
<tr>
<td>Details:</td>
</tr>
<tr>
<td>Signature:</td>
</tr>
<tr>
<td>Print name:</td>
</tr>
</tbody>
</table>

a) List the things that are wrong with this care note.
b) Rewrite the care note correctly.
4.3 Dealing with contaminated or expired medication

It is unsafe for a client to take expired, contaminated or damaged medication. It should be disposed of in an appropriate manner.

Expired medication

All medication must have an expiry date on the original container or label. If you can’t find it, don’t use the medication. The expiry date may be written in the format ‘exp 05 12’, which means it expires in May 2012. Some medication will have a manufactured date and a batch number; for example, the bottom of the box might say B/N Y52323; Exp: 11/2012, which means the batch number is Y52323, and the expiry date is November 2012.

Never mix medication from different containers. They may have different expiry dates. The containers will have different batch numbers. If medication is recalled by the manufacturer, you won’t be able to establish the batch number of the contaminated or damaged medication.

You must not use medication after its expiry date. It may have lost its medicinal impact; that is, it may not be as effective and may no longer benefit the client. It could be potentially dangerous for a client to take medication that has passed its use-by date; for example, the chemical structure of the medication may change and it could become toxic.

Check the container and the packaging to determine whether a particular medication is out of date. The following table provides more information about how you can determine the expiry date on different types of medication.

<table>
<thead>
<tr>
<th>Medication</th>
<th>Identifying the expiry date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capsules and tablets</td>
<td>· The expiry date will be on the container or packaging, and on the label of the dose administration aid.</td>
</tr>
<tr>
<td></td>
<td>· You will usually find it close to the batch number.</td>
</tr>
<tr>
<td>Eye, ear and nose drops</td>
<td>· The expiry date will be printed on the bottle.</td>
</tr>
<tr>
<td></td>
<td>· Because drops come in small bottles, the pharmacist may accidentally cover the expiry date with the label; if this occurs, the drops should be sent back to the pharmacist.</td>
</tr>
<tr>
<td></td>
<td>· Eyedrops expire four weeks after opening. It is important to write the opening date on the bottle.</td>
</tr>
<tr>
<td>Inhalants</td>
<td>· The expiry date for inhalants will not be on the outer casing but on the gas container.</td>
</tr>
<tr>
<td>Liquids</td>
<td>· The expiry date will be printed on the bottle and also on the packaging.</td>
</tr>
<tr>
<td>Lotions and creams</td>
<td>· The date will be printed on the packaging and also on the tube.</td>
</tr>
<tr>
<td>Patches</td>
<td>· The expiry date will be printed on the outside of the sealed packet.</td>
</tr>
<tr>
<td></td>
<td>· Once patches are opened they should be applied.</td>
</tr>
<tr>
<td></td>
<td>· If patches are opened by accident, they should be discarded immediately.</td>
</tr>
</tbody>
</table>
Contaminated or damaged medication

Medication could be contaminated by chemical changes if it has passed its use-by date or if it has been incorrectly stored. It can also be contaminated by dirt and bacteria in various ways. This can happen when a packet is opened accidentally, a lid of a bottle is not closed properly or the opening of a container touches a body part. Medication can also be affected by heat, dampness, direct sunlight and interaction with other tablets. It can be contaminated when unused medication is poured back into the bottle, patches are opened accidentally and are not used immediately, or the medication container is tampered with.

Some medication must be stored at a certain temperature; for example, below 25°C. Medication may lose its efficacy if it has been incorrectly stored. For example, eyedrops, eardrops, insulin and some antibiotics may change, become toxic and/or dangerous for a client to take.

Here are some tips for dealing with medication to reduce the chances of using expired, contaminated or damaged medication.

![Tips]

Disposing of medication correctly

Clear guidelines should be available in your workplace to explain how to dispose of medication. It is also important to follow state or territory guidelines in relation to disposal of pharmaceutical waste. If you are not sure how to correctly dispose of a particular medication, check with the pharmacist. Make sure you follow these rules:

- Send back expired medication to the pharmacy.
- Place contaminated medication in the sharps container for incineration or discard with clinical waste.
Return Schedule 8 drugs to the pharmacy or environmental health unit as per specific state or territory guidelines.

Fold used, contaminated or expired patches in half, sticky sides together, and discard with clinical waste. When this is not possible, send them back to the pharmacy for safe disposal.

You should never discard medication in the garbage bin, down the toilet or down the sink. There are serious health risks involved when expired medication is thrown out with the garbage. Children and pets could get hold of it. The medication can trickle through to water supplies when it ends up in landfills. Flushing down the toilet may kill helpful bacteria in the environment and could harm aquatic life in the ocean. Wastewater treatments do not remove medication residue.

All of the actions in the following example are poor practice and show the support worker does not know the correct procedure.

**Example**

- Lara put a bottle of expired medication in the rubbish bin. She should have sent it back to the pharmacy.
- Andy poured the bottle of medication that had passed its use-by date down the toilet. He should have returned it to the pharmacy.
- John placed a tablet that fell on the floor back into the bottle. He should have disposed of the tablet, recorded his actions and contacted his supervisor.
- Sunil recognised that medication had reached its expiry date so he threw it out with the household rubbish. He should have returned it to the pharmacy.
- Nigel suspected the new tablet packet had been tampered with as a corner had already been opened. He decided to use the tablets anyway.

**Practice task 28**

1. Look at a medicine label. Write down the temperature it must be stored at and when it expires.
2. What might happen if a client uses out-of-date medication?
3. Choose the correct word to complete the sentences.

<table>
<thead>
<tr>
<th>label</th>
<th>temperature</th>
<th>effective</th>
<th>toilet</th>
<th>contaminated</th>
</tr>
</thead>
</table>
| a) Medicine that is passed its expiry date will no longer be ________________.
| b) Expiry dates must be written on the ________________.
| c) Medication that contains bacteria which can cause infection is known as ________________ medication.
| d) Medication must be stored at the correct ________________.
| e) There could be a serious health risk if you dispose of medication down the ________________.
4.4 Identifying, reporting and recording changes in a client’s condition

It is your responsibility to identify, report and record any changes in a client’s condition. Here is a summary of the major categories of changes that may occur after taking medication.

