UNREGULATED HEALTH CARE WORKER MEDICATION MODULE HANDBOOK

INTRODUCTION

This document describes the skills and knowledge required to prepare for and provide medication assistance and complete medication documentation. It has been prepared to support the seven online medication modules and to prepare you for your practical assessment.

1. Medication Modules	• Medication Assistance for the Unregulated Health Care Worker – Oral Medication • Medication Assistance for the Unregulated Health Care Worker – Oral Medication 2 • Medication Assistance for the Unregulated Health Care Worker – Inhalation Medication • Medication Assistance for the Unregulated Health Care Worker – Eye Medication • Medication Assistance for the Unregulated Health Care Worker – Transdermal Medication • Medication Assistance for the Unregulated Health Care Worker – Ear Medication • Medication Assistance for the Unregulated Health Care Worker – PRN Pain Medication
2. Practical Assessment	The practical assessment is used to confirm that you can safely, effectively and appropriately manage and assist clients with medication by following organisational and legislative requirements. The practical assessment must be repeated every year, and if you have been out of the workplace for 12 months or more.

You will also need to have:

- Maths skills to calculate and check the correct dosage of medication, expiry dates
- Reading skills to correctly check client information and instructions.
- People skills to listen, communicate and build relationships with the people you are helping

Legislation

Whilst helping people with medications all Commonwealth and state/territory legislation, Australian/New Zealand standards and industry Codes of Practice must be followed.

To protect public safety and quality of care, the prescription, supply and administration of medicines are strictly regulated. Approved providers (the organisation you work for) and their delegated managers and staff in Western Australia must comply with related legislation, Regulations, Codes of Practice and workplace policies, including:

Poisons Act 1964
Poisons Regulations 1965
Western Australian Disability Services Act 1993
Aged Care Act 1997
Work Health and Safety Act 2022

Workplace health and safety

The Work Health and Safety Act is designed to reduce the number of injuries and illnesses in the workplace. Your employer has a duty of care to provide and maintain, as far as practicable, a safe working environment. In return everyone in a workplace must:

- take reasonable care for their health and safety
- take reasonable care for the health and safety of others
- follow any reasonable instructions, policies and procedures given by their employer, business or controller of the workplace.
- develop, and use safe work practices, policies and procedures for doing your work safely
- follow instructions
- ask if you're not sure how to safely perform the work
- use **personal protective equipment** (PPE) in the way you were trained and instructed to use it
- report injuries and unsafe and unhealthy situations to your supervisor or your health and safety representative.

Organisational Policy

As a community services or health care worker you need to think about how you work and follow your service's policies, procedures and guidelines. These will be different in each place you work, and you might need to ask your supervisor to help you find them.

Policies are statements about what the workplace thinks about an issue. A policy explains what should be done and why.

Procedures are standard ways of doing things in the workplace. They give step-by-step instructions on how to complete tasks.

Infection Control

Standard precautions are the main way to reduce the spread of infections. Standard precautions must be used when providing care to all people if they have an infection or not. Standard precautions relevant to your role in medication support are:

- Hand hygiene – washing your hands
- Use of equipment such as gloves, masks and gowns to protect you from blood and other body fluids
- Respiratory hygiene and cough etiquette
- Cleaning
- Linen and waste management

You must wash your hands correctly. A general hand wash should take about 30 seconds. Cuts, sores and rashes on your hands should always be covered. You should wash your hands:

- when you arrive at work
- when your hands are soiled
- before and after touching people, their belongings or medications
- after blowing or wiping your nose
- before you leave work
- after going to the toilet
- before and after eating

Additional precautions are recommended for clients known or thought to be infected or carrying diseases that cause infections in health care settings.

MEDICINES

Medicines help prevent and treat disease, they can help people live longer and live a better life, but they can also cause harm. Using the wrong medicines or using them in the wrong way can be dangerous.

Medicines include items prescribed by a doctor and ones that people can buy in a pharmacy or supermarket. The term also includes herbs, vitamins, supplements, bush medicine and traditional Chinese medicines.

A medicine is used with the intention of:

- preventing disease,
- diagnosing,
- curing,
- making the disease or its symptoms less severe
- improving the well-being of a person's body or mind

High-risk medicines – many organisations will have a high-risk medicines policy. High-risk medicines have a higher risk of causing injury or harm even when used correctly and especially if they are misused or used in error.

Figure 1 WA Health Poster High-Risk Medicines

High-risk medicines include:

- Medicines with a narrow therapeutic index (i.e. a small difference between the correct and toxic doses)
- Medicines with a high risk of serious harm when given incorrectly
- Medicines which may be misused or abused

Medicines should be stored and disposed of in a way that protects the safety of all, including the person, staff and visitors. To make sure this happens there are laws and your organisation will have policies and procedures to follow. To maintain the quality of each medicine, the recommended storage conditions (e.g. refrigeration) must be followed. Medicines that have been ceased or have expired must be disposed of safely to prevent accidental or intentional poisoning, misuse or harm to the environment.

Naming of medicines

Medicine names can be confusing because each medicine has at least two names:

The **brand name**:

- or trade name, is given by a pharmaceutical company that markets the drug

The **generic name**:

- the drug's active ingredient that makes it work

The generic name for the drug will always stay the same whereas a different brand name could be supplied. This can lead to confusion and lead to a person taking too much medication. Generic names should be used for prescribing medication except for combination products containing more than 4 active ingredients and insulin preparations.

Generic medicines may be different from the brand name version in:

- shape, size and colour
- packaging
- other ingredients e.g. inactive ingredients that do not contribute to the treatment effect of the medicine

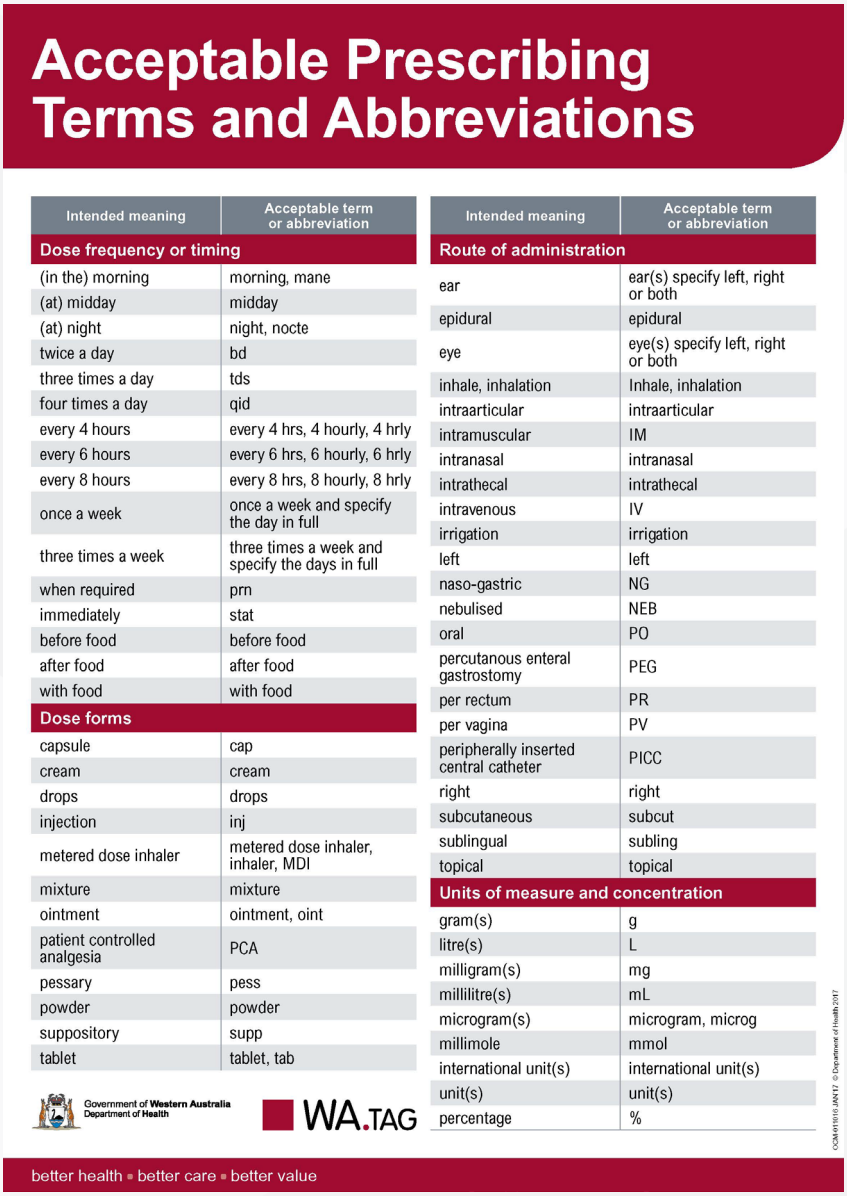
Both generic and brand names should be used for high-risk medications such as opioid painkillers, where different formulations are available in the same strength.

