# Aged care medication administration procedure

SOP TEMPLATE

Check this template against your local regulations and your own policies before you use it.

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|---|---|---|---|---|---|
| SOP no. | | Version | | Effective date | |
| Owner | | Approver | | Review date | |

## Purpose

To make sure each resident or client gets the right medicine, at the right dose, time and route, as prescribed, and that every dose, refusal and error is recorded.

## Scope

All staff who give or help residents and clients take medication, in residential care or at home, within the limits of their role and training.

## Responsibilities

| Role | Responsibility |
|---|---|
| Registered or enrolled nurse | Gives medication their role allows, supervises staff, and manages errors and changes. |
| Care or support worker | Helps residents take medication from a dose administration aid, if trained and authorised. |
| Manager | Makes sure staff are trained and competent, and reviews medication incidents. |

## Definitions

**Dose administration aid:** A pharmacy-packed blister or sachet pack holding each dose for a set time of day.

**PRN:** A medicine prescribed to be given only when needed, such as for pain.

## What you need

- The resident's current medication chart
- Dose administration aids and the medication trolley
- Gloves and a cup of water

## Procedure

1. **Check the chart**

   Read the resident's current chart and confirm the medicine is due and hasn't already been given.

2. **Confirm the rights**

   Check the right person, medicine, dose, time and route against the chart and the pack. Use the resident's photo to confirm identity.

   > **Caution:** If anything doesn't match, stop and ask the nurse or pharmacist before you give anything.

3. **Prepare the resident**

   Explain what you're doing, sit them upright and offer water. Check for anything new, such as trouble swallowing.

4. **Give the medicine and watch it taken**

   Stay until each dose is swallowed. Never leave medicines on a table or tray.

5. **Record it straight away**

   Sign the chart for each medicine given, or record the code for not given and why.

6. **Handle a refusal**

   Don't force or hide medicine in food unless the care plan allows it. Record the refusal and tell the nurse.

7. **Give PRN medicines with care**

   Check the reason, the dose and the last time given. Record why you gave it, and check later whether it worked.

8. **Report any error**

   If a dose is wrong, missed or given to the wrong person, check the resident, tell the nurse at once and follow the incident procedure.

## Records

- The signed medication chart for every round.
- Incident reports for every medication error.
- Staff medication competency records.

## Related documents

- Incident management procedure
- Each resident's care plan

## Revision history

| Version | Date | What changed | Approved by |
|---|---|---|---|
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