Changes in condition

<table>
<thead>
<tr>
<th>System</th>
<th>What to look for</th>
</tr>
</thead>
<tbody>
<tr>
<td>Integumentary system</td>
<td>Changes in skin colour.</td>
</tr>
<tr>
<td></td>
<td>· A pale skin colour may indicate a drop in blood pressure (hypotension).</td>
</tr>
<tr>
<td></td>
<td>· A red flushed colour can indicate an increase in blood pressure (hypertension).</td>
</tr>
<tr>
<td></td>
<td>· A greyish blue colour can indicate difficulty in breathing.</td>
</tr>
<tr>
<td></td>
<td>· A rash is usually red in colour and could be a small raised area on the skin. The skin could feel hot and the rash might be burning or causing itchy, red blotches.</td>
</tr>
<tr>
<td></td>
<td>· Swelling can be present in the face, lips, mouth, eyes, hands and feet.</td>
</tr>
<tr>
<td>Respiratory system</td>
<td>Respiratory problems include:</td>
</tr>
<tr>
<td></td>
<td>· breathing difficulty may be the result of choking or swelling of the airways</td>
</tr>
<tr>
<td></td>
<td>· increased speed of breathing may be a sign of hyperventilation</td>
</tr>
<tr>
<td></td>
<td>· very slow, interrupted breathing may be a sign of hypoventilation.</td>
</tr>
<tr>
<td>Digestive system</td>
<td>Common digestive problems include:</td>
</tr>
<tr>
<td></td>
<td>· abdominal cramps</td>
</tr>
<tr>
<td></td>
<td>· diarrhoea</td>
</tr>
<tr>
<td></td>
<td>· nausea</td>
</tr>
<tr>
<td></td>
<td>· vomiting</td>
</tr>
<tr>
<td></td>
<td>· constipation (which may occur over a period of time and requires ongoing monitoring).</td>
</tr>
<tr>
<td>Vision</td>
<td>Common vision problems include:</td>
</tr>
<tr>
<td></td>
<td>· blurred vision</td>
</tr>
<tr>
<td></td>
<td>· double vision</td>
</tr>
<tr>
<td></td>
<td>· puffy eyes</td>
</tr>
<tr>
<td></td>
<td>· sensitivity to light</td>
</tr>
<tr>
<td>Musculoskeletal and central nervous systems</td>
<td>The client may:</td>
</tr>
<tr>
<td></td>
<td>· be unstable on their feet</td>
</tr>
<tr>
<td></td>
<td>· complain of numb feet</td>
</tr>
<tr>
<td></td>
<td>· feel like fainting</td>
</tr>
<tr>
<td></td>
<td>· be unusually aggressive or rude</td>
</tr>
<tr>
<td></td>
<td>· be emotional, confused or disorientated</td>
</tr>
<tr>
<td></td>
<td>· have trouble comprehending words, using appropriate words, or speaking clearly</td>
</tr>
<tr>
<td></td>
<td>· have headaches</td>
</tr>
<tr>
<td></td>
<td>· be dizzy</td>
</tr>
<tr>
<td></td>
<td>· have insomnia.</td>
</tr>
</tbody>
</table>
Look for any change in the client’s condition after they have taken their medication.

Reporting a change in condition

Contact your supervisor or the person in charge immediately if you notice a change in a client’s condition. Clearly explain the situation. Do not proceed with giving any medication until you receive further directions. You will be given advice and instructions about what to do from your supervisor. This may involve calling an ambulance or making the client comfortable until medical help arrives. The supervisor will give you feedback and explain the follow-up action that needs to occur.

In an emergency situation, make sure you follow policies and procedures regarding applying first aid or calling emergency services. Report emergencies as soon as possible.

Recording changes in condition

As soon as possible after you have reported the situation, record what has happened, any verbal instructions you received and what you did. Based on your information, the supervisor may decide to monitor the client’s condition, withhold medication for a while or manage their over-the-counter medicines differently.

Documentation may include a care note, a communication book, an incident report form or an adverse drug reaction form. Remember to be accurate, brief and only record what you see. Focus on the facts: things that you have seen, heard or smelt. It is never appropriate to provide your interpretation or your opinion.
In the following example the support worker follows workplace procedures.

**Example**

Aleisha is a support worker looking after Stanley Cunningham. Aleisha comes to Stanley’s room with his medication. He is taking pills for his high blood pressure to prevent a stroke. This is only the third day he has taken them. She chats with him for a while and he tells her the same thing three times. His face looks a little lopsided and he is slurring his words a little. Aleisha notices that he has wet his pants. Aleisha knows this is unusual for him. The following things happen:

- Aleisha remains calm and speaks gently to Stanley. She asks him if he feels okay.
- She comforts Stanley and quickly cleans him up, making sure she follows personal hygiene standards.
- She contacts her supervisor and explains what has happened. She describes the differences she has noticed in Stanley. She explains what she has observed and what she has done.
- The supervisor tells Aleisha not to attempt to give him medication until the doctor has been contacted. The supervisor tells Aleisha they will contact the doctor.
- Aleisha writes the following notes.

<table>
<thead>
<tr>
<th>Care notes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date:</strong> 5/6/12</td>
</tr>
<tr>
<td><strong>Time:</strong> 10.30 am</td>
</tr>
<tr>
<td>Comments:</td>
</tr>
<tr>
<td>When talking to Stanley at 10.08 am I noticed he was slurring his speech and repeating himself, and his face looked lopsided. He had also been incontinent. I made him comfortable and cleaned him up.</td>
</tr>
<tr>
<td>I did not give Stanley his medication as prescribed as I was concerned about the changes I observed.</td>
</tr>
<tr>
<td>I informed the supervisor at 10.12 am. The supervisor said not to give any further medication.</td>
</tr>
<tr>
<td>Supervisor to contact doctor.</td>
</tr>
<tr>
<td><strong>Signature:</strong> A. Flack (support worker)</td>
</tr>
<tr>
<td><strong>Print name:</strong> Aleisha Flack</td>
</tr>
</tbody>
</table>

In this example, the support worker only gives the facts. She does not make any suggestions. There are many reasons why the client may have been confused. It may be the onset of dementia or an infection. He may have had a stroke. The medication has only recently been prescribed so the client may be having an adverse reaction to it. It is not the support worker’s role to determine this.
Practice task 29
Read the case study, then complete a care note for the situation.

Case study
Shelley Lang, a support worker, helps Mrs Crabtree take her medication for her hip pain. Mrs Crabtree usually has no reaction to the medication, which she has been taking for four weeks now. Mrs Crabtree suddenly becomes unsteady on her feet. Shelley helps her to a chair and reports to the registered nurse.

<table>
<thead>
<tr>
<th>Care notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Time:</td>
</tr>
<tr>
<td>Details:</td>
</tr>
</tbody>
</table>

Signature:
Print name:
4.5 Identifying procedures to address changes in a client’s condition or needs

While a support worker must not make any decisions about how to address a client’s changed conditions, they need to know what to do in the short term that is within their level of authority and skills, and then to be able to follow the health professionals’ advice and instructions.

Responding to an immediate change in condition

The care and wellbeing of the client is the most important thing to consider when you find the client’s condition has changed. As previously discussed, unless it is a life-threatening situation the first thing to do is to notify your supervisor. You may be instructed to call an ambulance, a family member or a doctor, place pillows to support the client’s head, cover them with a blanket, or perhaps to do nothing.

It is important to make sure the client is comfortable and they understand what you are doing to help them. Reassure them. Calm them down. Clean up any mess that has been made. Tell them what you are going to do. Keep them informed at all times by explaining what you are doing and what will happen as a result.

Following the health professional’s instructions

Follow the instructions and guidance. Remember you are not the one to make a decision about what to do next, give any medical advice or opinions or attempt to treat the client unless it is a life-threatening situation. For example, you must not decide to give the client the next dosage in place of the one they missed or give them an extra tablet if they vomited one up. The health professionals involved with the client will decide the course of action to take.

Your client’s condition may change. Their condition may worsen or improve, or they may suffer a temporary illness, disease or injury. Medication prescribed may need to be altered by a medical professional to reflect these changes.

As a support worker, you cannot change the care given to a client nor can you alter the amount, frequency or type of medication. You can initiate changes to care by following the chain of command or in other words, reporting the changes in the client’s condition to your direct supervisor and following the changed instructions they give. Make sure you read the care plan. Always ask your supervisor to confirm a change in medication if you are unsure.
### 4.6 Reporting any inconsistencies with the medication or client

It is essential that the health professional in charge of the client knows the medication they have prescribed is being administered correctly, in the correct dosage and at the right time. If the medication administration varies in any way from the instructions of the health professional, the variations are called inconsistencies. It is part of a support worker’s role to identify and report without delay any inconsistencies in the way the medication is administered.

The following table explains types of inconsistencies and what you should do.