Generic	Example Brand Names
Paracetamol	Panadol®, Febridol®, Osteomol®, Paralgin®, Panamax® Dymadon®, Herron®

Medication prescribing and supply

Pharmacists dispense medication as prescribed by a general practitioner (GPs) and conduct medication reviews. They are medication experts and can provide information on side effects, administration difficulties, storage, handling and disposal of medications.

After a doctor assesses a person's needs and prescribes medication, they will write a prescription including the medication name, strength, dose, and frequency. The prescription will often be written using abbreviations. To find out more about the abbreviations used for medicines, refer to the Figure 4



Acceptable Prescribing Terms and Abbreviations

Intended meaning	Acceptable term or abbreviation
Dose frequency or timing	
(in the) morning	morning, mane
(at) midday	midday
(at) night	night, nocte
twice a day	bd
three times a day	tds
four times a day	qid
every 4 hours	every 4 hrs, 4 hourly, 4 hrly
every 6 hours	every 6 hrs, 6 hourly, 6 hrly
every 8 hours	every 8 hrs, 8 hourly, 8 hrly
once a week	once a week and specify the day in full
three times a week	three times a week and specify the days in full
when required	prn
immediately	stat
before food	before food
after food	after food
with food	with food
Dose forms	
capsule	cap
cream	cream
drops	drops
injection	inj
metered dose inhaler	metered dose inhaler, inhaler, MDI
mixture	mixture
ointment	ointment, oint
patient controlled analgesia	PCA
pessary	pess
powder	powder
suppository	supp
tablet	tablet, tab

Intended meaning	Acceptable term or abbreviation
Route of administration	
ear	ear(s) specify left, right or both
epidural	epidural
eye	eye(s) specify left, right or both
inhale, inhalation	Inhale, inhalation
intraarticular	intraarticular
intramuscular	IM
intranasal	intranasal
intrathecal	intrathecal
intravenous	IV
irrigation	irrigation
left	left
naso-gastric	NG
nebulised	NEB
oral	PO
percutanous enteral gastrostomy	PEG
per rectum	PR
per vagina	PV
peripherally inserted central catheter	PICC
right	right
subcutaneous	subcut
sublingual	subling
topical	topical
Units of measure and concentration	
gram(s)	g
litre(s)	L
milligram(s)	mg
millilitre(s)	mL
microgram(s)	microgram, microg
millimole	mmol
international unit(s)	international unit(s)
unit(s)	unit(s)
percentage	%

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Figure 2. WA Health Acceptable Prescribing Terms and Abbreviations

The pharmacist will then review the doctor's order and dispense the medications. Medications are often supplied by the pharmacist in **dose administration aids** (DAAs). Different kinds of DAAs include blister packs, Websterpaks®, dosette boxes, or single dose sachets.

Figure 3 Dose Administration Aid (photo credit WA Health)

Figure 4 Dosette box (photos credit Fremantle Hospital, Medical Illustration)

The 6 rights of medications

Medication errors are one of the most reported incidents in healthcare. Giving the wrong type of medication, incorrect dose or administration (with or without food, time route etc) can lead to serious complications

The 6 rights of medication help to ensure safety for the people we care for.

Figure 5 WA Health Six rights of safe medication administration

Formulations

Medications come in different formulations (of forms) – forms are designed so that the medicine can be used easily and in the most effective way and cause minimal side effects. There are many different types of formulations some common ones are shown in the table below:

Form	Description
Tablet	The medication and other inactive substances (ones that do not contribute to the treatment effect of the medicine) are compacted together into a solid shape
Capsules	The medication is enclosed in a hard or soft shell
Wafer	The medication is freeze-dried into a disk made to dissolve in the mouth
Lozenge	The medication is made into a sweetened solid shape made to be held in the mouth and allowed to dissolve slowly.
Liquid	The medication is mixed dissolved or suspended in a liquid to be measured and taken
Transdermal Patches	The medication is enclosed in a sticky patch designed to enable drugs to pass through the skin into the body
Nebulised Medications	The medication is put into a machine called a nebuliser which turns liquid medications into a mist to be inhaled into the lungs
Inhalers	A device to deliver medication via the lungs. The most common type of inhaler is a metered dose inhaler sometimes called a puffer
Enemas	Medication in a liquid to insert into the rectum
Suppositories	Medication in a solid waxy or jelly form to insert into the rectum
Medicated Vaginal Pessaries	Medication in a small soluble block that is inserted into the vagina.
Cream	Medication in a liquid or semi-solid form to apply to the skin
Ointments	Medication in an oily, liquid or semi-solid form to apply to the skin

Expiry Dates

Medicines have an expiry date; stock should be rotated to avoid wastage.

- Never use expired medication
- Do not use the medication if there is any sign of tampering
- Check for a change in colour, appearance or smell
- Discard medication appropriately
- Do not store medication in hot or damp places
- Only use medications from original bottles, containers or dose administration aid prepared by a pharmacist
- Do not take medications from an unlabelled container

Dose administration aids should have an expiry date added by the pharmacist. If there is no expiry date check with the pharmacist, eight weeks is usually the maximum that medication should stay in a DAA.

Disposing of Medicines

Unwanted medicines which have been stopped by the doctor or have expired should be disposed of in a way that is safe in a way that avoids accidental poisoning, misuse or contamination of the environment. Make sure you

know your organisation's procedures for the safe disposal of medication.

Storing Medicines

Medicines should be stored in a cool, dry and secure place. Some medicines have special storage considerations such as in the fridge or protected from light. It will say on the label or packaging how the medicines should be stored. If medicines are not stored correctly, they may not work or be safe to use.

Medicines can be harmful and must be stored safely so only authorised people have access to them. They should not be left unattended in a public area even for a very short period. Medicines must be stored out of the reach of children and animals and separately from food or drinks

Information about Medicines

Consumer medicine information (CMI) sheets contain information about medicines, written in simple language designed to give people important information about their medicines. CMI's can be found in medication packets

Product Information sheets are information sheets about medicines, written for health professionals

There is lots of information on the internet about medicines. Some of it is reliable and relevant to medicines in Australia, but some of it is not.

Check with your organising to find out which books or online programs are available to you to access information about medicines.

