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| Administration of medication  |
| Word transcript |

Voiced by:

Jacqui, resident

Graeme, resident

Jessica, support worker (casual)

Charlie, resident

Simon, support worker

Keith, resident

Andrea, house supervisor].

[Slide: this video provides a real life overview of administering medication in disability residential services].

[Slide: the video demonstrates:

* The six r’s
* How to administer, record and store medication correctly
* What to do if a resident refuses medication
* How to manage dropped medication
* What to do if a resident has a high temperature].

[Slide: this video must be viewed in conjunction with the residential services practice manual (RSPM)].

[Slide: the department of health and human services presents

[Shot of each person below]

Jacqui, resident

Graeme, resident

Jessica, support worker (casual)

Charlie, resident

Simon, support worker

Des, resident

Keith, resident

Andrea, house supervisor].

[Slide: this video is set in a real group home featuring the people who live and work there].

[Shot of car driving up residential street]

[Shot of inside house, kitchen and dining room and fast forward of people moving around, having breakfast, reading magazines at table]

[Shot of Simon talking, closer up]

**Simon**: We’ve got a great house here. We’ve got five people that live here. It’s a nice inner city suburb. Mornings here can be mildly chaotic. We have five people all getting up at different times and all wanting their breakfast at different times and some can serve themselves and some can’t and we have to fight each other for the showers. But, you know, they get through it.

[Slide: it is important for residents’ health and wellbeing that medication is administered correctly]

[Slide: when administering medication always follow the six R’s:

1. Right medication
2. Right date
3. Right time
4. Right dose
5. Right resident
6. Right route].

[Shot of Charlie talking, close up]

**Charlie**: in the morning I have my tablets, I’m happy. For the rest of the day I’m not sad, I’m being happy all the time with my medication and I feel much better having that medication.

[slide: 1. Administration of medication].

[Shot of Simon opening medication cupboard, taking out webster-paks and locking cupboard]

**Simon**: when it comes to administration of medication it’s all pretty simple. That’s collection, safe storage of the medications, correct procedures for administering the medication; before administering medication we have to check against the medication administration forms.

[slide: before administering medication check it against

* Medication records
* Treatment sheet
* Doctors printout
* Resident profile
* (for required, or preferred, administration method)].

[Shot of Jessica and Simon walking into kitchen and placing webster-paks and folders on bench]

**Jessica**: everything the same since yesterday?

**Simon**: yeah. No changes to the medications.

[Shot of Andrea talking. Close up]

**Andrea**: prescription medications refer to those that are prescribed by the doctor or health professional and they need to match what is on the treatment sheets, which is also signed off by the doctor.

[slide: ALERT, non-prescription (over-the-counter) medications such as multi vitamins can be dangerous as they can:

* Mask health problems
* Interact adversely with prescribed medication or health conditions].

[Shot of Andrea talking. Close up]

**Andrea**: whenever administering medication always remember the six Rs. The six Rs are: the right person; always remember the right date; the right time; the right medication; the right dose; and the right route.

[slide: the 6 r’s

Right person

Right date

Right time

Right medication

Right dose

Right route].

[Shot of Simon washing hands]

[slide: staff must follow infection control procedures when administering medication].

[Shot of Simon talking. Close up]

**Simon**: so we give out the tablets different ways depending on each person’s preferences or abilities. Some prefer to drink it out of a cup; other people can actually take the tablets out of the medication – the webster-pak by themselves, if they’re able to do it.

[Shot of Jacqui talking. Close up]

**Jacqui**: I take it on my own, so I punch it into the cup and I take it and then I show the staff the webster-pak.

[slide: before administering medication staff must familiarise themselves with:

* Residents support requirements
* Communication strategies for residents who do not communicate verbally].

[slide: medications listed on blister pack and original container must match medication record]

[Shot of Andrea talking, close up]

**Andrea**: this name that is written on the treatment sheet needs to match the one that is packed by the pharmacist on the webster-pak or the label that is on your topicals or whichever variety of medication you are administering.