<table>
<thead>
<tr>
<th>Inconsistency</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>The medication is dispensed incorrectly</td>
<td>• Immediately notify your supervisor.</td>
</tr>
<tr>
<td>- Tablets are missing from the multi-dose administration aid.</td>
<td>• Advise the client not to take the medication until the supervisor is</td>
</tr>
<tr>
<td>- Extra tablets are packed.</td>
<td>notified and the situation is clarified by the pharmacist.</td>
</tr>
<tr>
<td>- Medication is not delivered.</td>
<td>• If the medication is not packed correctly, it should be returned to the</td>
</tr>
<tr>
<td>- Medication is delivered on the wrong day.</td>
<td>pharmacist for checking and repacking.</td>
</tr>
<tr>
<td>- The wrong identification is on the medication container.</td>
<td></td>
</tr>
<tr>
<td>The prescription is incorrect</td>
<td>• Encourage clients to get their medication from one doctor only and to</td>
</tr>
<tr>
<td>- The prescription is not renewed in time; therefore, the medication is not</td>
<td>get all their treatments from the same pharmacy. Errors like this might</td>
</tr>
<tr>
<td>dispensed and there is no continuity in treatment.</td>
<td>be picked up before medication is dispensed.</td>
</tr>
<tr>
<td>- The wrong dose is prescribed; therefore, the pharmacist will pack the</td>
<td>• If any of these errors occur, they must be reported according to the</td>
</tr>
<tr>
<td>wrong dose and the client receives the wrong treatment.</td>
<td>guidelines in your organisation.</td>
</tr>
<tr>
<td>- The wrong medication is prescribed; therefore, the pharmacist will pack the</td>
<td></td>
</tr>
<tr>
<td>wrong medication and the client receives the wrong medication.</td>
<td></td>
</tr>
<tr>
<td>The medication is expired, damaged or contaminated</td>
<td>• Assist people to check their medication for the expiry date and any signs</td>
</tr>
<tr>
<td>- Tablets fall on the floor.</td>
<td>of tampering or contamination.</td>
</tr>
<tr>
<td>- The client is trying to save money and keeps medication for when it might</td>
<td>• Warn clients not to take any medication that may be contaminated and</td>
</tr>
<tr>
<td>be needed in the future.</td>
<td>make them aware of the dangers in doing so.</td>
</tr>
<tr>
<td>- The client accidentally opens a sealed package.</td>
<td>• Returned the medication to the pharmacist for correct disposal.</td>
</tr>
<tr>
<td>- The client adds tablets to a container or pours different medications into</td>
<td>• Report contaminated, damaged or expired medication to your supervisor,</td>
</tr>
<tr>
<td>the same bottle.</td>
<td>the doctor and the pharmacist. The doctor may have to write out a new</td>
</tr>
<tr>
<td>- Medication is affected by heat and dampness.</td>
<td>prescription.</td>
</tr>
<tr>
<td>- Medication is taken out of its original container and kept in an unlabelled</td>
<td></td>
</tr>
<tr>
<td>container.</td>
<td></td>
</tr>
</tbody>
</table>
The medication is not taken as prescribed or dispensed
- Medication that should not be crushed or broken is crushed or broken.
- Instructions, such as take with/without food, are not followed correctly.
- Sometimes the client may be unable to take the medication because it has not been delivered and is not available when needed.

What to do
- Check notes, ask other staff or ask the client questions to find out more.
- Tell your supervisor, who will notify the pharmacist.
- Report these incidents without delay.
- Make the client aware of the importance of taking the medication as prescribed.

The support worker makes a mistake
- The wrong medication is removed from the container.
- Medication is given to the wrong person because of a mistake in identifying the client or the medication.
- The client is assisted to take medication at the wrong time.
- The support worker forgets to sign that medication was given and the next worker does not know and gives the medication.
- Medication is not given at all.

What to do
- Report an error immediately to the supervisor, or, if the supervisor is not available, to the pharmacist or doctor.
- Document the incident and the person it was reported to so other people in the client’s health care team know what has occurred and what has to be done to resolve the situation.

In the following example, a support worker realises she has made an error.

Example
Margery is a support worker. It is her job to assist the residents in the aged care home with their medication. She has all the medication blister packs arranged on the trolley in the order that she will visit the rooms. She first gives Mrs Sanford her medication; she then knocks on Mr Murray’s door but he is not in his room; next she goes to Miss Bignell’s room. She presses medication out of the next blister pack and hands it to Miss Bignell to take. When she reaches the next room, she realises the next medication pack belongs to Miss Bignell – and still has its dose intact. She realises she has given Mr Murray’s medication to Miss Bignell. Margery reports immediately to her supervisor, who calls the doctor to ask what they should do. She tells Margery to stay with Miss Bignell and observe her.

Practice task 30
Select one of the following inconsistencies and explain what you would do if this happened.
- Medication is dispensed incorrectly.
- Prescription is incorrect.
- Medication is expired, damaged or contaminated.
- Medication is not taken as prescribed or dispensed.
- Support worker makes a mistake.
Chapter 4: Handling contingencies and issues

4.7 Documenting inconsistencies

The next step is to document, in the appropriate form, any inconsistencies, errors or actions that occurred. Record the date and time of the situation, who was involved, what happened and to whom you reported the situation. A written record is essential so everyone who reads the notes is clear about what happened and can make an informed decision about what to do. A health professional may need to get in touch with you to discuss what occurred. Follow these guidelines.

› Information must be correct and objective. Only record what you know. Don’t make up what you think may have happened.
› Be brief. Don’t include any information that is not directly associated with the situation.
› Be comprehensive. Although you must be brief, you must also write as much relevant information as you can.
› Follow your organisation’s procedures for using abbreviations. Generally, abbreviations are not allowed except for units of measurement or widely accepted medical terminology. When in doubt, write words out in full.
› Most forms need:
  › the date, time and location of the situation
  › the people involved in the situation
  › specific details, such as what occurred, changes in the client’s condition and who the situation was reported to
  › action taken by you, and actions suggested by the person it was reported to
  › any outcomes as a result of these actions
  › name and signature of the person completing the notes or form.
› Use the organisation’s forms. There may be separate documents for different situations. An incident report form may be used in a court so make sure it is factual and accurate.

Documentation

Specific documentation used can vary between industries and employers. However, you may be required to fill out, provide information to update or access one of the following documents.

Incident reports

An incident report is used to record details about specific incidents. It can also be used to identify trends that need to be dealt with to prevent future harm to the client involved and other clients. The following is an example of an incident report form.
<table>
<thead>
<tr>
<th>Section 1 Witness details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last name:</strong> Robbins</td>
</tr>
<tr>
<td><strong>Worker</strong></td>
</tr>
<tr>
<td>Phone number: 03 5272 1111</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 2 Details of person involved in the incident</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Last name:</strong> Clarke</td>
</tr>
<tr>
<td><strong>Gender:</strong> M</td>
</tr>
<tr>
<td><strong>Client</strong></td>
</tr>
<tr>
<td><strong>Was the person injured?</strong> Y</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section 3 Details of injury or illness</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date:</strong> 25/7/2012</td>
</tr>
<tr>
<td><strong>Location (on the person’s body) and description</strong></td>
</tr>
<tr>
<td>Head (right temple)</td>
</tr>
<tr>
<td><strong>Where did the injury occur?</strong></td>
</tr>
<tr>
<td>In the dining room</td>
</tr>
<tr>
<td><strong>How did the injury occur?</strong></td>
</tr>
<tr>
<td>Paula took 15 ml of cough suppressant as directed by her doctor. She then fainted, falling forward, hitting her right temple on a table.</td>
</tr>
<tr>
<td><strong>Was the witness present at the time of the accident?</strong> Y</td>
</tr>
<tr>
<td><strong>Was medical help sought?</strong> Y</td>
</tr>
<tr>
<td><strong>If yes, provide details</strong></td>
</tr>
<tr>
<td><strong>Name:</strong> Dr Zoe Brady</td>
</tr>
<tr>
<td><strong>Contact details:</strong> Bay St Medical Clinic</td>
</tr>
<tr>
<td>Main Road</td>
</tr>
<tr>
<td>Geelong 3220</td>
</tr>
<tr>
<td>03 5221 2121</td>
</tr>
<tr>
<td><strong>If no, explain why not:</strong></td>
</tr>
<tr>
<td><strong>Witness’s name:</strong> Kelly Robbins</td>
</tr>
<tr>
<td><strong>Witness’s signature:</strong> K. Robbins</td>
</tr>
<tr>
<td><strong>What follow-up action was taken?</strong></td>
</tr>
<tr>
<td><strong>Note:</strong> The supervisor or OHS representative fills out this section.</td>
</tr>
<tr>
<td><strong>Name:</strong></td>
</tr>
<tr>
<td><strong>Role:</strong></td>
</tr>
<tr>
<td><strong>Signature:</strong></td>
</tr>
<tr>
<td><strong>Date:</strong></td>
</tr>
</tbody>
</table>
Adverse drug event reports
An adverse drug event report is very similar to an incident report. This report should only be filled out by qualified medical professionals. It should include information about the medication, dose, route, frequency and the outcome. Details should be given about the effects on the client, including whether the adverse reaction was temporary or permanent. It should also include information about the action taken.