PROVIDE ASSISTANCE WITH MEDICINES

Personal limitations and scope

Before you take on the responsibility of assisting a person with medicines you must understand your role and the responsibilities of your role.

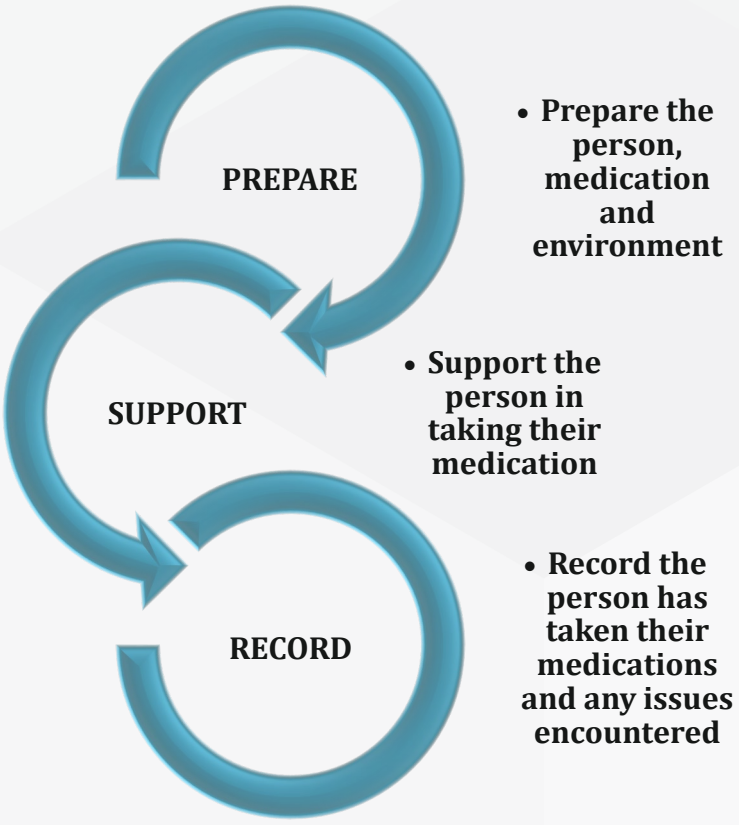
- There will be some medicines you are not able to assist with - do you know what these are?
- You will always be working under the supervision of a registered nurse - do you know who the registered nurse is and how to contact them?

Medication support can be described as assisting the person with self-medication and involves:

- reminding and/or prompting the client to take the medication
- assisting (if needed) with the opening of medication containers and dose administration aids for the client
- other assistance not involving medication administration

Medication Assistance Steps

The diagram below shows the 3 steps that should be followed when providing medication assistance.



Prepare

The Person

Patient-centred care is about treating a person receiving healthcare with dignity and respect and involving them in all decisions about their health. Never assume the person knows who you are. They often have many people who look after them. Always:

- greet the person in a friendly and welcoming manner
- wear a name badge
- introduce yourself by name
- tell the person why you are there and what you intend to do and
- ask them if this is ok

Whilst supporting people with medication it is important to remember that all people have the right to informed consent or to refuse any medical intervention including medication.

The person may have specific instructions about their medications that need to be adhered to, for example a speech pathologist may have written safe swallowing guidelines on their notes/care plan.

Physical and behavioural changes can affect a person's ability to self-administer their medications safely or might make the medications unsuitable see Recognising Signs of Deterioration section below.

The Medication

The medications you are assisting with will have been checked by a health professional to make sure they are correct. As a support worker you may check the person's name, that the packaging is sealed, not expired, the correct quantity is there and the correct labelling. Any mistakes should be reported and recorded so they can be fixed without delay to ensure the person receives medication promptly and as prescribed.

The Environment

You need to make sure the environment is comfortable for the person before they take their medication, this might include:

- Ensuring there is enough light
- Ensuring the person has their glasses
- Ensuring surfaces are tidy and free of infectious materials (e.g. tissues, incontinence pads)
- Obtaining a fresh glass of water

And, only if medication is suitable for crushing or cutting

- Ensuring equipment is clean (e.g. mortar and pestle, tablet crusher, cutter)

Support

The person should be able to take their medication with the level of assistance you can provide, if they cannot, you need to let your supervisor know. Remember to allow the person to do as much as they can and want to.

Before helping a person with their medication find out how much they understand and help fill in any of the blanks. Never assume they know what they must do. If you are unsure of the answer, let them know and find out the answer from your supervisor.

When the person is ready:

- Explain the procedure to the person
- Confirm the time for medication
- Explain the route
- Show the amount of medication to be taken
- Explain any conditions
- Explain any preparation procedures
- Show them how to take the medication
- Oversee, support and observe the person
- Confirm the medication has been used and they have finished
- Conduct post-medication client checks and observe client for changes in condition

Record

After the person has taken their medications you need to document this. Complete medication records according to organisational procedures and regulatory requirements. This would usually be on the medication chart or signing sheet. This is the current, accurate and reliable record of all medication selected, prescribed and used.

When assisting with medication, you should record:

- What medication the client took
- How much they took
- The time they took it
- The day they took it
- Whether the medication was taken or used successfully
- Support you gave to encourage the person to use their medication
- Any reaction the client had to the medication
- Any further comments or observation

Some problems that may arise that need to be recorded include:

- The client has swallowing difficulties
- The client doesn't like the taste of the medication
- The client has sores in their mouth
- The client has ill-fitting dentures
- The client doesn't want to continue with their treatment
- The client doesn't trust staff
- The client hoards the tablets

Remember, consumer protections such as the *Privacy Act* apply to personal information, for example as contained in a medication chart or on a medicine label.

Recognising Signs of Deterioration

As a carer you will have a lot of contact with the people you care for and you may see them more often than their designated health professionals or even family members. That's why it's important to recognise and report any physical or behavioural changed

To be able to recognise changes in a resident's condition or needs, you must be a good observer. And to observe people, you must use all your senses to look out for anything out of the ordinary. For example, you should look for any:

- Increase in drowsiness
- Increase in dizziness weakness, feeling faint
- Increase in confusion or aggression
- New smells or sounds
- Unusual swellings or lumps
- Nausea and/or vomiting
- Difficulty with swallowing

It's a good idea to ask residents whether they have noticed any changes as well. Talking to the resident may also explain why there has been a change (e.g. they are sleepy because they stayed up watching TV).

If you notice a change in a resident's condition you should always note it and report the change to the RN.

Figure 6 Photo Credit WACHS Photo Library

MEDICATION CONTINGENCIES

A **contingency** is an event that you can't be sure will happen or not. The primary focus of medication support practice is on ensuring the clients receive their medications safely and correctly. This includes ensuring that the right medicine is taken using the 6 rights of medication administration

Sometimes things do go wrong and there must be set processes in place to follow when/if this happens.

Report concerns and inconsistencies

You must report changes in client condition and report any concerns to your supervisor according to organisational procedures and protocols

An **adverse drug reaction** (ADR) or **side effect** is a response to a drug that is unwanted or unexpected and occurs at normal doses.

An **overdose** is a toxic (poisonous) amount of a drug or medicine. Not all overdoses are fatal or life-threatening, however advice from your supervisor should be urgently sought if an overdose is suspected or has occurred.

A **drug allergy** or **drug hypersensitivity** is the abnormal reaction of your immune system to a medication which can cause hives, rash, fever or anaphylaxis. Anaphylaxis is a severe, potentially life-threatening allergic reaction which needs immediate emergency treatment.