[Shot of Simon and Jessica in kitchen looking over medication file and webster-paks]

**Simon**: okay. Can I have Charlie’s tablets, please?

[Shot of Jessica handing Simon webster-pak]

**Jessica**: sure.

[Shot of Simon walking over to Charlie and showing Charlie webster-pak with photo]

**Simon**: thank you.

 morning, Charlie. Is this you?

**Charlie**: yeah.

**Simon**: time for your tablets.

**Charlie**: yep.

[slide: when administering medication always involve residents by

* Clearly explaining the steps involved
* Actively engaging them throughout the process
* Following communication strategies for residents who do not communicate verbally].

[Shot of Charlie talking. Close up]

**Charlie**: it’s very important because doctor prescribes it by problems you have and if you don’t take your medication, you’ll be sick.

[Shot of Charlie taking medication, Simon observing]

**Simon**: well done. Thanks mate.

[Shot of Charlie talking. Close up]

**Charlie**: every day they gives us the right tablet, what the doctor says, prescribes.

[slide: 2. What to do if a resident refuses medication]

**Simon**: from time to time people don’t want to take their tablets.

[Shot of people in kitchen and dining room, Jessica approaching Graeme]

**Jessica**: hey, Graeme, I’ve got your meds.

**Graeme**: I don’t want it.

**Jessica**: you don’t want them? You sure? They’re just your normal meds.

**Graeme**: I don’t want it.

**Jessica**: are you sure?

[Shot of Graeme leaving room]

**Simon**: and that’s not such a big deal. You can always try again later. There’s no point trying to force it on people if they don’t want it. Hey, what’s going on with Graeme?

[Shot of Simon and Jessica talking]

**Jessica**: he didn’t want his meds.

**Simon**: why not?

**Jessica**: not sure.

**Simon**: that’s okay. We’ll try again later. I’m sure he’ll be fine.

**Jessica**: okay.

[Shot of Charlie and Graeme entering kitchen]

**Simon**: ah, Graeme. We’ve still got your tablets here, mate. There you go. Good work, mate.

[Shot of Simon giving Graeme tablets]

[slide: medication is required to be administered within a specific time frame

If medication continues to be refused outside of this time refer to the RSPM – problems with medication].

[Shot of hands signing pink medication sheet]

**Simon**: then once it’s done we sign it off, then another staff can double sign it to make sure it’s definitely been done.

[slide: where two or more staff are on duty medication administration must be witnessed and recorded.

[slide: three medication administration forms require staff signatures

* Pink form – blister pack medication
* Blue form – original container medication
* Yellow form – prn/stat medication].

[Shot of Simon and Jessica packing away medication book and webster-paks]

**Simon**: that’s everyone done. Shall we lock them away?

**Jessica**: yep. Let’s do it.

**Simon**: okay.

[slide: 3. Storing medication].

[Shot of Simon at putting away medication and locking cupboard]

**Simon**: so every group home has a medication cupboard. It should be locked at all times. All staff should be given a key so they can access it and put the medications back safely as soon as they’re finished with and locked up again for safe keeping.

[slide: medication cupboard must be locked at all times].

[slide: 4. Dropped, spilt or errors in medication].

[Shot of Simon and Andrea at kitchen bench with medication folder and webster-pak]

**Andrea**: Jacqui, it’s time for your medication.

[Shot of Jacqui entering kitchen]

[Shot of Jacqui lifting tablets to mouth then dropping tablets, close up of tablets on floor]

[Shot of Simon talking, close up]

**Simon**: there you go, Jacqui. Dropped medications don’t need to be a major drama. Oh, no.

**Andrea**: oh, you dropped those. That’s all right. We’ll just pick those up, and we’ll get you some new medications.

[Shot of Jacqui and staff, Simon picking up medication from floor]

**Simon**: never mind.

**Andrea**: it’s important that you do have them.

[Shot of Jacqui talking, close up]

**Jacqui**: it’s easy to do, especially first thing in the morning when you’re half awake.

[Shot of Simon talking, close up]

**Simon**: it’s important to collect all the tablets or whatever that has been spilt, collected in a bag if you can and that should be returned to the chemist.

[Shot of Andrea packing dropped tablets in plastic bag then Simon giving Jacqui tablets]

**Andrea**: okay. We’ve got this now. These are the ones that you dropped. So we’ll return this to the chemist now, then Simon will give you tomorrow’s dose.