Adverse drug event reports should be used as a reference by medical professionals to prevent a recurrence of the problem. It can also be used at an organisational level to identify issues associated with the administration of medication.

Medication charts
Registered nurses are in charge of updating medication charts. Medication charts include information about:

- a client’s identifying details (last name, first name, middle name, and date of birth)
- factors that affect the quantity, dosage and rate of absorption such as height and weight
- known adverse reactions to all allergies
- date, time, dosage, level and route of all medication administered
- the signature of the person administering medication.

Medical charts
Medical charts can include details such as pain levels, blood pressure, heart rate and oxygen intake. They can be used to identify problems with the administration of medication.

Progress or care notes
Progress or care notes are used to identify and communicate changes to a client’s condition and their reaction to medication as well as action taken in response to these changes.
Discussion topics

Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› Do you think older people are considered to be a high-risk group when administering medication? Why or why not?
› Do you think it is permissible to use medication that is slightly out-of-date? Give reasons.
› If other health professionals are doing their jobs, contingencies with the administration of medication should never arise. Do you agree with this statement? Give reasons.
› Brainstorm ways that support workers can identify and deal with contingencies in the administration of medication.

Chapter summary

› Client refusal, incomplete ingestion and missed or missing doses can have serious consequences.
› Clients can react to medication in a range of unexpected and unpredictable ways.
› Concerns regarding a client’s refusal, incomplete ingestion and missed or missing doses must be recorded and reported.
› Complications from contaminated, expired or damaged medication can be avoided by disposing of these medications appropriately.
› Changes in a client’s condition can affect the way they respond to medication.
› Procedures to address changes in a client’s condition or needs include updating care plans and changing medication types, dose, frequency and route of administration.
› All documentation must be accurate, brief and be concerned with the facts.

Checklist for Chapter 4

Tick the box when you can do the following.

☑ Report concerns with administration of medication
☑ Deal with a client’s reaction to medication
☑ Deal with contaminated or expired medication
☑ Identify, report and record changes in a client’s condition
☑ Identify procedures to address changes in a client’s condition or needs
☑ Report any inconsistencies with the medication or client
☑ Document inconsistencies
Chapter 5: Completing medication distribution and administration

Support workers have a range of responsibilities in relation to the administration of medication. These involve monitoring the supply and storage of stock and medication, cleaning and storing trolleys and equipment, and maintaining the privacy of medical documentation. These administrative duties are essential to ensure medication is managed efficiently, effectively and safely.

Teamwork is very important in medication management. Support workers need to understand their responsibilities and know how they support other members of the health care team. In many instances, team members rely on the support worker to make sure medication procedures run smoothly.

In this chapter you will learn about:

5.1 Maintaining medication and equipment according to infection control procedures
5.2 Replenishing supplies
5.3 Storing medication charts and documentation
5.4 Storing medication
5.1 Maintaining medication and equipment according to infection control procedures

Health-care facilities often keep general medication supplies such as painkillers and anaphylaxis medication in stock. In addition, they may keep specific medication to meet the needs of individual clients. Facilities will also stock gloves, tapes, syringes, tourniquets, needles, sharps disposal containers, band aids and measuring cups. Larger organisations will keep medication equipment in specialised trolleys.

All this equipment and medication must be cleaned and stored correctly to prevent damage and misuse, in accordance with industry health regulations and the organisation’s infection control guidelines. You will be told what to do when you first start work. Ask your supervisor if you are in doubt about a procedure.

Infection guidelines

All workplaces have strict guidelines for occupational health and safety developed from their state or territory’s occupational health and safety legislation. The law explains what an employer and employee must do to keep their workplace safe and hygienic. The regulations are enforceable, which means if they are not followed, employers and employees can be fined.

You must help maintain a clean, hygienic environment at all times to prevent infection from spreading. Infection is a medical condition caused by micro-organisms such as bacteria and viruses. These are tiny particles that cause disease if they lodge in the human body and multiply.

Here are some tips for preventing infections.

<table>
<thead>
<tr>
<th>Tips</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Wash your hands before and after all medication procedures.</td>
</tr>
<tr>
<td>• Use clean equipment for each application.</td>
</tr>
<tr>
<td>• Handle and clean contaminated linen and clothing according to occupational health and safety guidelines.</td>
</tr>
<tr>
<td>• Use clean aids to apply medication.</td>
</tr>
<tr>
<td>• Wash equipment after use.</td>
</tr>
<tr>
<td>• Correctly handle and dispose of sharp instruments and broken glass.</td>
</tr>
<tr>
<td>• Clean and decontaminate all surfaces used during application of treatments.</td>
</tr>
<tr>
<td>• Dispose of contaminated waste products appropriately.</td>
</tr>
</tbody>
</table>

Caring for medication trolleys

All equipment used when you administer medication must be kept clean and free from bacteria and viruses to prevent infection. Most workplaces have a maintenance and cleaning schedule to ensure equipment gets cleaned properly on a regular and scheduled basis. Make sure you understand where the schedule is kept, the information it contains and what your responsibilities are.
A trolley is an important part of medication administration. It is used to take medication to clients in a residential facility. Because it is used to administer medication for more than one person it has the potential to cause cross-infection if not managed properly. Cross-infection is when a germ is carried from one person to another and causes an infection; for example, gastroenteritis. The trolley is also used to store medication, keep medical records and hold containers for disposing of waste material.

All areas of the trolley must be continually cleaned and kept neat and tidy. Germs have the potential to stay hidden for a long time and can even become more active and efficient over time. Empty waste containers attached to the trolley and dispose of the waste in the appropriate bins. At the end of the day, the trolley should be cleaned with a sanitising liquid. Wear disposable gloves. Clean up any spills with a cloth. Wipe the tray.

Cleaning used medicine containers and equipment

If you are not working in a residential facility, it is unlikely that you will use a medicine trolley. However, you will come into contact with other medical equipment such as applicators for lotions and ointments, measuring cups, mortar and pestle, nebuliser/spacer, tablet divider, teaspoons, drinking glasses and water jugs.

Some of these will only be used once and need to be disposed of.
The following is a list of things to do to maintain clean equipment.

- Equipment, such as medication cups, tumblers and teaspoons, should be used for one person only and must be washed at the end of the round in hot soapy water, preferably in a dishwasher to ensure the water temperature is high enough to kill germs.

- If medication residue is present on equipment, it should be wiped off with a paper towel prior to washing. The paper towel should then be disposed of in the clinical waste bin.