An **indication** is the reason medicine has been prescribed.

A **contraindication** is a condition or factor that serves as a reason to withhold a certain medical treatment due to the harm that it would cause the patient.

Medication Incidents

Medication incidents are events that could have or did cause the person harm, and where medicine is likely to have been a contributing or causal factor. Adverse drug reactions, overdose and drug allergies are medication incidents as are not adhering to the 6 rights of medication administration.

If a medication incident occurs, you must:

Care for the person

- Notify your supervisor
- Continually monitor the client and be prepared to treat adverse reactions and side effects that may occur
- Call an ambulance, family member, carer or health professional as required
- Reassure and comfort the client
- Tell them what action/s you are taking
- Record details in the care notes

Report the incident

Medication errors need to be reported as clinical incidents so we can learn from them. Analysis of an incident will focus on 'what happened?', 'why did it happen?' and 'how can we stop it from happening?' and not on the staff member.

Ensure you know how to report a medication incident in your organisation. When completing a report pay attention to every step that you did. Write down the facts straight away so you don't forget.

Medication errors can have a significant effect on our clients – but they can also affect staff. Making an error may also impact work performance, quality of life and/or a general sense of well-being and may also

impact those around them. There are services available to staff which provide free, confidential professional counselling and support that is short-term and solution focused for employees and eligible members of their families.

MEDICATION GUIDES

The following medication guides have been developed to detail the step-by-step process using of different forms of medications.

You must know the correct steps so when prompting a person to use their medications you can advise them using best practice.

Figure 7 Photo Credit Fremantle Hospital, Medical Illustration

Remember: you must only assist with medications within your scope of practice and following your organisations' policies and procedures.

Oral tablets and Capsules

Overview

Tablets are an exact dose of a medication compressed into a solid dose form whereas with a capsule the medication is enclosed in a shell. They are the most common form of medication and are relatively easy to take.

Process

1. Perform hand hygiene.
2. Pour some water into a glass near the person
3. Assist the person to sit upright
4. Place the correct medication into a medicine cup without touching it by tipping it into the lid of the bottle or popping out from the DAA directly into the cup (or use a PillBob®)
5. Hand the cup to the person or assist them to tip the medications into their mouth
6. Assist them to drink from the glass of water
7. Check they have swallowed all the tablets
8. Perform hand hygiene

Risks/Considerations

- ⚠ If not specified by a speech pathologist or other professional, ask the person if they want to take all the tablets together, a few at a time or individually.
- ⚠ Crushing oral tablets or capsules before giving to people who have difficulty swallowing is not allowed unless a pharmacist or a registered nurse confirmed that it is safe to do so.
- ⚠ Slow release (SR), modified release (MR) long-acting (LA) prolonged release (XL), extended-release (ER, XR) and controlled release (CR) formulations should never be crushed
- ⚠ Lozenges are designed to act locally in the mouth and advise the person not to chew lozenges. Lozenges may pose a choking hazard and not be appropriate for people who are unable to follow these instructions.

Figure 8 WA Health Don't rush to crush

Liquids

Overview

Liquids are largely designed for patients who are unable to swallow tablets or capsules and are prescribed mainly for children and the elderly.

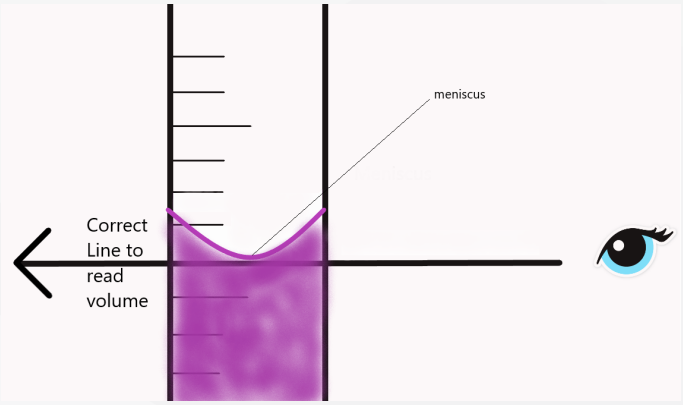
Process

1. Perform hand hygiene.
2. Assist the person to sit upright
3. Draw up the correct amount of medication using an oral syringe or measure in a dosing cup by placing the cup on a flat surface and looking at the measurements from eye level.
4. Place the syringe on the inside of the cheek and help the person to squeeze the liquid out of the syringe or hand the cup to the person or assist them to drink the liquid
5. Offer the person a drink of water
6. Check they have swallowed all the liquid
7. Perform hand hygiene

Risks/Considerations

⚠ Liquids require correct measurement of the medication, confirm if this is within your scope of practice before assisting a person with liquid medications.

⚠ To measure accurately your eyes should be level with the meniscus (the bottom of the curve of liquid)



⚠ Shake the medication only if it says to do so on the bottle

⚠ Try to protect the label from spillages when pouring out the bottle - details on the label need to be read each time they are used.

⚠ Liquid antibiotics usually have a short expiry date, do not use them if not labelled with the expiry date or if they have expired.

Transdermal Patch

Overview

Transdermal Patches allow the medication to be given through the skin and into the bloodstream. They are delivering a medication at a steady rate giving a constant drug level. Using a patch means not needing to swallow tablets or remembering to take daily medications

Some people will need a “patch-free period”, check the medication chart to determine if the patch should be removed overnight. Some patches had more specific instructions, read all the information on the patch before applying for the first time.

Process

1. Perform hand hygiene and put on disposable gloves.
2. Before application, ensure the previous patch has been removed. Remove the patch from the patient's skin, fold the patch so that the adhesive side of the system adheres to itself and place it into the clinical waste. Not removing the previous patch may result in an overdose
3. Remove from the package and peel off one side of the protective liner
4. Apply patch to dry, flat, hairless, non-irritated, non-irradiated skin on the front torso, upper arm or upper back. Rotate sites leaving at least a week in between each site.
5. Remove the other side of the protective liner
6. Press the patch firmly in place for 30 seconds to ensure good contact. If skin contact is poor or loose, adhere the patch to the skin by applying transparent adhesive over the patch. The patch must not be covered as it’s important to be able to see information on the patch.
7. Remove disposable gloved and perform hand hygiene
8. Review the patch to ensure the patch is intact the correct medication(s) and strength(s) are in place at each opportunity

Risks/Considerations

- ⚠ Heat can increase the absorption of the medication – avoid hot baths saunas and heat packs to the area the patch is applied.
- ⚠ Patches can come unstuck and get lost or become stuck to the wrong person by accident – this has causes serious incidents.
- ⚠ Patches should not be cut or altered in any way unless endorsed by a pharmacist, this can stop them from working or lead to an overdose
- ⚠ If writing the date, time and initials on a patch use a felt or soft tip pen NOT a ballpoint which may damage the patch
- ⚠ When the patch is checked you may need to sign on the medication chart – check local procedures

Nebulised Medications

Overview

Nebulisers are used to make a mist from a medication that is inhaled into the lungs. They are useful for people unable to use inhalers or inhale deeply enough. A nebuliser has 5 parts: a medicine cup, a cap, a mask (or mouthpiece) tubing and the compressor(machine).

Process

1. Perform hand hygiene and put on disposable gloves.
2. Prepare the medicine by pouring it into the medicine cup and attaching the cap
3. Connect the mask (or mouthpiece) to the medicine cup and use the tubing to connect the mask (or mouthpiece) to the compressor.
4. Place the mask over the face (or mouthpiece in the mouth) ensuring that it is held in an upright position
5. Turn on the compressor
6. Advise the person to breathe normal regular breaths
7. Continue until all medicine is gone from the cup
8. Wash the cup, cap and mask (or mouthpiece) in warm soapy water, rinse and allow to air dry. The tubing should not be submerged in water.
9. Remove gloves and perform hand hygiene.

