



HSE Mental Health Services

Self-Assessment Medication Management Checklist

Appendix 6

(Refer to: Theme 2 Effective Care & Support, Aim 7, Indicator 7.1)

Name of Centre / Service:	
Date of Self-Assessment:	
Name of person(s) carrying out the Self-Assessment:	
Signature (s) of person(s) carrying out the Self-Assessment:	

Medication Checklist

Using this checklist supports staff to self-assess against Effective Care and Support Aim 7 to determine whether Indicator 7.1, of that standard is being met.

This checklist should be completed at a minimum on a quarterly basis. It is recommended that ten medication prescription and administration records are reviewed as part of this process.

Indicator 7.1

Mental Health services have appropriate Medication Management Policies and Procedures in place and these are implemented effectively in line with regulations and best practice.

Evidence that indicator is being met	Yes	No	N/A	Comment
Medication Policy and Procedure				
1. There are centre specific medication management policies/procedures in place relating to:				
1.1 Prescription of medicines				
1.2 Ordering of medicines				
1.3 Delivery and receipt of medicines				
1.4 Storage of medicines including refrigerated medicine				
1.5 Administration of medicines?				
1.6 Administration of controlled medicines				
1.7 PRN (as required medicine)				
1.8 Emergency situations and the use of verbal and telephone orders?				
1.9 High alert medicines				

Evidence that indicator is being met	Yes	No	N/A	Comment
Medication Policy and Procedure				
1.10 Covert administration				
1.11 Crushing medicines				
1.12 Withholding medicines				
1.13 Refusal of medicines				
1.14 Review of medicines				
1.15 Disposal of medicines				
1.16 The use of codes on the administration section of the prescription chart / record (e.g., MPAR), to indicate refusal, omission, service user on leave, etc.				
1.17 Recording of medicines administered				
1.18 Medicine reconciliation (from the point of delivery of medications from the pharmacy to the service area)				
1.19 Management of medicine at admission, transfer and discharge				
1.20 Medicine incidents/errors				
1.21 Self-medication, if this occurs in the service. (For example, assessments, recording and storage procedures)				
2. Policies and procedures are implemented				
3 Quarterly audits of medication prescription and administration records are undertaken to determine compliance with the policies and procedures and with the applicable legislation and guidelines.				
4. Medication management policies are reviewed at least every three years or more often as required				

Staff Training				
5. All staff involved in medication management have read and understand the local medication management policy and procedures				
6. Staff when questioned can articulate the medication management policy and procedures				
7. All nursing staff have attended/completed up-to-date medication management refresher training (including the management of medication incidents or near misses)				
8. All non-nursing staff who have involvement in medication management attended training				
9. All non-nursing staff involved in medication management completed medication competency assessments				
Prescription & Administration of Medication				
10. All prescriptions written:				
a) legibly?				
b) in indelible ink?				
c) in black ink?				

Evidence that indicator is being met	Yes	No	N/A	Comment
11. The Medication Prescription and Administration Record (MPAR) contain the following information:				
a) Service user's name and address				
b) Service user's hospital number				
c) Date of admission				
d) Service user's date of birth				
e) Allergy section completed				
f) Service user's weight when the medication prescribed requires calculation for specific doses				
g) The generic drug name, written in block capitals or un-joined lower case				
h) The dose of the medication				
i) The route of administration				
j) The time/frequency of administration				

Evidence that indicator is being met	Yes	No	N/A	Comment
k. In the case of short term medicines, the duration the medicine is to be taken for is specified on the prescription i.e. antibiotics				
l. The date of the initiation of the prescription				
m. Is there a medical practitioner/nurse prescriber signature for each medicine prescribed				
n. Is there a medical practitioner/nurse prescriber signature for each medicine discontinued				
o. Is there a clear discontinuation date for each medication discontinued				
p. Is the Medical Council Registration Number (MCRN) of every medical practitioner prescribing medication to the service user included on the MPAR				
q. Is the Nursing & Midwifery Board of Ireland Personal Identification Number (PIN) of every registered nurse prescriber prescribing medication to the service user included on the MPAR				

Evidence that indicator is being met	Yes	No	N/A	Comment
12. In the case of medicine that is prescribed for "as required" PRN use, are the following in place:				
a) The maximum dosage to be administered in a 24hr period or the minimal dose interval for PRN medication				
b) A protocol for the use of each PRN prescribed				
c) Reviews of PRN medicines				
13. Only acceptable abbreviations are used				
14. Micrograms written in full - not abbreviated				
15. The forename and surname of the service user used in all designated sections				
16. The times of administration in the administration sheet correspond with the frequency prescribed				
17. A prescription is not altered where a change is required. Where there is any alteration in the medication order, the medical practitioner/nurse prescriber rewrites the prescription .				
18. There are no unexplained gaps in the administration sheet.				
19. Medicines are administered in accordance with the directions from the prescriber and the pharmacist (if supplied by the pharmacist)				

Evidence that indicator is being met	Yes	No	N/A	Comment
20. Medicines are administered by registered nurses or registered medical practitioners only.				
21. Expiration dates are checked before medicine is administered (to ensure expired medicines are not administered).				
22. Good hand hygiene implemented during medicine preparation and administration.				
23. Weekly/monthly medicines are administered as prescribed.				
24. All entries are fully legible and written in indelible ink.				
25. All medicines administered are recorded contemporaneously				
26. There is a space in the administration sheet to record comments (i.e. withholding or refusing medicine, or service user on leave, etc.), and these are completed where necessary.				
27. There is a note made in the service user's clinical file following all medicine refusal or medicine being withheld				
28. The clinical team are informed of all medicine refused or withheld.				
29. In the event of non-administration the correct codes used to indicate /explain the non-administration.				