- The mortar and pestle and tablet cutter must be cleaned properly between different people and different medications to remove any medication residue that can cause contamination and harmful drug interaction.

- Equipment, such as nebulisers, should be used only for the same person. A nebuliser must be cleaned between procedures and disposed of when the treatment is completed.

The following example shows how medical supplies can be maintained in a home setting.

**Example**

Jeff works as a HACC worker. He visits Mrs Evans. He is required to support Mrs Evans to self-administer medicine in a tablet form. The tablets are to be divided. Both Jeff and Mrs Evans wash and sanitise their hands. Jeff encourages Mrs Evans to clean and sanitise the tablet divider before and after use. He also ensures the tablet is divided on a sanitary surface.

**Practice task 31**

Describe why it is important to wash and sanitise medical equipment.

**Storing medication and administration aids**

Storing unused or used medication, containers and administration aids is covered in Section 5.4.
5.2 Replenishing supplies

Clients should be able to receive their medication when they need it. Medication should not be interrupted because stock isn't available or medication is not dispensed on time. Medication should be received as soon as prescribed. There must be a system for prompt dispensing, delivery and administration of medication that you must follow.

Delivering the prescription

A pharmacist needs a current prescription before they can dispense the medication. You might be involved in this process. For example, after a doctor prescribes a medication for a client they may give the prescription to a support worker who might then fax the prescription to a pharmacy. The pharmacist will collect the original prescription when medication is delivered.

The prescription must be sent to the pharmacist as soon as possible so the medication can be dispensed and the treatment started. Make sure you understand the procedure for delivering a prescription to a pharmacist and whose responsibility it is.

Many prescriptions written by doctors include instructions about how long the client is to continue receiving the medication. This may mean the medication is provided to the client a number of times and is known as a repeat prescription. These prescriptions only need to be given to the pharmacist once. The pharmacist only needs to know when the prescription needs renewing, as they then have all the information they need.

Dispensing medication

A pharmacist is responsible for dispensing medication in a timely manner. This can include the dispensing of new or repeat prescriptions. To enable timely dispensing, a system should be in place between the doctor, the pharmacist and the client to ensure the pharmacist has a current script at all times. Many residential care facilities have a service agreement with a pharmacy outlining requirements that need to be met to ensure people receive their medication correctly and on time.

Medication should be delivered to a safe and secure area. A service should be available for delivery of medication outside scheduled times to cover emergencies or changes in treatment.

Checking the medication

Usually the pharmacy will require a signed document to validate that medication was received and checked as correct. Some medication, such as Schedule 8 drugs, must be checked by two people. Details must be entered into a drug register as outlined in specific state and territory guidelines.

A workplace will have designated people who are responsible for checking the medication on arrival. This is generally done by a health professional. A support worker may check names but not the medication.
When receiving supplies of medication, make sure you check for:

- correct identification of the client – the name of the client and their date of birth should be clearly printed on the label of packaging and dose administration aids
- correct medication – the content of the dose administration aid should be clearly printed on each individual blister or bubble pack (a support worker can only check the information is there, not that it is correct; a registered nurse will need to check the information against the medication chart)
- correct quantity – the number of tablets should correspond with the numbers of drugs printed on the outside of the blister/sachet
- signs of contamination – check that all blisters and packaging are sealed properly with no signs of tampering.

Any mistakes should be reported, recorded and fixed without delay to ensure the client receives medication in a timely manner and as prescribed.

**Example**

Daniel is a support worker in an aged care facility. He is informed that one client, Tom Jones, needs medication urgently. The director of nursing asks Daniel to fax a copy of the prescription to the pharmacy. The pharmacy delivers the medication to the facility. Daniel checks the delivery with a registered nurse. They check the details on the package match Tom Jones, paying particular attention to the spelling of Mr Jones's name to make sure there has been no confusion.

The nurse checks the quantity and the medication delivered against the information in the prescription. The nurse also checks for signs of contamination. The nurse then signs for the deliverer, updates the organisation’s records and then stores Mr Jones’s medication safely and securely as per organisational procedure.
Practice task 32

The pharmacist delivers a medication order to the aged care home where you work. You have the list of residents for whom a new DAA was ordered, as follows:

- Samantha James
- David Weston
- Joan Spooner
- Merinda Sharp
- Brendan Barnard
- Sue Tatham
- Margaret White

It is your job to check that each of these has arrived and the packs are in good condition.

The pharmacist has delivered blister packs for the following residents:

- Samantha James
- David Weston
- Merinda Sharp
- Brendan Barnard
- Sue Tatham
- Margaret White

You check your list, and check each pack. You notice one of the packs has a loose edge and there is a tablet loose in the bottom of the cardboard box the packs arrived in.

Summarise what you need to do next.

Dealing with expired or contaminated medication

The doctor and pharmacist should be notified if medication currently in use expires. When checking a client’s medication, if you observe it has expired follow workplace procedures and report to your supervisor if necessary. Expired and contaminated medication must be returned to the pharmacy and replacements should be arranged.

The following example illustrates how medication should be ordered, dispensed, delivered and received.
5.3 Storing medication charts and documentation

Protecting the privacy and confidentiality of clients is a high priority in community services settings. Support workers have a duty of care to protect the privacy of clients.

Maintaining privacy

Documentation about a client’s medication (in their care plan, medication chart, treatment sheets or other documents) contains their name, date of birth, diagnosis and details of current treatment. It must be kept in a safe and secure place at all times. Legislation on privacy is clear and exact. Legal action may be taken if these guidelines are not followed.

You must know how to use and store client records correctly. Workers are generally asked to sign a confidentiality clause when employed. This means they must not talk about a client’s details to anyone other than their supervisor and other members of the health-care team.

Storing current records

Make sure you understand and follow your organisation’s policies and procedures for storing medication charts. You will be told what to do when you first start work.

Here are some examples of storage guidelines.

<table>
<thead>
<tr>
<th>Storage</th>
<th>What to do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication trolley</td>
<td>· Documents should be locked in a compartment of the medication trolley. You may need to move away from the trolley for a short period while you are assisting a client.</td>
</tr>
<tr>
<td>Treatment rooms</td>
<td>· Records kept in treatment rooms should be stored in a lockable cupboard, which should remain locked when not in use.</td>
</tr>
<tr>
<td>The client’s room</td>
<td>· Some clients keep their medication in their room. Their medication chart may be kept with the medication. Make sure the chart is not left where an unauthorised person can access it.</td>
</tr>
<tr>
<td>A central filing system.</td>
<td>· Documents kept in a central filing system should be locked and keys should only be available to authorised staff.</td>
</tr>
</tbody>
</table>

Archiving records

Most facilities keep client records for a specific period of time after the client is no longer using the services of the facility or organisation. This is known as archiving records. How long records are held depends on the type of organisation.

Documents are transferred to an archive when they are no longer needed by the staff, even if the client is still using the service. For example, old medication charts and progress notes are archived so the client’s file does not become too bulky and it is easy to find current information. If for some reason the older documents are needed in the future, they can be retrieved from the archive. Make sure you understand the system that is in place to keep these archived records.
A special area should be available to keep these records and should include a locked filing cabinet in a locked archive room with limited access. The documents should be stored in a tidy and organised manner for easy access. They must be stored in a way that prevents dampness or access by vermin (rats and mice) that could damage the content. Some workplaces may use an agency that provides confidential archiving and storage services away from the facility.

The following are examples of support workers taking care to ensure careful use of documentation.

**Example**

1. Jessica is a HACC worker. She is visiting a client, Mrs Leopold. While caring for Mrs Leopold she accesses Mrs Leopold’s care plan. She also updates Mrs Leopold’s progress notes. She makes sure these records are not visible when Mrs Leopold’s family members visit and when she is transporting the records in her car. She returns the records to the centralised file at the shire where she works.