Risks/Considerations

- ⚠ Nebulisers can create airborne particles which can transmit infections protect yourself and others with PPE if the person is infectious
- ⚠ Nebuliser should be thoroughly cleaned once a week by soaking cup, cap and mask (or mouthpiece) as recommended by the manufacturer – the compressor and outside of the tuning should be wiped with a disinfectant wipe.
- ⚠ The pieces of the nebuliser should be replaced if there are any cracks of signs of wear and tear.
- ⚠ Most compressors have an air filter that will need to be replaced

Inhalers

Inhalers are used to deliver medication to the lungs in the form of a powder or aerosol. There are many types of inhalers many of which have different instructions for use. Read all the information in the packaging before assisting for the first time or use your mobile phone to access the QR code on this chart to see how-to-videos. Incorrect use of an inhaler may mean that the medication does not reach the lower airways where it is needed.

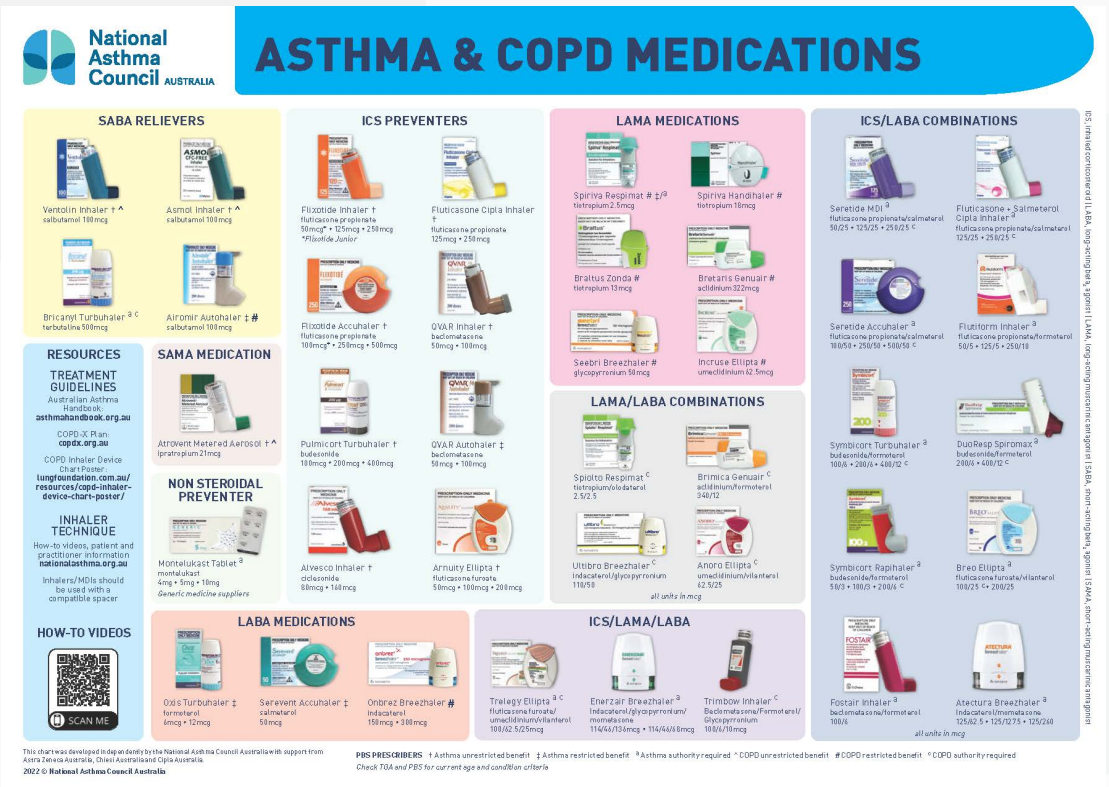


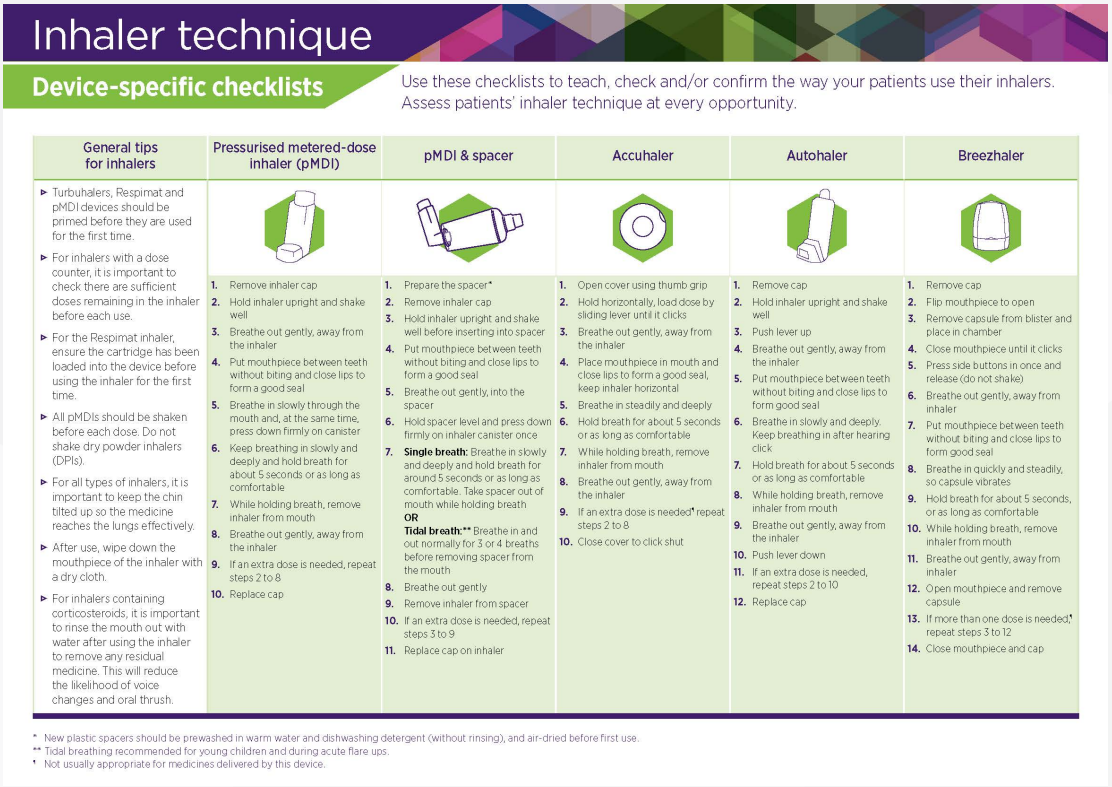
Figure 9 National Asthma Council Asthma and COPD Medications

Process

1. Perform hand hygiene and put on disposable gloves.
2. Prepare the inhaler (and spacer if the person is using one). This may mean checking the dose counter, shaking it well, removing the cap, putting in a capsule or disk, priming it, clicking a button or twisting the base and checking it is clean and free from dust or dirt– make sure you know how to prepare the inhaler you are assisting with.
3. Assist the person to sit up or stand and advise them on how to make the inhaler work –this may be to press a button, breathe in as normal or breathe in fast and sharp
4. Advise the person on how to best use the medication – this may be to take a deep breath before using the inhaler, breathe normally or hold their breath after using the inhaler.
5. If there is one, check the counter or capsule to make sure all the medicine has been taken
6. Store the device as recommended by the manufacturer
7. Remove gloves and perform hand hygiene.

