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| **Part 3 Medicines Management** |

This assessment must be completed by the end of Part 3 where the student safely administers medicines to a group of patients/service users or a caseload of patients/service users in community settings.

During Part 3 the student should be consolidating their knowledge, skills and competencies in relation to the safe administration of medicines. This assessment should normally be undertaken with a small group of patients/service users or caseload.

The student must be allowed a number of practice opportunities to administer medicines under supervision prior to this assessment.

**The student must work within the legal and ethical frameworks that underpin safe and effective medicines management and work within national and local policies.**

**Regulatory requirements:** *Future Nurse: Standards of Proficiency for Registered Nurses* (NMC 2018), *The Code* (NMC 2018), *A Competency Framework for all Prescribers* (The Royal Pharmaceutical Society 2016).

The aim of this assessment is to demonstrate the student's knowledge and competence in administering medications safely.

**Learning Outcomes**

The student is able to:

1. Apply knowledge of pharmacology, how medicines act and interact in the systems of the body, and their therapeutic action.
2. Prepare medications where necessary, safely and effectively administer these via common routes, maintains accurate records.
3. Demonstrate proficiency and accuracy when calculating dosages for a range of prescribed medicines.
4. Administer and monitor medications using vascular access devices and enteral equipment, where appropriate.
5. Recognise and respond to adverse or abnormal drug reactions to medications.
6. Maintain safety and safeguard the patient from harm, including awareness of non-adherence, demonstrating understanding of the Mental Capacity Act (DH 2005) and the Mental Health Act (DH 1983, amended 2007), where appropriate.

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| **Part 3 Medicines Management** |

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| YES = Achieved; NO = Not Achieved | |
| **Competency** | **Yes/No** |
| 1. Is aware of the patient/service user's plan of care and the reason for medication demonstrating knowledge of pharmacology for commonly prescribed medicines within the practice area. |  |
| 1. Communicates appropriately with the patient/service user. Provides clear and accurate information and checks understanding. |  |
| 1. Understands safe storage of medications in the care environment. |  |
| 1. Maintains effective hygiene/infection control throughout. |  |
| 1. Checks prescriptions thoroughly:  * Right patient/service user * Right medication * Right time/date/valid period * Right dose/last dose * Right route/method * Special instructions |  |
| 1. Checks for allergies demonstrating an understanding of the risks and managing these as appropriate:  * Asks patient/service user * Checks prescription chart or identification band |  |
| 1. Prepares medications safely. Checks expiry date. Notes any special instructions/contraindications. |  |
| 1. Calculates doses accurately and safely:  * Demonstrates to assessor the component parts of the calculation * Minimum of three calculations undertaken |  |
| 1. Checks and confirms the patient/service user's identity and establishes consent. (ID band or other confirmation if in own home). |  |
| 1. Administers or supervises self-administration safely under direct supervision. Verifies that oral medication has been swallowed. |  |
| 1. Describes/demonstrates the procedure in the event of reduced capacity and non-adherence. |  |
| 1. Safely utilises and disposes of equipment. |  |
| 1. Maintains accurate records:  * Records, signs and dates where safely administered. |  |
| 1. Monitors effects and is aware of common side effects and how these are managed. |  |
| 1. Uses appropriate sources of information, e.g. British National Formulary. |  |
| 1. Offers patient/service user further support/advice/education, including discharge/ safe transfer where appropriate. |  |

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| **Practice Assessor's Feedback** |
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| **Student Reflection on Learning and Development** |
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| **Student's Name: Signature: Date:**  **Practice Assessor's Name: Signature: Date:** |