Medication Administration In Day Care Services

Produced by:	Mitta Bathia, Care Homes Pharmacist. Chiltern and Aylesbury Vale Clinical Commissioning Groups (CCGs)
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Medication Administration in Day Care Services – Adult Services

Medication Administration in Adults Day Care Services

1. Policy Statement

Adult service users attending day centres should be encouraged, where appropriate following a risk assessment, to retain, administer and control their own medication in order to maximise their independence and retain control over their own lives.

Some service users will be assessed as able to self medicate, while others, will need assistance. In some cases supervision and some prompting will be sufficient but in others staff will need to take complete responsibility for the safe-keeping and administration of medicines.

2. Purpose

The policy seeks to formalise the management of medicines within Buckinghamshire – MIND day care settings based on a risk assessment approach.

3. Scope

The policy applies to all Buckinghamshire - MIND care staff working in older adults day care services, which are funded by County Council.

4. Definitions

Controlled drugs – These are medicines with potential for abuse for which special legal precautions are necessary. A current list of these can be obtained from www.homeoffice.gov.uk/drugs/licensing or individual queries can be made to the community pharmacist.

MAR sheets – medication administration record sheets that show the individual administration to a service user.

Consent – Consent is giving permission for something to happen. Where adults are deemed by a health professional to lack the mental capacity to consent, their carer or advocate may do so on the grounds that it is in the service user's best interests. Generally doctors, nurses and therapists are normally allowed to provide treatment which they believe to be in the best interest of the service user, taking into account not just their physical health but also their general well-being and beliefs. This decision should be made in consultation with involved carers and family.

5. Legal Context

The Medicines Act 1968 – This act provides the legal basis that allows you to administer medication to your service users. It states that in the UK, as long as the directions provided by the prescriber are followed, anyone can administer a prescribed medicine to another person. The directions written on the medication label by the Pharmacy must be adhered to in order that you are covered legally. The act states the medicine is the property of the person for whom it is prescribed for and can only be administered to the person it is prescribed for. The medication cannot be shared with other service users.

The Misuse of Drugs Act 1971, The medicines Act 1968 and the Misuse of Drugs Regulation 2001 – This classifies medication into various licensing categories:

- General Sale or 'GSL'
- Pharmacy only medicine or 'P' medicine
- Controlled Drug or 'CD'
- Prescription only medicine or 'POM'

This guidance is written in context with the above.

Mandatory Procedures (Sections 6 – 17)

6. The Role of Day Care Services Staff involved in the Management of Medication

6.1 It is the overall responsibility of the senior manager to ensure that a safe environment exists at all times in relation to the storage, administration and disposal of medicines belonging to service users which have been handed in for safe keeping or for staff to administer. In discharging this responsibility the manager must promote a safety conscious approach in which all staff involved understands what is expected of them and that facilities and procedures are effectively maintained to assist service users in storing and receiving their medication safely.

6.2 A risk assessment is carried out by the service manager for each service user should indicate the level of assistance, if any, they need with medication and this should be reviewed on an annual basis or earlier when there is a change of circumstances or cause for concern:

Category 1 – The service user needs advice on safe storage.

Category 2 – Requires supervision with self-medication and/or reminding to take medication i.e. prompting

Category 3 – Requires help to open containers or total medication management, which may include some direct administration.

Category 4 – Total medication management, which may include some direct administration.

6.3 Each establishment is required to have a procedure, which clearly states the member of staff who is responsible at any given time for:

- The security of medicines – including the possession of keys at all times
- The receipt of medicines

- The administration of medicines to particular service users
- The recording of the administration of medicines
- The recording of the disposal of medicines

6.4 Staff must be trained and competent to assume responsibility for the administration of medicines. (See section 17 regarding training).

6.5 A member of staff can have responsibility to assist in the task of giving medicines if they:

- Have received instruction on the specific system in use at the establishment by a senior member of staff

- Have received medication awareness training

7. Self-medication

7.1 Where a service user has been risk assessed by an appropriate assessor, usually the manager or supervisor would carry out the risk assessment, and deemed to be competent to self-medicate whilst attending day care then staff should monitor that the service user keeps the medicines with them at all times and that they are not left where they can be easily accessed by others. Where possible a small lockable locker should be made available to the service user for the safe keeping of their medicines.