Risks/Considerations

⚠ Always follow the instructions to prime a new inhaler if needed to ensure the person gets a full dose



Inhaler technique

Device-specific checklists

Use these checklists to teach, check and/or confirm the way your patients use their inhalers. Assess patients' inhaler technique at every opportunity.

General tips for inhalers	Pressurised metered-dose inhaler (pMDI)	pMDI & spacer	Accuhaler	Autohaler	Breezhaler
▸ Turbuhalers, Respimat and pMDI devices should be primed before they are used for the first time. ▸ For inhalers with a dose counter, it is important to check there are sufficient doses remaining in the inhaler before each use. ▸ For the Respimat inhaler, ensure the cartridge has been loaded into the device before using the inhaler for the first time. ▸ All pMDIs should be shaken before each dose. Do not shake dry powder inhalers (DPIs). ▸ For all types of inhalers, it is important to keep the chin tilted up so the medicine reaches the lungs effectively. ▸ After use, wipe down the mouthpiece of the inhaler with a dry cloth. ▸ For inhalers containing corticosteroids, it is important to rinse the mouth out with water after using the inhaler to remove any residual medicine. This will reduce the likelihood of voice changes and oral thrush.	1. Remove inhaler cap 2. Hold inhaler upright and shake well 3. Breathe out gently, away from the inhaler 4. Put mouthpiece between teeth without biting and close lips to form a good seal 5. Breathe in slowly through the mouth and, at the same time, press down firmly on canister 6. Keep breathing in slowly and deeply and hold breath for about 5 seconds or as long as comfortable 7. While holding breath, remove inhaler from mouth 8. Breathe out gently, away from the inhaler 9. If an extra dose is needed, repeat steps 2 to 8 10. Replace cap	1. Prepare the spacer* 2. Remove inhaler cap 3. Hold inhaler upright and shake well before inserting into spacer 4. Put mouthpiece between teeth without biting and close lips to form a good seal 5. Breathe out gently, into the spacer 6. Hold spacer level and press down firmly on inhaler canister once 7. **Single breath:** Breathe in slowly and deeply and hold breath for around 5 seconds or as long as comfortable. Take spacer out of mouth while holding breath **OR** **Tidal breath:**** Breathe in and out normally for 3 or 4 breaths before removing spacer from the mouth 8. Breathe out gently 9. Remove inhaler from spacer 10. If an extra dose is needed, repeat steps 3 to 9 11. Replace cap on inhaler	1. Open cover using thumb grip 2. Hold horizontally, load dose by sliding lever until it clicks 3. Breathe out gently, away from the inhaler 4. Place mouthpiece in mouth and close lips to form a good seal, keep inhaler horizontal 5. Breathe in steadily and deeply 6. Hold breath for about 5 seconds or as long as comfortable 7. While holding breath, remove inhaler from mouth 8. Breathe out gently, away from the inhaler 9. If an extra dose is needed† repeat steps 2 to 8 10. Close cover to click shut	1. Remove cap 2. Hold inhaler upright and shake well 3. Push lever up 4. Breathe out gently, away from the inhaler 5. Put mouthpiece between teeth without biting and close lips to form good seal 6. Breathe in slowly and deeply. Keep breathing in after hearing click 7. Hold breath for about 5 seconds or as long as comfortable 8. While holding breath, remove inhaler from mouth 9. Breathe out gently, away from the inhaler 10. Push lever down 11. If an extra dose is needed, repeat steps 2 to 10 12. Replace cap	1. Remove cap 2. Flip mouthpiece to open 3. Remove capsule from blister and place in chamber 4. Close mouthpiece until it clicks 5. Press side buttons in once and release (do not shake) 6. Breathe out gently, away from inhaler 7. Put mouthpiece between teeth without biting and close lips to form good seal 8. Breathe in quickly and steadily, so capsule vibrates 9. Hold breath for about 5 seconds, or as long as comfortable 10. While holding breath, remove inhaler from mouth 11. Breathe out gently, away from inhaler 12. Open mouthpiece and remove capsule 13. If more than one dose is needed,† repeat steps 3 to 12 14. Close mouthpiece and cap

* New plastic spacers should be prewashed in warm water and dishwashing detergent (without rinsing), and air-dried before first use.
** Tidal breathing recommended for young children and during acute flare ups.
† Not usually appropriate for medicines delivered by this device.

⚠ Watch the person to ensure they are using the inhaler correctly at every opportunity; this check-list can be used assess patients' inhaler technique. There should be no escape of medication from the sides of the mouth. Escalate all concerns.

Figure 10 National Asthma Council Inhaler Technique Checklist

⚠ Capsules for use in Handihaler® devices should not be pushed through the foil as it may damage them, carefully peel back the foil to remove

Spacers

Spacers are used to help deliver medication from standard metered dose inhalers (puffers) to the lungs as they remove the need to coordinate pressing the inhaler and breathing at the same time.

Process

1. Assemble the spacer
2. Remove the cap
3. Shake the inhaler and place into the end of the spacer
4. Advise the person to breathe out gently and seal the lips around the spacer
5. Press the inhaler and advise the person to take a deep breath in and then hold their breath for as long as comfortable (or take 3-4 breaths in and out from the spacer)
6. Replace the cap on the inhaler and store as recommended by the manufacturer

Risks/Considerations

⚠ Plastic spacers should be washed in warm soapy water, rinsed and should be allowed to air dry before first use, about once a month thereafter and after recovery from a respiratory infection. They should NOT be dried with a towel.

⚠ Replace plastic spacers about every 12 months if used every day. If it breaks or cracks, get a new one straight away. Most cardboard spacers are suitable for use for up to 7 days and then should be thrown away.

Spacer use and care

What is a spacer?

A spacer is a holding chamber usually made of plastic and shaped like a football or tube. It makes it easier to take asthma or COPD medication from the type of puffer called an MDI (metered dose inhaler).

Spacers help the medication get straight to where it's needed in your lungs, with less medication ending up in your mouth and throat where it can lead to irritation or mild infections. A spacer can also make it easier to coordinate breathing in and pressing your puffer.

Spacers should be used by:

- all children – kids aged under 4–5 years will need a mask attached
- all adults taking a corticosteroid preventer medication (e.g. Flixotide, Symbicort) using an MDI/puffer
- adults who have trouble coordinating the 'press and breathe' technique when using an MDI/puffer
- anyone taking a reliever medication (e.g. Ventolin) during an asthma attack.

Why not use a nebuliser?

All the latest research shows that a puffer with spacer works just as well as a nebuliser for treating asthma symptoms, including during an asthma attack. A puffer with spacer is also simpler, cheaper and handier, is much more portable, and has fewer side-effects.

Choosing a spacer

There are many different brands and sizes of spacers available. Ask your pharmacist, nurse or asthma educator about which spacer might be best for you or your child. Look for one that you can put together easily and that will be convenient for everyday use.

Tips for using your spacer

- Fire only one puff into your spacer at a time
- Breathe in from your spacer as soon as you've fired a puff into it – the medication settles on the bottom very quickly
- For each puff, you can either:
  - ⇒ take one big breath in - breathe in slowly, deeply and fully and hold breath for about 5 seconds (recommended) **OR**
  - ⇒ breathe in and out normally for 4 breaths (tidal breathing) if you are unable to take 1 big breath in.

Remember to shake your puffer before firing each puff.