Evidence that indicator is being met	Yes	No	N/A	Comment
<p>30. In the event of medicine requiring crushing before administration:</p> <p>a) Direction is given by the service user's medical practitioner.</p> <p>b) The reason for the medicine being crushed is detailed in the service user's clinical file.</p> <p>c) The pharmacist is consulted about the type of preparation to be used.</p> <p>d) The medical practitioner has documented the need for the medicine to be crushed on the MPAR?</p>				
<p>31. In the case of controlled medicines:</p> <p>a) Schedule 2 Controlled medicines are checked by two staff members (one of whom must be a registered nurse) against the delivery form and details entered on the controlled medicine (drug) book.</p> <p>b) The controlled medicine balance available corresponds with the balance recorded in the controlled medicine book.</p> <p>c) Entries in the controlled medicine book are signed by two staff members.</p>				
<p>32. Writing errors on the MPAR are managed correctly (line through error with initials and date).</p>				
<p>33. There are specimen signatures for all staff who administer medication</p>				

Evidence that indicator is being met	Yes	No	N/A	Comment
34. Medicine is only administered by the staff member who prepared the medicine.				
35. Medicines are never prepared (and placed in individual containers) in advance of administration.				
36. The service user understands the nature, purpose and likely effects of his/her current or proposed medication treatment.				
37. Service users are informed of their rights and their rights are respected regarding their medicines.				
38. For those service users who are voluntarily admitted to the service; their medicines are reviewed and rewritten at a minimum of six months or more frequently if there is a significant change in his/her care or condition.				
39. All medicine reviews are documented in the service user's clinical file?				

Evidence that indicator is being met	Yes	No	N/A	Comment
40. In the case of a service user who is involuntarily admitted to the service; there a system in place that, following the administration of medicine for a continuous period of three months, the service user's responsible consultant psychiatrist assesses the service user's ability to consent to his/her treatment?				
41. In the case of a service user being involuntarily admitted to the service, where s/he is assessed as being <u>unable</u> to consent to his/her continued administration of medicine, the treatment is approved and authorised by two consultant psychiatrists pursuant to the procedure set out in Form 17.				
42. Where a service user is assessed as being able to understand the nature, purpose and likely effects and is willing to consent to continue taking the medication, this information is recorded in the written consent form				
43. Service users who self-administer have been assessed and their competence to self-administer been confirmed by the multidisciplinary team which includes the pharmacist				

Evidence that indicator is being met	Yes	No	N/A	Comment
<p>44. Where self-administration of medicines is carried out, an individual risk assessment been carried out to determine:</p> <ul style="list-style-type: none"> a) The service user's choice b) The amount of support a service user needs to self-administer medicines c) The service user's ability to understand the process d) The service user's knowledge of their medicines and treatment plan e) The service user's literacy and ability to read labels f) The service user's dexterity and ability to open bottles and containers g) If the service user can take the correct dose of his/her own medicines at the right time in the right way h) Where the service user's medicines will be stored i) How and when the self-administration will be reviewed 				

Ordering and receipt of medicine				
45. There clear records or copies of orders.				
46. The dispensed supply is checked against the ordered medicines.				
47. Appropriate directions are provided with the dispensed medicine.				
48. Medication for self administering are labelled individually by a pharmacist with the service user name, MRN, and appropriate direction for use.				
49. Where medicine is dispensed for specific service users the dispensed supply is checked against the service user's current prescription sheet				
Storage of Medication				
50. Medicines are stored securely at all times. Medication trolley and/or medication administration cupboards should be locked and secured when not in use.				
51. Medicine storage areas are clean and free from damp, mould, litter, dust and pests, spillage or breakage.				
52. Medicine storage areas are free from anything other than medicines e.g. cleaning agents, food & drink etc.				
53. There a cleaning schedule for the medicine storage area				
Evidence that indicator is being met	Yes	No	N/A	Comment
54. Medicines are stored in the appropriate environment as indicated on the label or packaging of the medicine, or as advised by the pharmacist				
55. There is a system of stock rotation in use, to avoid accumulation of old stock medicines?				

Evidence that indicator is being met	Yes	No	N/A	Comment
56. The keys for the medicine area or cupboard are not part of the master key system				
57. There is a robust procedure in place for key holding				
58. Schedule 2 and 3 controlled drugs are locked in a separate cupboard from other medicinal products				
59. There is a specifically designated medicine fridge in place for the storage of medicines that require refrigeration				
60. The medicine fridge temperature is monitored through daily checks				
61. All medicines are in date				
62. There is an opening date on creams/lotions that are in use				
63. Where medicine is dispensed to be self-administered it is stored separately from the general medicine stock supply, for use only by that service user.				
64. Where medicine is dispensed to be self-administered it is stored securely in a locked storage unit (with the exception of medicine that should be stored in a refrigerator)				

Evidence that indicator is being met	Yes	No	N/A	Comment
65. An inventory of medicines is conducted monthly and the following are checked:				
a) Name of medicine				
b) Dose of medicine				
c) Quantity of medicine				
d) Expiry date				
66. Medicines that are no longer required are stored securely and segregated from other medicines				
Disposal of medicines				
67. Medicines no longer required are returned to the pharmacy				
68. All disposals of medicines are clearly documented and include:				
• Date of disposal or date of return to pharmacy?				
• Name and strength of medicine?				
• Quantity removed?				
• Service user for whom medicines were prescribed, if applicable?				
• Signature of the member of staff who arranged disposal of the medicines?				
• Signed receipt by the pharmacist who received the returned medicines?				