

Appendix C: CARE PROVIDER MEDICATION RISK MANAGEMENT AND AGREEMENT PLAN

Has a Medication Management Assessment Form been completed? Yes No

If no, refer to office to request copy obtained as soon as possible.

Name		Date of birth/Age	
CIS Number		NHS Number	
Customer Address		GP Name and Contact Number	
		Pharmacist Name and Contact Number	
Name of person completing form		Address and Contact Details of Person Completing Form	
Date of Assessment			

SECTION A	MEDICATION SUPPORT
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Does the customer require assistance with any of the following forms of medication?

Level 1 and 2 Tasks

Form of Medication	Self Medicating				Level 1 Occasional Prompt				Level 1 Physical Assistance				Level 2 Administering Medication			
	M	N	T	B	M	N	T	B	M	N	T	B	M	N	T	B
*																
Oral Medicines-tablets/capsules																
Oral Medication - liquid																
Creams and Ointments																
Eye Drops																
Ear Drops																
Nose Drops/Sprays																
Inhalers																
Patches																
Other																

*M – Morning, N- Noon, T – Teatime, B-Bedtime

Has the customer been identified as (please tick box as appropriate):

Having no medicines prescribed (No requirement to complete rest of form)

Self medicating all medicines (complete section B only)

Family/others are supporting and no support required (No requirement to complete rest of form)

Level 3 – Specialist Techniques

The Following forms of medication are a Level 3 Specialist Technique and require a appropriate Health Care Professional to provide training and assess competence if a care worker is required to administer.

If carrying out a specialist technique a specific risk assessment needs to be completed.

Form of Medication	Self Medicating	Health Professional Administering	Care Worker Administering
* Injections			
* Per Rectum			
* Per Vagina			
* Via PEG Feed			
* Oxygen			
* Nebulisers			

Comments/Actions

SECTION B	OBTAINING SUPPLIES
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How will the customer order medicines from the GP?

- Customer will order
- Family/Friends
- Care Worker

Who/how will medicines be collected from the pharmacist or dispensing surgery?

- Customer
- Family/Friends
- Pharmacy will deliver
- Care Worker

Comments/Actions

SECTION C	ADMINISTRATION SYSTEMS AND RECORDING DOCUMENTS
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How is the customers oral medication provided?

- Original Container
- Pharmacist filled Monitored Dosage System (MDS)
- *Family filled Dosette box

*If care workers are to administer medication an alternative system is required.

If medication provided in original container has a MAR chart been provided?

Yes No N/A

If no, implement Temporary AS94 form and request MAR chart through office.

Yes No N/A

Is an MDS record sheet (AS93) available for medicines to be administered from MDS?

If No, ensure form is obtained and implemented.

Yes No N/A

What equipment is required to aid administration?

Is this equipment available in the customer's home?

Yes No

Comments/Actions

SECTION D

WARFARIN

Is the customer prescribed Warfarin?

Yes No

Does the customer require assistance in taking their Warfarin?

Yes No

If yes, safe system needs to be implemented eg a Health Professional needs to update the changed dose on the MAR chart in order for care workers to administer.

Comments/Actions

SECTION E

ACCESS TO MEDICATION

Can the customer access their medication?

Yes No

Is there a risk that the customer could tamper with medication and would be at risk of overdosing?

Yes No

Is it safe for the customer to access the medicine?

Yes No

If answered **Yes to Q2**, please state action taken to minimise risk eg liaison with health care professionals to discuss need to be within locked storage box

Comments/Actions

Does the customer require medicines left out to be taken later? Yes No

If yes, are there any identified risks associated with leaving the medication to be left out eg Family/friends visiting? Yes No

If yes, state risk identified and how it will be minimised below

Are there concerns that the customer may not remember to take the medication?

Yes No

If yes, state risk identified and how it will be minimised below

SECTION F

STORAGE

Are there any excess and/or expired medicines stored in the home, which may cause

confusion or mistakes in administration?

Yes No

If Yes, can customer or family return excess and/or expired medication to the pharmacy

Yes No

If staff are to remove, please complete the form 'Your consent for us to destroy your unwanted or discontinued medicines (AS109)

Please state storage location of medication _____

Is storage of specific medicines in accordance with directions e..g medicines that require storing between 2°C and 8°C are kept in the fridge? Yes No

Comments/Actions

SECTION G

CONTROLLED DRUGS

Has medication on the MAR been identified as a controlled drug? Yes No

If yes, implement system to reconcile stock?

Yes No

Are Care Workers aware of recording and reporting responsibility if there is a discrepancy?

Yes No

Comments/Actions