Check you have the steps right by watching a short video showing how to use a puffer and spacer correctly in our How-to video library

Cleaning your spacer

Clean your spacer about once a month and after you have recovered from any cold or respiratory infection. Your spacer may become a bit cloudy over time, but it shouldn't be mouldy or brown.

To clean your spacer:

- Dismantle your spacer, if necessary
- Wash all the parts in clean warm water with liquid dishwashing detergent
- Allow the parts to air dry without rinsing – drying with a cloth or paper towel can result in static building up on the inside of the spacer, which makes the medication stick to the sides
- Wipe the mouthpiece clean of detergent, if needed
- When completely dry, reassemble if necessary

New plastic spacers (e.g. *Able Spacer Universal, Breath-A-Tech, Volumatic*) also need to be washed before you use them for the first time. If a new spacer has to be used immediately, you can 'prime' the spacer by firing multiple (at least 10) puffs into it to begin with to help reduce the static build-up inside. You can then take your medication dose as usual.

Spacers made from antistatic polymers (e.g. *Able A2A, AeroChamber Plus, Breathe Eazy, La Petite E-Chamber, La Grande E-Chamber, OptiChamber Diamond*) do not need to be primed or washed before first use, nor do disposable cardboard spacers.

Your spacer should be checked by your pharmacist, nurse or asthma educator every 6–12 months to check the structure is intact (e.g. no cracks) and the valve is working properly.

To watch a video on spacer use, click here:
nationalasthma.org.au/living-with-asthma/how-to-videos

Disclaimer: *It is important to note that information contained in this brochure is not intended to replace professional medical advice. Any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.*

National Asthma Council Australia

nationalasthma.org.au asthmahandbook.org.au

Figure 11 - National Asthma Council Spacer Use and Care

Enemas and suppositories

Overview

Enemas are a liquid used in the lower bowel most routinely used to relieve constipation or clear the bowel before a procedure. Suppositories are also inserted into the rectum where they dissolve and the medication in them acts locally or is absorbed into the bloodstream, most commonly they are used for pain relief or constipation.

Process

1. Perform hand hygiene and put on disposable gloves
2. Ensure the person knows what the medication is for and what to expect afterwards. Ask if they need to empty their bladder or bowels before starting. The person should lie down on their left side with the top knee bent up and keep the bottom knee straight.
3. A suppository should be unwrapped the tip lubricated and gently inserted (pointed end first) as far as possible into the rectum. Before using an enema, place an absorbent sheet under the person and put lubricant on the tip of the applicator. The bottle can then be gently inserted into the rectum and squeezed to make the fluid flow. Dispose of the bottle.
4. Advise the person to lie down and rest for 15 mins to allow the medication to work. Advise them to wait for as long as possible to use the toilet.
5. Remove gloves and perform hand hygiene

Risks/Considerations

⚠ A suppository for constipation will usually take about 30 mins to work and an enema can work as quickly as 10 minutes. Be prepared to assist the person to the toilet or commode as rushing may increase their risk of a fall.

Medicated pessaries

Overview

Medication pessaries are a solid tablet which is placed in the vagina to have a local effect such as an antifungal tablet for vaginal thrush (a fungal infection). It is best to insert pessaries at night-time before bed.

Process

1. Perform hand hygiene and put on disposable gloves
2. Ensure the person knows what the medication is for and what to expect afterwards. Ask if they need to empty their bladder or bowels before starting. The person should lie down on their back with their knees up or standing if able
3. A pessary should be unwrapped and inserted high into the vagina. If using the applicator, the tablet should be loaded into the applicator, the applicator inserted high into the vagina and the end of the applicator pressed to release the pessary.
4. Advise the person to lie down and rest for 15 mins to allow the medication to work. Wait for as long as possible to use the toilet.
5. Remove gloves and perform hand hygiene

Risk/Considerations

- ⚠ Some medications can damage latex or rubber condoms or diaphragms and may put the person at risk of pregnancy and sexually transmitted diseases
- ⚠ Sexual partners may also need to be treated – ideally, the person should abstain from sex until both people are free from infection

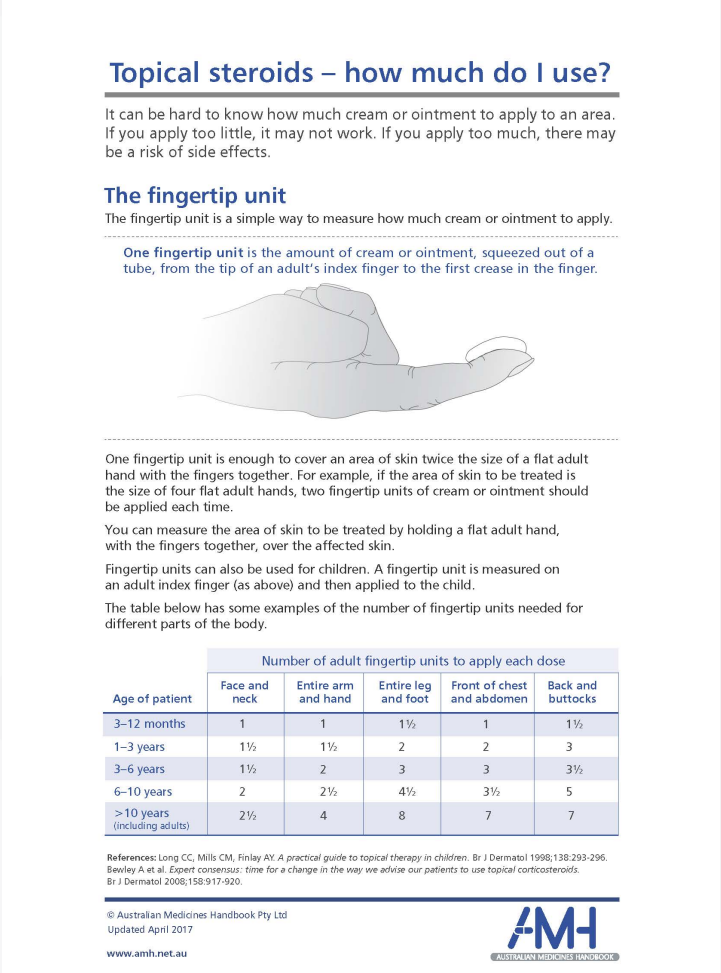
Creams and ointments

Overview

Medicated creams and ointments contain different ratios of water and oil but are applied in the same way. The active ingredients in creams and ointments are things such as topical steroids, antibiotics or fungal treatments but some may not have any active ingredients such as moisturising creams (or emollients)

Process

1. Perform hand hygiene and put on disposable gloves
2. Squeeze the required amount of cream onto the fingertip and apply downwards in the direction of hair growth. Apply enough cream to cover the area being treated with a thin layer of the cream or ointment. Refer to figure 10.
3. Remove gloves and perform hand hygiene



Topical steroids – how much do I use?

It can be hard to know how much cream or ointment to apply to an area. If you apply too little, it may not work. If you apply too much, there may be a risk of side effects.

The fingertip unit

The fingertip unit is a simple way to measure how much cream or ointment to apply.

One fingertip unit is the amount of cream or ointment, squeezed out of a tube, from the tip of an adult's index finger to the first crease in the finger.

One fingertip unit is enough to cover an area of skin twice the size of a flat adult hand with the fingers together. For example, if the area of skin to be treated is the size of four flat adult hands, two fingertip units of cream or ointment should be applied each time.

You can measure the area of skin to be treated by holding a flat adult hand, with the fingers together, over the affected skin.

