



NSQHS Standard 4; ACQS Standard 2 Medication Management

Medications are to be reviewed in consultation with resident/representative within 48 hours of admission and as a minimum, 3 monthly. Resident Medication Management Review (RMMR) to be carried out every 2 years by an Accredited Pharmacist. Any prescribing of medication needs to be within the restrictions of the State wide Medicines Formulary (SMF). All medication orders must be written in generic form and be legible. There must be a legal order for the medication and a record of administration; Staff must **never** transcribe orders. Any doubt regarding any medication, the medical practitioner should be contacted immediately.

Medication Prescribing and Administration Policy;
Medication Assistance by Unregulated Health Workers Policy;
WACHS Medication Handling and Accountability Policy

Any variation to orders must be documented and medical practitioner/ pharmacist must update medication chart and signing sheet.

Prior to **RNs/ENs** administering all medication the following must occur:

- Medication must be recorded on the medication chart by the medical practitioner
- Check the 6Rs
- Medication expiry date
- Check for any allergies or adverse drug reactions

All **UHWs (excluding AINs as per the policy)** supervising/assisting with medications must check:

- The right Dose Administration Aid (DAA) pack
- The DAA is intact
- The right resident; check name and photo
- At the right time
- By the right route.

Medication charts/DAA Signing Sheets must be signed using correct coding.
If medication not given or resident refuses the reason must be documented in progress notes.
(Confirm number of DAA packs per resident)

Residents who wish to self-medicate must:

- Have a safe and secure storage of medication available
- Have the capability of self-administering assessed – RC26 completed and signed by GP
- If taking S4R or S8 medication, weekly balance checks to be completed by RN
- Have regular reviews by GP/RN and be monitored by staff.

When supervising self-medication, staff should remain with the resident until medication is seen to be swallowed or insulin injected etc.

Any incidents involving medication **must** be documented and reported immediately to the medical practitioner and senior nurse on duty and recorded in CIMS. All drug related incidents will be investigated as per DoH Clinical Incident Management Policy 2019

Printed or saved electronic copies of this policy document are considered uncontrolled.
Always source the current version from WACHS HealthPoint Policies.