2. Bryan works for Kalinga Youth and Disability Services. All client files must be signed out and signed in from the central files. Files are not to be left on desks or other areas accessible to the public or other unauthorised personnel when not in use.

**Practice task 33**

Describe the challenges you think support workers may have when storing and keeping documentation confidential in:

- home and community care settings
- residential care settings
- disability services settings.
5.4 Storing medication

A crucial part of health care is to make sure all medication stored on the premises is stored safely, securely and correctly. There are strict laws about who has access to drugs and how they must be stored to ensure everyone’s safety. Laws differ between states and territories, so make sure you are familiar with the legislation in your state or territory. You also need to be familiar with the manufacturers’ guidelines for storing medication and the procedures your workplace has in place.

Correct storage means the medication is:

› managed according to legislation
› secure at all times so only authorised people have access to it
› stored at the correct temperature so it does not get damaged.

Storing medication securely

Medication must be stored according to legislation. This means it is stored in a safe, locked area that only authorised people have access to. Most facilities have a key register that records the number of the key and who is responsible for it. This is usually the registered nurse or senior staff member on duty. If another person needs access, then the authorised person does the unlocking so the key doesn’t leave their possession. It should not be possible for visitors, children, pets, other people or unauthorised staff to access the storage area. In the home, medication should be kept out of reach of other people.

Storing controlled drugs

Specific guidelines are prescribed for the management and storage of controlled drugs such as Schedule 8 drugs. Controlled drugs must be kept in an approved container as specified in the drugs and poisons regulations for different states and territories. There must be a register of all controlled drugs stored onsite, which records when these drugs are taken by clients. Here is an example of an entry in a controlled drugs register.

<table>
<thead>
<tr>
<th>Date of entry</th>
<th>Name of medication</th>
<th>Amount stored</th>
<th>Amount used</th>
<th>Purpose</th>
<th>Amount remaining</th>
<th>Signed</th>
<th>Checked and witnessed</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/12/2012</td>
<td>Valium</td>
<td>12 x 5 mg</td>
<td>1 x 5 mg</td>
<td>As prescribed for Mr Zaab</td>
<td>11 x 5 mg</td>
<td>Tim Carline</td>
<td>Tanya Brodie</td>
</tr>
</tbody>
</table>
Manufacturer’s guidelines for storage

Most medication has specific guidelines provided by the manufacturer in relation to correct and safe storage. In general, no medication should be stored in direct sunlight. Most medication can be damaged by heat or damp. For this reason, medication should never be stored in a bathroom cupboard. Some medication is required to be kept in a fridge between 1°C and 8°C or in an area below 25°C. If medication is not stored under these conditions, it can result in chemical changes, which reduce the medication’s effectiveness.

When in doubt, you should seek the advice of a registered nurse, doctor or pharmacist.

Medication containers

Medication must be stored in its original container. Medication from different containers should never be mixed as this can result in contamination and drug interaction.

Medication should only be packed and dispensed by a registered pharmacist, who should clearly label containers and dose administration aids.

Expired, damaged and contaminated medication

Expired, damaged and contaminated medication should not be stored onsite or in a client’s room. It must be returned to the pharmacy for correct disposal.

Transporting medication

A support worker may be involved in storing a client’s medication if the client is travelling; for example, when they go on a holiday or transfer to another facility. When this happens, their medication should be packed and sent with them. If they are going on holiday, you should take extra care to ensure the client and/or relatives understand how to correctly use and store medication. Medication that must be kept in a fridge should be transported in a cooler bag with ice, as in the following example.

Example

Ben is a young adult with a disability. He is about to take a trip interstate for schoolies week. He is taking medication that must be kept cool. His medication is stored in a cooler bag with ice for the trip. Ben and his carer have been instructed to keep the medication cool for the duration of the trip and to place the medication into the fridge on arrival at the hotel.

Clients living independently and clients living at home

In some facilities, people live in independent units or rooms where they receive help only if and when they need it. Some people may manage their medication independently. Staff may not be involved at all in monitoring, recording, ordering or administering the client’s medication.
A client managing their medication independently should be advised to:

› store medication in a safe secure place
› store medication at the right temperature
› never mix medication in containers
› keep medication in original containers
› not use someone else’s medication.

The reason for any advice about medication should be explained to the client to enhance their cooperation. The pharmacist could also provide the client with a list of special requirements for each medication.

Deceased clients

When a client living in residential care dies, their medication must be packed in a sealed container and kept until a death certificate is issued. The medication can then be sent to the pharmacist to dispose of correctly.

Practice task 34

1. You are caring for Antonio; an elderly client. Antonio is from a non-English-speaking background and speaks and understands very little English. He has been given medication, which has the following instructions.

   Store in cool, dry location away from direct light.

   Conduct a role-play with a friend, fellow student, co-worker or family member playing the role of Antonio. In your role-play, explain to Antonio the storage conditions for his medication.

2. Collect three medicine information sheets. Record the name of the medication and briefly describe the storage requirements. Record your responses in the following table.

<table>
<thead>
<tr>
<th>Medication name</th>
<th>Storage instructions</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Discussion topics
Below are a number of discussion topics relating to the learning in this chapter. You may like to discuss these topics in the online forum, through online messaging or in a face-to-face environment. Perhaps you are in a workplace and you can brainstorm these ideas with your colleagues. Remember, discussions allow you to create and consolidate new, meaningful knowledge with your fellow students and/or those working in your industry.

› Emma says ‘I’m a support worker not a cleaner. Why should I be expected to clean medical supplies?’ What do you think of Emma’s attitude?
› Jack is responsible for maintaining supplies of medication at an aged care facility. He orders more medication than could possibly be used in a year. Jack says, ‘I want to make sure the medication is available when the residents need it.’ Is there a problem with Jack’s approach?
› What role does a support worker play in ensuring prescription supplies are maintained? Do you see this as primarily your responsibility or do you think it is the responsibility of someone else; for example, your supervisor, the doctor or pharmacist?

Chapter summary
› Well-maintained medical equipment is an essential part of client care. All equipment and medication must be cleaned, sanitised and stored correctly to prevent damage and misuse, in accordance with industry health regulations and the organisation’s infection control guidelines.
› All workers must help to maintain a clean, hygienic environment at all times to prevent infection from spreading.
› Follow the workplace’s maintenance and cleaning schedule to ensure equipment gets cleaned properly on a regular and scheduled basis.
› Follow the workplace’s system so medication is promptly dispensed by the pharmacist and delivered to the centre or client.
› Medication charts and other documentation should be stored so they can be accessed easily by authorised personnel but cannot be accessed by unauthorised personnel.
› All medication must be stored safely, securely and correctly. Controlled drugs must be kept in a container as specified by law and a register developed to control access.

Checklist for Chapter 5
Tick the box when you can do the following.

☑ Maintain medication and equipment according to infection control procedures
☑ Replenish supplies
☑ Store medication charts and documentation
☑ Store medication
Assessment 22301/01

Assessment activity 1 Part A: Preparing to assist with medication

The following table maps this assessment activity against the element and performance criteria of Element 1 in CHCCS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1</td>
<td>All</td>
</tr>
</tbody>
</table>

Complete the tasks below.

1. State whether an appropriately trained support worker is allowed to do each task.

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open bottles and remove tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Place the medication in the nebuliser</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Warm medication in hands before using, when appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dissolve medicine in water under pharmacist’s instruction</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hide medicine in food where indicated by the health professional</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Crush or divide tablets where indicated by the pharmacist</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give injections</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Help the client to fit a mask</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get medication from a fridge and bring to room temperature before administering, when appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give more medication than instructed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measure the amount required</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Replace medication when a mistake has been made in preparation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get the medicine and open the compartmentalised box, blister pack or sachet that has been prepared by the relevant health care professional</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2. Use a table similar to the following to describe three areas to check before you proceed with the task of assisting a client take their medication. Explain why you must do this.