7.2 If there is concern about the service user's ability to administer their own medicines safely, the manager of the establishment and the involved professionals, together with the service user and their carer or family should agree how much responsibility the service user is able to undertake. Where there is doubt, and it is safe to do so, the service user should be given charge of their own medicines for a trial period. In certain circumstances it may be necessary for staff to immediately remove medication during that period if the risks become too great. After this, staff should check whether or not the service user has taken the medicine as prescribed, and a decision made and recorded as to whether they can cope with medicines in the long term. A service user's ability to administer their own medicines should be reviewed at least every three months.

7.3 When a service user cannot manage their own medicines, staff should explain that they will take responsibility for the administration in accordance with the prescribing professionals' instructions. Staff will need to manage these situations sensitively.

7.4 If a service user is concerned about their medicines, a referral should be made to the prescribing health professional. Day service staff should liaise with carers to ensure that this happens.

7.5 To gain maximum benefit, medicines should always be taken at the prescribed times. Staff should reinforce the health professional's advice on this.

8. Supply of Medicines

8.1 Medicines, in the context of these procedures, are those prescribed by a health professional. Only medicines prescribed for the individual user may be administered to that person. Prescribed medicines belong to the named individual and must not be supplied to anyone else.

8.2 The total amount of medicine prescribed is specified on each container, which makes it easier to check if the medicine has been taken correctly. The pharmacist may add extra instructions to the label, such as "complete the course" or "avoid alcohol". Labels such as "as required" or "as instructed" should be avoided. The pharmacist or prescribing health professional **must** be contacted if the additional instructions are **not** clear and staff should not administer the medication until they are satisfied that sufficient instructions have been given. If a service user brings in a partly used bottle or box of medication, the amount should be recorded and for liquids a reasonable estimate of the amount is adequate.

8.3 Labels on medicines supplied by a prescribing health professional must not be altered by anyone. Administration of medicines from a container, which has an altered label, is unsafe, unless altered and signed by a health professional. If a label has been altered in any other way, then the appropriate health professional must be contacted immediately and their advice sought.

8.4 Containers provided by a pharmacist have child-resistant closures and in general it is sensible for these to be used, wherever practicable. However, there may be occasions when an individual who is responsible for their own medication cannot open such containers and they may be provided with traditional 'easy open' containers.

8.5 Service users may wish to treat minor ailments with over the counter medicines, homeopathic products or ayurvedic medicines. It should be noted that such products might adversely react with prescribed medicines. A service user may bring these products with them to the establishment in correctly labelled and identified packaging and wherever possible they should be encouraged to take responsibility for their administration. If a service user has been assessed as unable to self-medicate then staff must seek advice from an appropriate health care professional before they administer any over the counter preparations**. Written consent must also be obtained from the service user or their carer.**

8.6 The use of such remedies must always be recorded if administered by staff.

8.7 Staff should never participate in any form of secondary dispensing i.e. when medication is removed from the container/compliance aid in which it was dispensed and placed in another container. In such circumstances a request must be made to the service user and/or their carer to ensure that medication is sent to the day centre in its original container. Community pharmacists may be willing to supply a separate container of medication purely for the day centre if attendance to the day care centre is on a regular basis.

8.8 On no account must staff take for personal use any prescribed medicines that are the property of the service user.

9. Storage of Medicines

9.1 Every establishment must have a locked medicine cupboard available for the storage of medicines and any over the counter preparations that have been brought to the centre by service users. The decision of where to store medicines should take into account the size of the establishment and the nature of the medicines to be stored but the temperature of the area should not exceed 25 degrees centigrade. The keys to the medicine cupboard must be held by a senior member of staff.

9.2 Irrespective of the system in use, all prescribed medicines retained and stored by centre staff for service users must be stored in packages/containers as dispensed by the pharmacist or doctor which record:

- The name of the person
- The name of the medicine (preferably the generic and not the trade name)
- The prescribed dosage
- The frequency of administration
- The quantity
- The date when the medicine was dispensed

9.3 Medicines which are taken internally and those for external use should be stored in a separate locked cupboard or physically separated on different shelves in the main cupboard.

