



Medication Administration in Residential Aged Care Procedure

1. Purpose

All medication within residential Aged Care sites is to be managed within the requirements of WACHS [Medication Prescribing and Administration Policy](#) and [Medication Assistance by Unregulated Health Workers Policy](#). This procedure has been developed to detail medication administration in Aged Care sites.

In accordance with the Quality-of-Care Principles 2014, care recipients retain their personal, civic, legal and consumer rights' and are to be 'assisted to achieve active control of their own lives' within residential aged care. The Aged Care Quality Standards also underpin a person's right to choose and be supported which includes a choice to be involved in the administration of their medicines.

The approach, focus, and context of medication administration in aged care setting differs significantly to other settings due to the unique needs and characteristics of the residents including swallowing difficulties and cognitive and functional deficits. Medication administration should be integrated into broader care plans that address residents' holistic needs, including social, emotional, and functional aspects with a focus on regular review and adjustment to optimise efficacy and minimise adverse effects. These considerations should be explored and incorporated into a personalised medication management plan for each resident.

2. Procedure

Where the resident is unable to, a registered or enrolled nurse¹ is the most appropriate person to manage medicines for a person receiving residential aged care. Any persons, other than nurses, can only assist or support a person to self-administer their own medicines under the direction of a nurse.

All residents are to be assessed in their ability to participate in medication activities and a medication care plan developed outlining what assistance, if any, is required for the resident to safely manage their own medications. The care plan should specifically document ways to facilitate safe and effective administration of medications e.g. which dose administration aids are to be used, or, how any dosage forms are to be altered.

2.1 Medication administration assessment and planning

All residents and clients admitted for respite care are to be formally assessed by a nurse, credentialed or clinical pharmacist for their ability to participate in medication management on admission. This is documented on the [RC26A WACHS Residential Medication Management Assessment](#). Prior to commencing the assessment consider the cultural and communication needs of the resident (documented on [RC5 Resident Admission Assessment](#)). There are three sections:

¹ **Enrolled Nurse must be medication administration competent**

- **SECTION A** documents who is present at the assessment and establishes if there is potential for the resident to be involved in managing and/or administering their own medications.
- **SECTION B** assesses the resident's medication literacy and knowledge and prompts if education is required.
- **SECTION C** assesses the resident's ability to perform medication related tasks.

The resident's medication management care plan is to be documented on the [RC26B WACHS Medication Management Care Plan](#) by a nurse, credentialed or clinical pharmacist. Documented within the care plan is the type/form of medication and any assistance the person requires. The level of support required can be:

- **Independent:** when a resident can manage the listed medications independently.
- **Resident requires assistance:** when a resident requires assistance to manage the listed medications, the type of assistance should be documented, for example assistance required with:
 - storing medication safely and securely.
 - reminding and/or prompting the client to take the medication.
 - assisting with opening of medication containers and dose administration aids for the resident.
 - assisting to prepare the correct amount of medicine (e.g., ointment, liquid)
 - assisting with self-administering of non-oral preparations due to dexterity/mobility.
- **Full Support** – when a resident requires full support for all aspects of medication management. A nurse will need to administer this residents' medications.

The care plan should be stored next to the medication chart and is to be signed by a nurse and reviewed every 3 months or sooner if there is a significant change to their medical condition or prescribed medications.

The resident and the resident's doctor will need to sign the resident's agreement if they are to manage any medication independently (see [section 2.4](#) Independent Self-Administration of Medications).

2.2 Documentation administration

All administration of medication to a resident by a health professional requires a direction by the prescriber which should be documented on the [RC170 Residential Medication Chart](#). Alternatively, a WACHS approved electronic prescribing system, the [MR170A WA Hospital Medication Chart - Adult Short Stay](#), [MR171 WA Hospital Medication Chart – Adult Long Stay](#) or a signing sheet/medication chart produced by the supplying pharmacy may be used. This direction is then used as the administration record.

The prescriber's direction can also be given verbally by telephone or by electronic means such as fax or email however any verbal or electronic directions must be written up on the residents' medication chart within 24 hours of the instruction being given. See Verbal Orders in the [Medication Prescribing and Administration Policy](#) for requirements when receiving verbal orders. Any administered medication must be recorded in the administration record using the appropriate annotation and initials of the staff member.

2.3 Documentation self-administration

All medication records are to be maintained on the medication chart. Any self-administered medication must be recorded in the administration record using the appropriate annotation

accompanied by the initials of the staff member documenting the annotation. The frequency of confirming that self-administration has occurred is to be documented on the [RC26B WACHS Medication Management Care Plan](#).

2.4 Independent self-administration of medications

If a resident will independently self-administer medications, they need to understand and sign the resident's agreement. The agreement outlines:

- safe storage requirements
- responsibility for checking expiry dates
- obtaining further supplies of medication
- reporting of self-administration and as required use (Pro Re Nata (PRN))
- review dates of care plan.

Residents self-administering any of their medications are to be:

- provided with an up-to-date medication list initially and upon any changes to medications
- educated on the safe and appropriate storage requirements for their medication including temperature sensitive medications
- educated on processes for the disposal of expired medications and associated equipment if relevant e.g. sharps.

The care plan must be reviewed if any issues are identified with the independent self-administration of medications. Examples of issues include:

- missed doses
- non-reporting of PRN use
- incorrect storage of medications
- not advising when further medicines are needed.

2.5 Dose Administration Aids

Dose administration aids (DAA) can improve medicines management for some residents; however, they are not suitable for all residents and medications, including those whose medication is being adjusted frequently.

If the medication administration plan involves the use of a DAA this must be identifiable on the medication chart. Medications that are not packed must be marked on the [RC170 Residential Medication Administration Chart](#) or alternative.