**Simon**: all right, Jacqui. These are tomorrow’s tablets, but don’t worry, they’re exactly the same.

**Jacqui**: thanks.

[Shot of Simon talking, close up]

**Simon**: you can then just issue the next day’s medication, as long as it’s exactly the same and get a replacement for the dropped ones from the chemist. If you have a situation where only one tablet has fallen out of the webster-pak and landed on the floor you still should abandon that whole day’s medication, collect all the tablets and just use the next days’.

[slide: if medication is dropped staff must:

* Dispose the entire contents of the dropped blister section
* Bag and mark the content as ‘return to pharmacy’
* Give the resident contents of a blister identical to the one dropped
* Return the contents of the dropped blister section to the pharmacy
* Replace the dropped blister section].

[Shot of Andrea talking, close up]

**Andrea**: always familiarise yourself with a resident’s profile so that you know specifically how each person takes their medication. It is also very important to record this, always keep the communication going so that the room for error is minimal. And if you do make a mistake there is always ways to rectify this and you will get the support that you need.

[**slide**: ALERT if an error is made when administering medication:

* Obtain and follow advice from pharmacist, doctor or nurse-on-call
* Record error and alert other staff on duty
* Observe resident for changes in wellbeing].

[slide: 5. What to do if a resident has a high temperature].

[Shot of Charlie lying on couch, Andrea entering room and approaching

Charlie]

**Andrea**: hey, Charlie. Why aren’t you getting ready for work? Are you okay?

**Charlie**: I’ve just got a sore throat and I’m a bit hot.

**Andrea**: feeling a bit hot?

**Charlie**: yeah.

**Andrea**: can I touch your forehead?

**Charlie**: yeah.

[Shot of Andrea with hand on Charlie’s forehead]

**Andrea**: you are feeling hot. We best take your temperature.

**Charlie**: yeah.

[Shot of Andrea and Simon in kitchen talking]

**Andrea**: Simon.

**Simon**: yeah. What’s up?

**Andrea**: Charlie is on the couch. He seems out of sorts, not getting ready for work.

**Simon**: oh. Have you checked his temperature?

**Andrea**: I have. And it is high.

**Simon**: we should call a doctor then, I guess.

**Andrea**: we need to. What’s the time?

[Shot of Simon checking his watch]

**Simon**: it’s after 9 o’clock.

[Shot of Andrea talking, close up]

**Andrea**: if a resident complains of feeling unwell and it is after hours and you can’t get a hold of the regular practitioner it’s important to ring nurse-on-call to get advice. It is also important to not administer paracetamol, because this could mask other symptoms, unless advised by the GP.

[Shot of Simon picking up phone to make a call]

[slide: ALERT paracetamol must only be administered for its prescribed purpose, for example, pain relief

Staff must not administer paracetamol or similar products for a high temperature without first seeking advice from:

* A doctor
* Nurse-on-call].

[slide: 6. Authorisation of medication].

[Shot of Charlie and Andrea outside walking towards front door of house]

**Andrea**: in this case the doctor prescribed antibiotics in a liquid form, which we took the prescription to the chemist, they dispensed the medication, we brought the medication home, we administered what was advised by the doctor.

[Shot of Andrea pouring liquid medication into medicine cup and Charlie taking medication]

[slide: when administering liquid medication ensure it is measured on a flat surface].

[Shot of Andrea recording medication]

[slide: where one staff member is on duty, no witness available (NWA) must be recorded on the medication administration form].

[Shot of Andrea placing medication into locked container and placing container in fridge]

**Andrea**: and then we put it in a locked container in the fridge, as specified in the RSPM.

[Close up of Simon talking]

**Simon**: when a new staff member comes on you have to let them know, of course, who’s already had their tablets, who hasn’t, in case they need to administer medication after you’ve gone.