9.4 Controlled drugs must be stored according to the requirements of the Misuse of Drugs (safe custody) Regulations 1973 as amended. Controlled drugs for service users who are not self-medicating must be stored in a locked cupboard /safe, which is made of metal to a defined gauge, with suitable hinges, a double locking mechanism and fixed to a solid wall or floor with rag bolts. The security of the location must be considered. Service users who are self-medicating can store their controlled drugs in their personal lockable cupboards if they are available. The controlled drugs cupboard should not be used to store anything else. The keys to the controlled drugs cupboard/safe must be kept separate to other keys and should only be accessible to authorised staff.

9.5 When medicines require refrigeration, they must first be placed in a plastic container and clearly labelled to identify contents. This container must be stored in a refrigerator, which is not easily accessible to other service users, and preferably not the kitchen refrigerator. The temperature should be checked daily with a maximum/minimum thermometer. The normal range is between 2 and 8 degrees centigrade and any variation form this should be reported to the manager who should contact a pharmacist to check information on individual products, as some may need to be destroyed and replaced.

10. Approved Medication Systems

10.1 Different establishments must develop their own system for administering medicines based on the manager's risk assessment of the situation within the centre. Medicines must be administered:

- Directly from labelled containers provided by a pharmacist.
  Or

- Monitored dosage systems/ medicine compliance aid

10.2 In both cases, the adoption of either system does not negate staff responsibility although the ultimate responsibility for medication remains with the prescribing health professional.

11. Arrangements for Short Periods Away from the Establishment (for example, day trips and outside activities.)

11.1 On such occasions the manager or delegated staff member on duty must arrange for medicines to be taken in their containers and given to the delegated member of staff for administering and safekeeping.

11.2 If this is a regular occurrence the service user could be issued with an alternative supply by the GP or pharmacist and this must be recorded as administered on the MAR sheet.

12. The Administration of Medication

12.1 Medicines prescribed for one service user must never be given to another service user, or used for a different purpose.

12.2 The removal of medicines from their original containers into other containers by anyone is not acceptable as such secondary dispensing increases the risk to both staff and service user.

12.3 The procedure for administering medication is as follows:

- Carefully check the identity of the service user
- Explain what you are about to do and obtain the consent of the service user.
- Ensure that the sensitivity/allergy box is checked
- Observe the service user's record, checking the service user's name, medication and dosage instructions. Ensure that the dose has not already been administered
- Identify the appropriate medicine container/s checking the label/s and service user's record match. If there is a discrepancy, the centre must check with an appropriate health professional before giving the medicine to the service user. If the label becomes detached or illegible, the prescribing health professional must be contacted for advice. Where possible, this advice should be sought in writing, e.g. by fax, so that the instructions can be held on file
- Administer the medication in accordance with any special instructions e.g. to be taken with food
- Measure or count the dose and give it to the service user having again checked the service user's identity

- Sign the administration record immediately after the medicine has been given and taken
- Where there is choice e.g. 1-2 tablets, record the number administered
- Record if the medicine is refused, not administered or wasted e.g. dropped on the floor – (see section 15.3 for how this should be disposed off)

12.4 The manager must ensure that staff are suitably trained in the use of medication. It is good practice to have a list of staff who are authorised to handle and administer medicines, with the signature that they use on the MAR sheet.

12.5 The administration of any controlled drugs requires special consideration since a member of staff must be witnessed when administering by another suitably trained member of staff and two signatures are needed on the MAR sheet to confirm the administration.

13. The Administration of Emergency Medication

13.1 If an emergency situation should arise in the day centre or a public place the emergency services should be called.

13.2 If an emergency situation should arise during transportation, depending on the criteria provided by the prescribing GP every effort must be made by the driver and escort to call on the assistance of the emergency services.

14. Management of Medication Errors and Incidents

14.1 The directorate recognises that, despite the high standards of good practice and care, mistakes may occasionally happen for various reasons. Every employee has a duty and responsibility to report any errors immediately to their line manager and consult with the relevant health professional so as to prevent harm to the service user. The service user and their carer must be informed of any error in writing if the belief is, following consultation with a health professional, that the error could have led to harm or injury. Safe guarding should also be informed of the error.

14.2 The error must be recorded on the back of the MAR sheet and recorded on the care plan in detail.

14.3 Managers should encourage staff to report errors. They should be dealt with in a constructive manner that addresses the underlying reason for the incident and prevents recurrence. If an error occurs the manager must meet with the employee in person and go through the guidance with them to ascertain their level of understanding and learn from mistakes.