<table>
<thead>
<tr>
<th>Items to check</th>
<th>Reason for checking</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Read the case study, then complete the task that follows.
Case study

Jessica is a support worker. Lionel, a client, asks for some pain relief. Jessica goes to the cabinet and unlocks it to get the medication. She takes a tablet from one of the bottles of medication intended for another client. She then administers this to Lionel. She leaves the tablets on the table.

List all the things Jessica has done incorrectly. Give reasons for your answer.
Assessment activity 1 Part B: Preparing to assist with medication

The following table maps this assessment activity against the element and performance criteria of Element 1 in CHCCS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>1</td>
<td>1.2, 1.3, 1.9, 1.10</td>
</tr>
</tbody>
</table>

Complete the tasks below.

1. Read the following tasks and explain what a support worker can do to prevent or minimise cross-infection.

<table>
<thead>
<tr>
<th>Task</th>
<th>Personal hygiene procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A support worker is going to open a blister pack.</td>
<td></td>
</tr>
<tr>
<td>2. A support worker places pills on a trolley while they fill a cup with water.</td>
<td></td>
</tr>
<tr>
<td>3. A support worker has just given a glass of water to a client to take their pills. The client takes the pills and hands the glass back to the support worker. The support worker now moves to the next person and prepares to give them their pills.</td>
<td></td>
</tr>
<tr>
<td>4. A support worker starts to cough and sneeze.</td>
<td></td>
</tr>
<tr>
<td>5. A support worker has just eaten a meal.</td>
<td></td>
</tr>
</tbody>
</table>

2. Read the case study, then complete the tasks that follow.

**Case study**

Jackson is required to self-administer the following medication:

- insulin by injection
- a bronchodilator through a spacer
- cortisone in tablet form.

a) Identify the physical, sensory and cognitive skills Jackson would need to be able to self-administer successfully.

b) How would you find out whether he had these skills?

c) How would you know if Jackson was no longer able to self-administer or required support?

d) What documentation would you access to check the procedures for administering the medication?

e) What hygiene measures would Jackson need to take before self-administering medication?
Assessment activity 1 Part C: Preparing to assist with medication

The following table maps this assessment activity against the element and performance criteria of Element 1 in CHCCS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td>1</td>
<td>1.4, 1.5, 1.6, 1.8, 1.9</td>
</tr>
</tbody>
</table>

Answer the questions below.

1. Explain what is meant by duty of care.
2. Give two examples of a support worker’s duty of care in relation to helping administer medication.
Assessment activity 1 Part D: Preparing the client for assistance with medication

The following table maps this assessment activity against the element and performance criteria of Element 2 in CHCCS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>D</td>
<td>2</td>
<td>2.1, 2.2, 2.3, 2.4</td>
</tr>
</tbody>
</table>

Read the case study, then answer the questions that follow.

Case study
Lara is a support worker at Kalinga Nursing Home working with clients in varying stages of dementia. She asks a nurse to tell her where Mrs Maria Simms is. The nurse points to the tea room and says, 'Over there.'

Lara is not sure which client the nurse points to, but does not want to bother the nurse further. She approaches the person she thinks the nurse pointed to and says, 'Are you Mrs Simms?'

The client says, 'Yes, I am.' Lara administers Mrs Simms's medication to the client.

Another worker enters the room and says 'Mrs Langveldt isn't due for medication.' Lara gasped, 'That's Mrs Simms.'

a) In this situation, the person was incorrectly identified. How could the situation have been avoided?

b) What should Lara do now?

c) List the documents Lara would need to access to ensure she:
   - is able to identify the client
   - is aware of the client’s needs and abilities
   - has the right medicine.
Assessment activity 1 Part E: Preparing the client for assistance with medication

The following table maps this assessment activity against the element and performance criteria of Element 2 in CHCSS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>E</td>
<td>2</td>
<td>2.5</td>
</tr>
</tbody>
</table>

Complete the tasks below.

1. Describe the skills and knowledge you would need to ensure clients are adequately informed about their medication.

2. Prepare an A4 size sign displaying tips that might help a support worker know how to assist a client with their medication. Choose from tablets, eye treatments or patches. The client does not speak English well and their ability to hear is decreasing. Therefore, your sign should be brief and easy to read. You might like to use drawings, pictures from a magazine or photos.

3. Read the case study, then complete the task that follows.
**Case study**

Candice is a support worker. She is administering medication to Janice, a client. They have the following conversation:

**Candice:** ‘Hi, I’m Candice. I’m just here to give you your medicine Janice. Can you tell me your full name?’

**Janice:** ‘Janice Evelyn Mahoney.’

**Candice:** ‘How is Mahoney spelt?’

**Janice:** ‘M A H O N E Y’

**Candice:** ‘What’s your date of birth, Janice?’

**Janice:** ‘Is that any of your business?’

**Candice:** ‘No – but I do need to make sure I’m giving you the right medication. I don’t want to make you sick.’

**Janice:** ‘The third of November 1934.’

As Janice provides her details, Candice checks against documentation and takes a record of this check. She also notes that Candice has shaky hands. She will help Janice by only half filling a cup of water to prevent a spill.

**Candice:** ‘This is a pain reliever. We have recorded that you last had a pain reliever at 3 pm. Is that correct?’

**Janice:** ‘Yes.’

Candice double-checks the information on Janice’s care plan against the information on the tablet provided to her by a nurse. She checks the name of the medication, the quantity, the dosage and the route.

**Candice:** ‘We’ll just wash your hands. Would you like me to walk you to the basin or would you prefer to use a hand sanitiser here?’

**Janice:** ‘I’d like to stay here.’

Candice helps Janice sanitise her hands.

**Candice:** ‘Here is a tablet.’

She places the tablet in Janice’s hand and passes her the water.

List the steps Candice took to prepare the client for the medication.
Assessment activity 1 Part F: Preparing the client for assistance with medication

The following table maps this assessment activity against the element and performance criteria of Element 2 in CHCCS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>F</td>
<td>2</td>
<td>2.6, 2.7</td>
</tr>
</tbody>
</table>

Answer the questions below.

1. What could happen if you gave a client medication without taking into account physical or behavioural changes?
2. Describe how you would find out who you should report these changes to.
3. Explain why you can’t give a client medication on demand.
Assessment activity 1 Part G: Assisting the client to take medication

The following table maps this assessment activity against the element and performance criteria of Element 3 in CHCCS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>G</td>
<td>3.4</td>
<td>All</td>
</tr>
</tbody>
</table>

Produce an A4 size poster that can be used for new workers to make sure that they carry out all aspects of assisting a client to take medication. Include a list of dos (things that must be done) and don’ts (things that should never be done).
Assessment activity 1 Part H: Assisting the client to take medication

The following table maps this assessment activity against the element and performance criteria of Element 3 & 4 in CHCCS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>H</td>
<td>3, 4</td>
<td>All</td>
</tr>
</tbody>
</table>

Read the case study, then complete the tasks that follow.

**Case study**

Rose is the support worker whose role it is to assist Mr Svendal to take his lunch time medication. He hates taking the tablets. His medication is contained in a blister pack. The nurse hands her the pack and together Rose and the nurse confirm the name written on the pack. Rose takes the pack on the medication trolley to Mr Svendal’s room. She confirms he is the right person. She reads the following instructions on the back of the dose section of the blister pack.

