

The Pharmacy Borth 01970 871225

Prescriptions  
to your doorstep



Welsh Pharmacy  
Awards 2013  
Winner

Please answer the following questions and return to the line manager

Care Worker Name:..... Organisation:.....

Address:.....

- |  | TRUE                     | FALSE                    |
|--|--------------------------|--------------------------|
| 1 Are MDS trays part of the CMS scheme   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2 Are you allowed to administer from a homemade compliance aid   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 Medication are delivered every 28days with one MAR chart   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4 You check the contents of the bag against MAR chart, which of the following should correspond  |                          |                          |
| a Name of medicine   | <input type="checkbox"/> | <input type="checkbox"/> |
| b Strength   | <input type="checkbox"/> | <input type="checkbox"/> |
| c Form   | <input type="checkbox"/> | <input type="checkbox"/> |
| d Quantity   | <input type="checkbox"/> | <input type="checkbox"/> |
| e Dose time on label and MAR chart   | <input type="checkbox"/> | <input type="checkbox"/> |
| f Expiry date  | <input type="checkbox"/> | <input type="checkbox"/> |
| g Manufacturer   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5 You noticed that the MAR chart has seven medicines though the bag only contained six medicines. On further investigation you noticed the missing item is when required item. |                          |                          |
| a Any medication discrepancy, first instance ask the service user  | <input type="checkbox"/> | <input type="checkbox"/> |
| b Do you contact the line manager to say what you have found   | <input type="checkbox"/> | <input type="checkbox"/> |
| c Check whether the patient has sufficient when required medication  | <input type="checkbox"/> | <input type="checkbox"/> |
| d The MAR chart should have not dispensed next to the missing item   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6 Can you put these in the correct order of administration label one to ten. One being the first.  |                          |                          |
| a Wash hands   | <input type="checkbox"/> |                          |
| b Check if you have the correct patient against MAR chart and medication label   | <input type="checkbox"/> |                          |
| c Line the medication against the MAR sheet to check   | <input type="checkbox"/> |                          |
| d Obtain service users consent   | <input type="checkbox"/> |                          |
| e Locate the medicines, MAR chart, pen and any measuring devices required  | <input type="checkbox"/> |                          |
| f Check that it has not already been administered  | <input type="checkbox"/> |                          |
| g Tell them the medicine is ready  | <input type="checkbox"/> |                          |
| h Sign the MAR chart that it has been administered   | <input type="checkbox"/> |                          |
| 7 If a patient refuses to take medication their tablet can be crushed and disguised in food or drink.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 If the patient still refuses then record on the MAR chart and inform the line manager before disposing down the toilet.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 9 If there are two care assistants then one can administer the medication and one can record on the MAR chart.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 10 Non prescription medication not on the service delivery plan cannot be administered by care workers   | <input type="checkbox"/> | <input type="checkbox"/> |

	TRUE	FALSE
11 You notice that Mr Jones is forgetting to take his medication, You have strong words with him about this and the importance of taking his medication and that you have the right to make sure he takes his medication.	<input type="checkbox"/>	<input type="checkbox"/>
12 If the patient refuses to take his medication after been taken from the packaging it has to be disposed in to a waste bin labelled <b>Refused/Dropped medication</b>	<input type="checkbox"/>	<input type="checkbox"/>
13 In the event of death of the service user the medication has to be kept for 28 days	<input type="checkbox"/>	<input type="checkbox"/>
14 Under any circumstance you are not allowed to disclose any information about the service user medication except to close relatives	<input type="checkbox"/>	<input type="checkbox"/>
15 Care assistants must not provide advice regarding medication	<input type="checkbox"/>	<input type="checkbox"/>
16 Refresher training must be undertaken every two years	<input type="checkbox"/>	<input type="checkbox"/>
17 Medication collected by a care worker on behalf of the service user should be taken immediately from the pharmacy to the service users home	<input type="checkbox"/>	<input type="checkbox"/>
18 Refused medication does not have to be recorded on the MAR chart	<input type="checkbox"/>	<input type="checkbox"/>
19 Unwanted and old medication can be taken from the service users house without consent	<input type="checkbox"/>	<input type="checkbox"/>
20 At the end of the month the complete MAR chart should be destroyed	<input type="checkbox"/>	<input type="checkbox"/>
21 Care assistants must not administer over the counter medication	<input type="checkbox"/>	<input type="checkbox"/>
22 Care assistants must not vary medicine dosage from instructions	<input type="checkbox"/>	<input type="checkbox"/>
23 If a dose was missed or omitted during previous dose it is safe to double dose on the next visit	<input type="checkbox"/>	<input type="checkbox"/>
24 Care assistants must report administration errors immediately to the line manager	<input type="checkbox"/>	<input type="checkbox"/>
25 Care coordinator will inform Pharmacy if service user admitted to Hospital	<input type="checkbox"/>	<input type="checkbox"/>

Post or Fax to Prescriptions To Your Doorstep The Pharmacy Borth  
 The Pharmacy Borth  
 High Street  
 Borth  
 Ceredigion  
 SY245NA  
 Fax 01907 871225