14.4 Errors should be reported straightaway as incidents under the existing accident/incident procedures.

14.5 Managers must differentiate between those incidents where there was a genuine mistake, where the error resulted from pressure of work or where reckless practice was undertaken and

concealed. A thorough and careful investigation taking full account of the position of staff and circumstances should be conducted before any managerial or professional action in line with Disciplinary procedures is taken.

15. Medication Records

15.1 The responsible manager must ensure that a written record is kept of all medication entering the unit that is being administered to service users or sent for disposal. The responsible manager must have a written protocol in place which staff follows. The record should show:

- Date of receipt of medication entering the day centre
- Name and strength of the medication
- Quantity received
- Service user for whom the medication is prescribed
- Signature of the member of staff receiving the medication
- Expiry date of the medication

15.2 If the establishment has service users who have been prescribed controlled drugs then a separate controlled drugs register with numbered pages must be maintained. In addition to the above guidance for the receipt of medication, this bound book needs to include the balance remaining for each product following each administration, with a separate record page for each service user taking a controlled drug. There should be no crossings out or obliterations of any kind in this record.

15.3 A record of administration and disposal must also be maintained for each service user. Staff must sign to say that a medication has been administered. If the medicine has been refused it must be disposed of in accordance with the pharmacist's instructions and two members of staff must sign the MAR/ medication record sheet to indicate the reason. The carer and/or the GP must be notified of the refusal. If the medicine is discontinued and/or returned to the service user then two staff members should also record this.

15.4 A record of all medicines, which are held for service users should be noted on that individual's medication record, specifying:

- Date received
- Medicine name
- Strength
- Quantity
- Route of administration
- Signature of staff member receiving the medicine

15.3 A medication profile should show for each service user:

- The person's full name and date of birth
- Details of any known drug sensitivity e.g. penicillin, aspirin
- The name of the medicine (preferably the generic and not the trade name)
- The form of the medicine e.g. tablets or liquid

- The amount in the bottle/container when originally supplied by the pharmacist/dispensing doctor
- The strength of the preparation
- The dose
- The route of administration e.g. by mouth
- The time(s) it should be administered
- Any special instructions e.g. whether it should be given before or after food

15.4 Ideally the medication Profile and the Record of Administration should be kept together on the same sheet. If they are on two separate sheets then they should be kept together.

15.5 Completed sheets must be kept in the service user's personal file.

16. Disposal of Medicines

16.1 As medicines are the personal property of a service user they should give their consent for the disposal of any medicines. Best practice would indicate that service users should return their own medication.

16.2 Medicines should be disposed of when:

- The expiry date is reached. If this is not indicated on the container, contact the dispensing health professional for guidance

- Some preparations should be discarded a few weeks after opening so it is good practice to note when they are first opened on the label

- A course of treatment is completed or the doctor stops the medicine or the prescription changes

- The service user for whom the medicine is prescribed dies although these should be retained for seven days in case of a post-mortem enquiry

16.3 Service users should be encouraged to return their out of date or unwanted medicines to a pharmacist for safe disposal.

16.4 If a supply of medicine or tablets has been left at a day centre by a service user who no longer attends, or has died, then these should be returned in the first instance to the service user's next of kin to return to the pharmacist.

16.5 In the event of a sudden or unexplained death, it would be good practice to retain the medication for 7 days in case there is an inquest, especially if the day centre is responsible for ordering and retaining the medication.

16.6 Controlled drugs, which have been left at the day centre by a service user who has died, should be returned to the service user's next of kin. If there is no next of kin, the controlled drug must be returned to the pharmacist by two staff. They must both sign the service user's medication profile and the pharmacist's signature must be obtained to confirm that he has received the drugs.

16.7 A missed or wasted dose should be disposed of in accordance with advice offered by the pharmacist. Refusal of medicine should be seen as a compliance problem and advice sought from the appropriate health professional.

16.8 Doctors and nurses must dispose of their own injection equipment. Where a service user is self-administering insulin or any other medication with a syringe, a “sharps box” must be provided.

17. Training

Staff who assist, prompt or handle medication must receive accredited medication training before they can assist with the administration of medication. The training will include:

- Introduction to medicines and prescriptions
- Medicine supply, storage and disposal
- Safe administration of medication
- Quality control and record keeping
- Accountability, responsibility and confidentiality

Staff involved with medication must receive appropriate training on current policies and procedures for the management of medication.