- Thursday 10 May 2012; 12 noon
- Contains 3½ tablets:
  - 2 Panamax (round white)
  - 1 Aricept (small, round blue)
  - ½ Serepax (½ oval; orange)
- Tablets to be taken with water; do not crush or break
- To be taken orally

1. List the checks that need to be made.
2. List the equipment Rose will use.
3. Explain how Rose should prepare the medication.
4. Explain how it will be administered.
5. Describe the support Rose will give Mr Svendal.
6. Read the case study, then complete the task that follows.

**Case study (cont’d)**

Rose administers the medication. Immediately afterwards Mr Svendal reports feeling nauseous. Rose calls her supervisor who instructs you to observe Mr Svendal and call her immediately should Mr Svendal’s symptoms worsen.

7. Complete a case note to reflect this situation as well as Rose’s actions.
Read the case study, then complete the task that follows.

**Case study (cont’d)**
As well as assisting Mr Svendal, Rose also is responsible for assisting several residents. Each of the residents has different medication requirements. Included in her tasks is the cleaning up and disposing of waste items after administering medication. Rose is sometimes in a hurry and forgets what she has been told to do.

8. The following table shows the waste that Rose has to dispose of and what she does with it. Write Yes or No in the third column to show whether Rose has disposed of the waste correctly and say what Rose should have done if you think she has disposed of it incorrectly.

<table>
<thead>
<tr>
<th>Waste</th>
<th>What Rose does with it</th>
<th>Did Rose dispose of this correctly?</th>
<th>What Rose should have done</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glucometer needles</td>
<td>Places the glucometer needles in the sharps container</td>
<td>Yes or No</td>
<td></td>
</tr>
<tr>
<td>Bloodstained tissues</td>
<td>Wraps the tissues in a paper towel and places it in the bin allocated for contaminated waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cottonwool balls</td>
<td>Puts the cottonwool balls directly into the rubbish bin for general waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Soiled gloves</td>
<td>Places the gloves directly into the rubbish bin for general waste</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Empty cardboard packaging</td>
<td>Places the packaging in the recycle bin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plastic drinking container</td>
<td>Places the drink container in the general rubbish bin</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A broken glass the client has dropped</td>
<td>Sweeps up the broken glass and places it directly into the rubbish bin for general waste</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Assessment activity 1 Part I: Handling contingencies and issues

The following table maps this assessment activity against the element and performance criteria of Element 5 in CHCCS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>5</td>
<td>All</td>
</tr>
</tbody>
</table>

Complete the tasks below.

1. Explain why it is important to document medication errors and inconsistencies.

2. Describe the first step to take when discovering an inconsistency or mistake in medication management.

3. Explain what might happen if a client uses out-of-date medication.

4. Read the case study, then answer the questions that follow.

**Case study**

Pat is employed as a HACC worker for Jinniup Shire visiting clients in their homes. This morning, Pat was assisting her client Tony with ointment for a fungal infection on his foot. He couldn’t reach to do this himself. Pat had been shown by a nurse how to apply the ointment. The instructions on the tube read:

**Fungal ointment**

Ensure affected area is clean and dry.
Apply sparingly between and underneath toes.

Pat completed the procedure as per the instructions. Less than five minutes later Tony reported a burning sensation on the right foot. The entire foot felt hot and there was a red blotch about the size of 20 cent piece.

a) What should Pat do in this situation?

b) Complete an incident report form. You may have to invent some details such as people’s names.
## Jinniup Shire – HACC services

### Incident report form

#### Section 1 Witness details

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name:</td>
<td></td>
</tr>
<tr>
<td>First name:</td>
<td></td>
</tr>
<tr>
<td>Worker ☐</td>
<td>Visitor ☐</td>
</tr>
</tbody>
</table>

**Phone number:**

#### Section 2 Details of person involved in the incident

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name:</td>
<td></td>
</tr>
<tr>
<td>First name:</td>
<td></td>
</tr>
<tr>
<td>Gender: M ☐ F ☐</td>
<td></td>
</tr>
<tr>
<td>Client ☐</td>
<td>Worker ☐</td>
</tr>
</tbody>
</table>

**Was the person injured?** Y ☐ N ☐

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date:</td>
<td></td>
</tr>
<tr>
<td>Time:</td>
<td></td>
</tr>
<tr>
<td>Location (on the person's body) and description</td>
<td>Where did the injury occur?</td>
</tr>
<tr>
<td>How did the injury occur?</td>
<td>Was the witness present at the time of the accident? Y ☐ N ☐</td>
</tr>
</tbody>
</table>

**Was medical help sought?** Y ☐ N ☐

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>If yes, provide details</td>
<td>Name:</td>
</tr>
<tr>
<td>Contact details:</td>
<td></td>
</tr>
</tbody>
</table>

**If no, explain why not:**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Witness’s name:</td>
<td></td>
</tr>
<tr>
<td>Witness’s signature:</td>
<td></td>
</tr>
</tbody>
</table>

**What follow-up action was taken?**

*Note: The supervisor or OHS representative fills out this section.*

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
<td></td>
</tr>
<tr>
<td>Role:</td>
<td></td>
</tr>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Date:</td>
<td></td>
</tr>
</tbody>
</table>
Assessment activity 1 Part J: Handling contingencies and issues

The following table maps this assessment activity against the element and performance criteria of Element 5 in CHCCS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>J</td>
<td>5</td>
<td>All</td>
</tr>
</tbody>
</table>

Imagine you are employed as a support worker. You have been given the task of coaching a new employee in complying with the organisation's procedures for handling issues and contingencies that may arise when administering medication.

Develop a checklist the employee can use to make sure they:

› recognises concerns
› identifies reactions and changes in the client's condition
› reports reactions and changes in the client's condition
› deals with contaminated or expired medication appropriately
› identifies any inconsistencies with the medication or client
› documents and reports consistencies.

For example:

<table>
<thead>
<tr>
<th>Has the client refused to take their medication?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
</table>

Assessment activity 1 Part K: Completing medication distribution and administration

The following table maps this assessment activity against the element and performance criteria of Element 6 in CHCCS305B Assist clients with medication.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>K</td>
<td>6</td>
<td>6.1, 6.2</td>
</tr>
</tbody>
</table>

Answer the questions below.

1. Explain why medication containers and administration aids must be cleaned and sanitised.

2. Describe what could happen if an organisation had:
   - insufficient stocks and supplies
   - excess stocks and supplies.

3. Tick ‘True’ if you think the statement is correct. Tick ‘False’ if you think the statement is wrong.

<table>
<thead>
<tr>
<th>Statement</th>
<th>True</th>
<th>False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Medication must only be available to authorised people.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) It doesn’t matter what temperature the medication is stored at.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) All medication can be stored safely in a bathroom cabinet.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) A support worker must know the manufacturer’s guidelines for storing medication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) It’s OK to pour new medication into an old container.</td>
<td></td>
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</tbody>
</table>
Assessment activity 1 Part L: Completing medication distribution and administration

The following table maps this assessment activity against the element and performance criteria of Element 6 in *CHCSS305B Assist clients with medication*.

<table>
<thead>
<tr>
<th>Part</th>
<th>Element</th>
<th>Performance criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>L</td>
<td>6</td>
<td>6.3, 6.4</td>
</tr>
</tbody>
</table>

Complete the tasks below.

1. Find out why the storage, reporting and documentation requirements for Schedule 8 drugs are stricter than for other forms of medication. Summarise in dot points what you find out.

2. List two reasons why it is important to follow organisational policies and procedures when storing medication charts, care plans, treatment sheets and other forms of documentation.

3. Make a list of five commonly used medicines/drugs and state what each is for.

4. Make a list of ten common terms and abbreviations used in relation to medication and state what each means.

5. Document the difference between prescribed and over the counter medication.