Fingertip units can also be used for children. A fingertip unit is measured on an adult index finger (as above) and then applied to the child.

The table below has some examples of the number of fingertip units needed for different parts of the body.

	Number of adult fingertip units to apply each dose				
Age of patient	Face and neck	Entire arm and hand	Entire leg and foot	Front of chest and abdomen	Back and buttocks
3–12 months	1	1	1½	1	1½
1–3 years	1½	1½	2	2	3
3–6 years	1½	2	3	3	3½
6–10 years	2	2½	4½	3½	5
>10 years (including adults)	2½	4	8	7	7

References: Long CC, Mills CM, Finlay AY. *A practical guide to topical therapy in children.* Br J Dermatol 1998;138:293-296. Bewley A et al. *Expert consensus: time for a change in the way we advise our patients to use topical corticosteroids.* Br J Dermatol 2008;158:917-920.

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Figure 12 - Australian Medicines Handbook Topical Steroids - how much do I use?

Risk/Considerations

⚠ Apply treatment creams before using a moisturiser

⚠ Do not put hands in tubs of cream as this can spread infection, use a clean spoon or spatula

Eye drops/ointments

Overview

Eye drops or ointments are often used to treat an eye infection, glaucoma, raised eye pressure or dry eyes. Eye drops often have a short expiry once they are opened and some (but not all) need to be stored in the fridge.

Process

1. Perform hand hygiene and put on disposable gloves
2. Ask the person to sit back with the neck slightly extended, or lie down
3. Ask the patient to look at the ceiling and carefully pull the skin below the eye down
4. Holding the eye dropper 1–2 cm above the eye, instil one drop into the outer 1/3 of the eye. If using an ointment apply a thin ribbon of ointment evenly along the inner edge of the lower eyelid and
5. Ask the person to close their eyes and keep them closed for 1–2 minutes.
6. Remove gloves and perform hand hygiene

Risk/Considerations

- ⚠ If the person is using more than one ointment or drop the order and timing in which they go in is important generally use drops before ointments and allow 5 mins between each medication to prevent mixing and dilution.
- ⚠ The eye may need to be cleaned before putting in the drops, this should be done by using a sterile sodium chloride solution and a non-linting pad. The eye should be cleansed from the inner corner (near the nose) outwards to reduce the risk of contamination and infection
- ⚠ Contact lenses, if worn should be removed before instilling eye drops
- ⚠ Eye ointments can blur vision for a few minutes after they have been put in.
- ⚠ Gently pressing against the inner corner of the eye with your finger (over the tear duct) for 1–2 minutes increases the effectiveness of the eye drop and helps reduce the amount of medicine that is absorbed.

Ear drops

Overview

Ear drops are often used to soften ear wax or to treat an ear infection.

Process

1. Perform hand hygiene and put on disposable gloves
2. Ask the person to lie on his/her side with ear to be treated facing up
3. Hold halfway up the ear and gently pull it backwards and upward to ensure the drops will flow into the canal
4. Instil the prescribed number of drops so they fall against the sides of the ear canal
5. Request the person remain in this position for 2-3 minutes (as appropriate) to ensure medication remains in the ear. If the ear is not sore or inflamed the tragus (the hard flap where the middle of the ear is attached to the face) can be gently massaged to encourage the drops to flow into the ear.
6. Clean any drops from the outside of the ear with a dry tissue
7. Remove gloves and perform hand hygiene

Risks/Considerations

⚠ Be very gentle with an infected ear, moving the ear can be painful

⚠ Ear drops that are cold (or too warm) can cause dizziness when placed in the ear canal.

Nose Drops, Sprays and Irrigations

Overview

Medications including saline drops and irrigations, and decongestant and steroid spray are often used to relieve symptoms of the common cold, influenza, hay fever and rhinosinusitis

Process

1. Perform hand hygiene and put on disposable gloves
2. With the person seated, insert the nozzle tip into one nostril keeping the other nostril open
3. Hold the bottle with the index and middle finger at the top and the thumb at the bottom. Use the right hand to spray in the left nostril and direct the spray towards the left ear, away from the middle of the nose.
4. Repeat for the other nostril before cleaning the nozzle with a dry tissue and replacing the cap

Risks/Considerations

- ⚠ Overuse of some nasal sprays, such as decongestants, should be avoided as this can lead to rebound congestion
- ⚠ To apply nasal ointment, squeeze a pea-sized amount of ointment onto a cotton swab and apply it to the inside surface at the front of each nostril. Gently press the nostrils together and massage to help spread the ointment throughout the nose
- ⚠ To use nasal drops, the person should lie on their back with the chin tilted up. Instil the drops and hold this position for two minutes after drop instillation.
- ⚠ Nasal irrigations should be used over a basin. The person should tilt the head away from the bottle, and squirt the solution into each nostril, aiming the stream toward the back of the head, not the top the solution may flow into one nostril and out the other. Breathing should be avoided during use to prevent swallowing or inhaling the liquid.

Lozenges

Overview

Lozenges are designed to act locally in the mouth and advise the person not to chew lozenges. Lozenges may pose a choking hazard and not be appropriate for people who are unable to follow this guidance

Process

1. Perform hand hygiene.
2. Assist the person to sit upright
3. Place the lozenge into a medicine cup without touching it by tipping it into the lid of the bottle or popping it out directly into the cup
4. Hand the cup to the person or assist them to tip the lozenge into their mouth
5. Check they have swallowed all the tablets
6. Perform hand hygiene

Risks/Considerations

- ⚠ Give lozenges last and try not to eat or drink when using them and 30 mins afterwards, this is to allow the medication to stay in contact with the mouth and throat for as long as possible.
- ⚠ When using antifungal lozenges, dentures should be removed when sucking the lozenge to allow the medicine to reach where the dentures normally fit. Before replacing your dentures, clean them thoroughly.
- ⚠ Nicotine lozenges should be placed in the mouth between your gums and your cheek. Allow the lozenge to dissolve slowly over 20-30 minutes, moving it around every so often from one side of your mouth to the other. Do not chew, suck, or swallow it.

Hot and Cold Packs

Overview

Although not a medication, the use of hot and cold packs carry risks and care needs to be taken in their use.

Application of a hot or cold pack can only be used if allowed by your organisation and must always be under the direction of a registered nurse. If hot or cold packs are used a comprehensive skin assessment should be carried out prior and after use.

Process

1. Wash skin to remove any creams or ointments, especially those that heat e.g. Dencorub®, Deep Heat®
2. Test the temperature of the hot/cold pack, it should feel comfortable on your inner wrist.
3. Ensure that the person can access the nurse call bell, instruct patient to remove the pack if it feels too hot/cold or causes discomfort and to call for assistance.
4. Check the site where the pack is applied 3-5 minutes after initial application and continue regular checks thereafter.
5. Therapy is generally recommended for a period of 20 minutes per treatment.
6. Following use, clean with a pre-impregnated disposable neutral detergent wipe (or refer to your cleaning policy if the person is under specific infection control precautions).
7. Return to the shelf or freezer.
8. Document outcome of therapy and site checks in persons notes.

Risks/Considerations

⚠ Hot packs should be heated according to the instructions on the hot pack only, never heat them for longer. Hot packs heated for too long can cause fires and serious injury, including significant burns to the person.

⚠ Hot packs should be about 60oC and the content should be mixed to ensure there it is the same temperature throughout.

⚠ Hot and cold packs must always be used with a cover and are not to be applied directly to the skin.

⚠ Care is to be taken with people who are at higher risk of injury including people who have impaired consciousness, sensation, circulation or mobility and people who have language or communication difficulties.