The Area Coordinator / senior Wellbeing Worker are responsible for ensuring new staff are familiar with and understand the code of practice when they join the staff team.

All staff training must be documented

18. Implementation

This policy will be available for staff on Web pages of the Quality in Care website.

19. Monitoring and Review

This policy will be monitored through staff supervision and the reporting of accidents, incidents and near misses.

The Planning, Policy and Projects Group will send an automatic reminder to the policy author every 6 months, prompting them to consider any necessary amendments/ revisions to the policy. Any amendments identified will be raised and addressed via the agreed Policy Process.

APPENDIX 1

Consent for Administration of Medicines

I ……. (Name) will be staying at …… as a *Permanent/Temporary Service User.

This gives the Senior Staff at …… authorisation to administer the prescribed medication as per my Medication Administration Record.

Signed …….. Date …… (Service User/ carer or next of kin)

Signed …….. Date …….. (Team Leader/Senior Care Worker) * Please delete as appropriate

APPENDIX 2

RECORD OF SIGNATURES OF STAFF SUITABLY TRAINED TO ADMINISTER MEDICATION

Name (Please print)	Signature	Date and Details of Training

APPENDIX 3

RECEIPT OF MEDICATION

Date	
Name of patient	
Name of General Practitioner(GP)	

Name of medication	Strength	Dose	Indication

Signature of the staff receiving medications

……
Print name

…….

Date .../../….

N.B: Please inform the staff if service user is on any of the following medications:

- Warfarin tablets
- Lithium tablet
- Steroid tablets e.g. prednisolone tablets
- Methotrexate tablets
- Insulin injection

Please also inform staff if patients are gluten intolerant.

APPENDIX 4
Consent for Self-Administration of Medicines

I..... (Name) will be staying at ……. as a Temporary Service User.

I wish to exercise personal control and custody of my own medication and therefore will not hold Buckingham County Council responsible for maladministration of any drugs.

I understand that I will be provided with a lockable facility and arrangements will be made for the safe keeping of the keys, wherever possible.

I am fully aware that I am responsible for the safe custody of my medication and should not leave it unattended when in use.

I understand that I must not give my medication to any other person at the day centre.

I will be responsible for re-ordering my own medication or I will liaise with staff to ensure that arrangements are made for the re-ordering of my medication if necessary

(Delete which part does not apply) I will report any missing medication to the Unit Manager immediately.

If I purchase home remedies, I will check with the Pharmacist/G.P. that they are compatible with any medication I may be taking and/or liaise with a senior staff member within the Unit.

I agree to the above and fully understand the implications.

Signed..... Date..... (Service User)

Signed..... Date..... (Team Leader/ Wellbeing Senior Care Worker) * Please delete as appropriate

APPENDIX 5

MEDICATION ADMINISTRATION RECORD / OF /

Name		Date of Birth	
Address Room		Allergies	
Doctor	Start Date	End Date	Start Day

	Time	Week							Week						
Current Medication															
Com		Route	Date					Sign on							
G.P. Sign			Received					Receipt							
			Quantity					Check sign							
			Date	Quantity			Signatures		Total C/Fwd						
			rec'd				Signatures		Total C/Fwd						
			Date	Quantity											
			rec'd												
Current Medication															
Com		Route	Date					Sign on							
G.P. Sign			Received					Receipt							
			Quantity					Check sign							
			Date	Quantity			Signatures		Total C/Fwd						
			rec'd				Signatures		Total C/Fwd						
			Date	Quantity											
			rec'd												
Current Medication															
Com		Route	Date					Sign on							
G.P. Sign			Received					Receipt							
			Quantity					Check sign							
			Date	Quantity			Signatures		Total C/Fwd						
			rec'd				Signatures		Total C/Fwd						
			Date	Quantity											
			rec'd												

MEDICATION RETURNED ON

DISCHARGE DATE

SERVICE USER / CARER SIGN

Ret/des = Returned/Destroyed; A = Refused; B = nausea or vomiting; C = hospitalised; D = social leave; E = refused & destroyed; F = othe(define)

APPENDIX 6

CLIENT CONTACT SHEET

All contacts with, or concerning a Client, to be recorded and signed

Date	Details ofContact	Signed
	Client's name: Telephone number: Address:	
	Doctor's name: Telephone number: Address:	
	Pharmacist's name: Telephone number: Address:	
	Client's next of kin: Telephone number: Address:	

Continuedoverleaf

Date	Details of Contact	Signed

Appendix 7

Controlled Drug Audit

Controlled Drugs Register and Controlled Drugs medication need to be checked every two weeks by a member of Management. The balance in stock for any particular service user must be the same as the amount of Controlled Drugs in storage for that person. All service users who are prescribed Controlled Drugs must be audited.