[Shot of Andrea and staff member in office with medication book]

**Andrea**: it’s good to have you here today, glen.

**Glen**: thanks, Andrea.

**Andrea**: since you’re here I’ll ask you to sign the staff signature record. Here you are.

[Shot of staff member Glen signing staff signature book]

**Glen**: okay.

[Shot of Simon talking, close up]

**Simon**: it’s important to let them know if there’s been any changes in medication.

**Andrea**: one of the residents, Charlie, he’s on some new medication today. He’s taking some antibiotics. So we’ll just keep an eye on him throughout the day.

[Shot of Andrea talking, close up]

**Andrea**: In summary, really, what we need to do is get the right medication from the doctor. Get these reviewed regularly as the doctor specifies, take this to the chemist and ensure that what the chemist dispenses is what the doctor prescribed, that the medication is locked away where it belongs, that it is administered correctly – always go by six Rs, and that the resident is comfortable in how the medication is being administered.

[Shot of staff and residents busy in kitchen and reading at dining room table]

[Shot of Simon talking, close up]

**Simon**: and quite often the residents know what’s going on with their own health so that’s good if they can communicate to you and let you know what they need so you can help them out with their particular health issues at the time. And if you’re not there to verbally pass on that information to staff you can write it in the communication books so that oncoming staff can be aware of any issues.

[slide: changes or problems with medication must be discussed with other staff on duty and documented in:

* Residents’ health notes
* Communication book
* Shift report].

[slide: 7. PRN medication].

[Shot of Jacqui entering office where Andrea sits at desk]

**Jacqui**: excuse me, Andrea.

**Andrea**: yes, Jacqui.

**Jacqui**: I’ve got an itch on my arm again.

[Shot of Jacqui pulling up sleeve and sitting down]

**Andrea**: oh, have you? Could you show me? Oh, that does look a little bit red. Why don’t you sit over here and I’ll take a look at what cream you’ve got for your arm?

[Shot of Simon talking, close up]

**Simon**: things will occur from time to time, skin rashes, flare ups, things like that, and quite often the residents here will let you know about it and request skin cream or whatnot. If that’s the case and somebody has got a rash, you need to let the other staff member know so that they can know to apply that particular cream or ointment at whatever times.

[slide: when administering prn medication:

* Check the medication record/treatment sheet/doctors notes
* Check the specific health management plan (prn guidelines)
* Complete yellow prn/stat medication administration form
* Document in residents health notes, the communication book and shift report].

[Shot of Andrea checking yellow PRN medication form, taking cream from medication cupboard, checking cream against PRN form, putting on gloves then applying cream to Jacqui’s arm]

**Andrea**: there you go. That’s the cream. Jacqui, great. I’ll just get some gloves on. All right, Jacqui, we’ve got the cream; let’s put this on your arm. Is that good?

**Jacqui**: yes.

**Andrea**: excellent. Well, that should do the job.

**Jacqui**: yes.

**Andrea**: there you go, Jacqui, thank you.

[Shot of Jacqui pulling down sleeve and leaving office]

[Slide: staff must be alert for changes in wellbeing of residents with complex communication needs who are unable to verbalise pain or discomfort].

[Slide: 8. Getting the administration of medication right].

[Shot of Simon talking, close up]

**Simon**: and you can always refer to the manual for anything if you need any references and if anything goes wrong we have procedures and protocols to follow. They’re all quite set out for us.

[Shot dining room with residents sitting around table reading, eating]

[Shot of Andrea talking, close up]

**Andrea**: in the industry we’re working with people who are vulnerable. It is very important to always put their health and wellbeing first. And to do this it’s very important to get the medication side of things right. This involves a variety of processes, which really isn’t that complex once you get used to doing this day‑to‑day and you take care in what you’re doing. Our main thing is to never guess what you’re doing, but to always make sure that you’re doing the right thing.

[Shot of Simon talking, close up]

**Simon**: the main thing to keep in mind is that we’re doing this for the benefit of the people that we look after and they benefit from it if we get it all right.

[Slide: if you have any questions, refer to the RSPM or talk to your line manager].

[Shot of photos from behind the scenes taken while making the video, shows inside of house residents, staff, production crew, cameras)

[Slide: we would like to thank Jacqui Graeme, Jessica, Charlie, Simon, Des Keith & Andrea for their support in making this video].

[Slide: authorised by the department of health and human services, 50 Lonsdale Street, Melbourne].