Service User's Name	Drug	Dosage	Balance in Stock – as recorded in CD Register	Actual Amount of Drug in Storage	Correct		Signed (Member of Management carrying	Comments
					Yes	No		

Appendix 8

Competencies

Knowledge Criteria - determined by verbal questioning		
1.	Awareness of all medication, including Controlled Drugs	
2.	Correct timing for giving regular medication (in relation tofood)	
3.	Awareness of the main side effects of each medication	
4.	Instructions and warnings related to each medication	
5.	The procedure for non-administration as prescribed	
6.	The procedure for administration of medication	
7.	The guidelines for administration of medication taken as required	
8.	The procedure for administration of non-prescribed medication	
9.	The procedure for administration of Controlled Drugs	
15	Skills Criteria – direct observation of staff administering medication to service users	
1.	Informs service user that medication is due	
2.	Washes hands	
3.	Preparation of appropriate equipment	
4.	Details on medication chart checked:	
	a. Name of service user	
	b. Allergies	
	c. Name of medication	
	d. Timing of administration	
	e. Check appropriate box to ensure absence of signature	
5.	Details on medication container checked:	
	a. Name of service user	
	b. Name of medication	
	c. Method of administration	
	d. Strength	
	e. Dosage	
	f. Expiry date/date for use of monitored dose cassette	
6.	Correct quantity of medication is measured	
7.	Medication is returned to safe storage	
8.	Name/identity of service user is checked	
9.	Observes hygiene requirements during administration	
10.	Checks the service user has taken the medication	
11.	Medication chart is completed and signed	
12.	Service user is given appropriate advice with reference to medication	
13.	Independence is encouraged whenever possible	

Staff Name	Unit

All criteria must beachieved toconstitute competent. Completethe boxesfor each criteria

v = Competent/Achieved x = Not yet Competent/Achieved n/a = Not applicable

Outcome: Competent ☐ Not yet competent ☐

Signatures

Date	Staff Member	Assessor	Designation

Appendix 9
Drug interactions with food and drink
1. Cranberry Juice

Cranberry Juice has the following interaction information:

Name of Drug	Interaction	Comment
Coumarins e.g Warfarin	**cranberry juice possibly enhances anticoagulant effect of coumarins—avoid concomitant use**	**Note:** Change in patient's clinical condition, particularly associated with liver disease, intercurrent illness, or drug administration, necessitates more frequent testing. Major changes in diet (especially involving salads and vegetables) and in alcohol consumption may also affect anticoagulant control

2. Grape fruit Juice

Grapefruit Juice has the following interaction information: bnf.org

Name of Drug	Interaction	Comment
Aliskiren	**grapefruit juice reduces plasma concentration of aliskiren—avoid concomitant use**	
Amiodarone	grapefruit juice increases plasma concentration of amiodarone	**Note:** Amiodarone has a potential for drug interactions to occur for several weeks (or even months) after treatment with it has been stopped
Amlodipine	grapefruit juice possibly increases plasma concentration of amlodipine	
Atorvastatin	grapefruit juice possibly increases plasma concentration of atorvastatin	
Budesonide	**grapefruit juice increases plasma concentration of *oral* budesonide—avoid concurrent use or separate administration by as much as possible and consider reducing *oral* budesonide dose**	
Ciclosporin	**grapefruit juice increases plasma concentration of ciclosporin (increased risk of toxicity)**	
Colchicine	**grapefruit juice possibly increases risk of colchicine toxicity**	
Crizotinib	**grapefruit juice possibly increases plasma concentration of crizotinib—manufacturer of crizotinib advises avoid concomitant use**	
Dronedarone	**grapefruit juice increases plasma concentration of dronedarone—avoid concomitant use**	

Felodipine	grapefruit juice increases plasma concentration of felodipine	
Isradipine	grapefruit juice increases plasma concentration of isradipine	
Ivabradine	grapefruit juice increases plasma concentration of ivabradine	
Lacidipine	grapefruit juice increases plasma concentration of lacidipine	
Lercanidipine	grapefruit juice increases plasma concentration of lercanidipine	
Midazolam	grapefruit juice possibly increases plasma concentration of *oral* midazolam	
Nicardipine	grapefruit juice increases plasma concentration of nicardipine	
Nifedipine	grapefruit juice increases plasma concentration of nifedipine	
Nilotinib	**avoidance of grapefruit juice advised by manufacturer of nilotinib**	
Quetiapine	**grapefruit juice possibly increases plasma concentration of quetiapine—manufacturer of quetiapine advises avoid concomitant use**	
Ranolazine	**grapefruit juice possibly increases plasma concentration of ranolazine—manufacturer of ranolazine advises avoid concomitant use**	
Sertraline	grapefruit juice possibly increases plasma concentration of sertraline	
Sildenafil	grapefruit juice possibly increases plasma concentration of sildenafil	
Simvastatin	**grapefruit juice increases plasma concentration of simvastatin—avoid concomitant use**	
Sirolimus	**grapefruit juice increases plasma concentration of sirolimus—avoid concomitant use**	
Tacrolimus	**grapefruit juice increases plasma concentration of tacrolimus**	**Note:** Interactions do not generally apply to tacrolimus used topically; risk of facial flushing and skin irritation with topical tacrolimus on consumption of alcohol
Tadalafil	grapefruit juice possibly increases plasma concentration of tadalafil	
Ulipristal	avoidance of grapefruit juice advised by manufacturer of *low-dose* ulipristal	
Vardenafil	**grapefruit juice possibly increases plasma concentration of vardenafil—avoid concomitant use**	
Verapamil	grapefruit juice increases plasma concentration of verapamil	
N:B	The highlighted interactions are considered significant by BNF	

Glossary

Assessor	Care home manager, Social Worker, Community Care Office, Social Care Co-ordinator, Nurse Co-ordinator
Audit Trail	A system whereby all transactions with regards to medicines can be traced from the act of purchase to the point of use or disposal
CarersMedicationNotes	Used to give further information about medication administration – used in conjunction with the MAR sheet
Community Pharmacy	A retail pharmacy i.e. not attached to an NHS hospital
Competent Person	Staff who are appropriately trained and are deemed competent by the Registered Manager in the use of medication
Compliance Device	These devices help service users with reduced strength and manual dexterity to access their medicine and also provide a visual aid memoir to remind them which medicine to take and when. There are two types of manufactured medicine compliance devices; The Daily Dose Reminder (DDR) and Monitored Dose System (MDS)
Controlled Drugs	Controlled Drugs (CDs) are classified in various schedules depending on their usefulness and potential for harm. Each schedule has different requirements in relation to storage, handling and record keeping. The classifications are set out in the current Misuse of Drugs Regulations.
CSCI CQC	Commission for Social Care Inspection are the regulatory body for Bucks County Councils in-house Units. Care Quality Commission
Designated person	Person appointed by the Registered Manager who has the responsibility as the competent person to deal with medication issues.

GLOSSARY

MAR Sheet/ Record sheet	Medication Administration Sheets used for recording of Medicines
Medicine	Medicines or groups of medicines as defined in the Medicines Act
Non-Prescribed Medicines	Could be described as “homely” or “household” remedies. These can be obtained without a prescription, or over the counter from the Pharmacy.
Pharmacist	Person who is qualified to prepare and dispense drugs
Senior Member of Staff	Senior Care Worker, Team Leader, Senior Wellbeing worker
Service User	Person using the Service
Staff	Senior Wellbeing worker, Wellbeing worker

REFERENCES

- Royal Pharmaceutical Society of Great Britain (2005) The Safe and Secure Handling of Medicines Royal Pharmaceutical Society of Great Britain (2003)
- The Administration and Control of medicines in Care Homes and Children's Services Care Standards Act 2000
- Department of Health National Minimum Standards for Social Care Services MDA/2004/001 –
- Reporting Adverse Incidents and disseminating Medical Device Alerts
- NICE Guidelines handling medicines in care homes
- BNF.ORG for interactions