A process must be in place whereby each DAA is checked against the medication chart by a nurse on the day of delivery. This check should ensure:

- the medication order is legible, complete, correct and has a legible signature of the prescriber
- the DAA is sealed and intact and the name, dose and frequency of each medication listed on the DAAs delivered matches that on the medication chart.
- the DAA contains the correct medication for the resident. If there are issues identifying the medications the responsible pharmacist should be contacted to assist (for example to update the descriptions of the medications or to repack into multiple DAAs so that medications can be identified).

If any discrepancies are identified:

- the supplying pharmacist must be notified, and arrangements made for the discrepancy to be rectified.
- details should be notified via the DATIX Clinical Incident Management System (CIMS) as a “dispensing process” tier type 2 medication error.

2.6 Alteration of dosage forms

Crushing or altering of solid oral dose forms of medicines should be avoided and where possible alternatives should be sought by referring to the product information or the [SHPA Don't Rush to Crush](#) resource.

There are both legal and clinical implications to consider when modifying formulations. Administration of any medicine that has been altered from the original licensed dosage form is considered off-label use. Clinical implications of altering the dose form include dose dumping (potential toxicity), reduced effectiveness, instability of the drug, unpalatability, exposure of staff to risk, and loss of drug during crushing process.

Medications are **only** to be altered if:

- no suitable alternatives are available
- the instructions are documented on the [RC26B WACHS Medication Management Care Plan](#) or on [RC6 WACHS Specific Care Plan](#) by a nurse, pharmacist or the prescriber
- the prescriber is aware of the need for the alteration
- each tablet is crushed or dispersed and administered individually and not combined with other medications.

2.7 Medication lubricants and swallowing difficulties

Medication lubricants are thick liquids or gels that are designed to aid swallowing of solid oral dosage forms. Frequently foods such as honey, jam or yoghurt are used as lubricants however, it is preferable to use a proprietary medication lubricant as foods have the potential to affect drug dissolution or cause dental issues due to a high sugar content.

Where a lubricant is required to aid in the swallowing of tablets this should be documented on the [RC26B WACHS Medication Management Care Plan](#) or on [RC6 WACHS Specific Care Plan](#) by a nurse, pharmacist, speech and language therapist or the prescriber.

2.8 PRN medications

In all cases, when PRN medications are required by a resident:

- the use is to be documented on the medication chart
- the reason they were required, and response obtained are to be documented in the resident's progress notes.

Residents self-administering their medication are to be asked about PRN use at least daily so this can be documented on their medication chart.

2.9 Complementary and self-selected non-prescription medicines

All residents should be asked about the use of complimentary and self-selected non-prescription medicines on:

- admission to the facility as part of medication reconciliation
- each review of the [RC26A WACHS Residential Medication Administration Assessment](#)

Medication education should stress the importance of ensuring all medications are documented on the medication chart, the health record and on any medicines list.

3. Roles and Responsibilities

The Prescriber is responsible for the documentation of complete and unambiguous medication orders following adequate assessment and history relative to the resident. The prescriber should also either document the assessment and medication administration plan or may be requested to endorse a plan developed by the nurse.

The nurse is responsible for the assessment and documentation of the medication administration plan and ensuring this is followed and reviewed as required.

The pharmacist is responsible for the assessment and documentation of a medication administration plan if operation requirements allow. It is also appropriate for the pharmacist to advise on alteration of dosage form and overcoming swallowing difficulties.

Non nursing staff involved in assisting or supporting a person to self-administer their own medicines must always work under the direction of a nurse and have medication assistance within their scope of practice.

All staff are required to comply with the directions in WACHS policies and procedures as per their roles and responsibilities. Guidelines are the recommended course of action for WACHS and staff are expected to use this information to guide practice. If staff are unsure which policies procedures and guidelines apply to their role or scope of practice, and/or are unsure of the application of directions they should consult their manager in the first instance.

4. Monitoring and Evaluation

This guideline is to be monitored through the Aged Care Audit Program, the results of which are to be tabled at relevant clinical governance meeting(s) e.g. Regional Aged Care, Medicines Advisory Committee, Medication Safety Committee. Evaluation of this document and associated resources is to be carried out by Program Manager – Medication WACHS Aged Care Directorate every 12 months.

5. References

Australian Government Department of Health and Aged Care. [Guiding Principles for Medication Management in Aged Care](#). [Internet] Canberra: Commonwealth of Australia: 2022 [Accessed: 13 June 2024]

6. Definitions

Term	Definition
Medication Administration	The direct application of a medication orally, by injection, per rectum or another route.
Medication Assistance	<p>Medication assistance is described as supporting the client / resident with self-medication and may involve:</p> <ul style="list-style-type: none"> • reminding and/or prompting the client to take the medication • assisting with opening of medication containers and dose administration aids for the client • other assistance that does not involve direct administration to the resident.
Alteration of oral dose form	The altering or crushing of oral tablets or capsules before administration to people who have difficulty swallowing. The alteration is intended to assist administration and ensure that people receive necessary medicines. Alteration of oral dose forms can have potentially unsafe consequences such as increased toxicity, decreased efficacy, altered palatability, and safety or stability concerns, including creating potential hazards to healthcare workers.

7. Document Summary

Coverage	WACHS Multipurpose Sites (MPS) and Residential Aged Care Facilities (RACF)
Audience	MPS/RACF staff including Health Service Managers/Directors of Nursing, Nursing, Patient Care Assistants, Assistants in Nursing, Regional Clinical Pharmacists, Medical Staff servicing MPS/RACF including community General Practitioners
Records Management	Clinical: Health Record Management Policy
Related Legislation	Medicine and Poison Act 2014 (WA) Medicine and Poison Regulations 2016 (WA) Aged Care Act 1997 (Cth) Aged Care Quality and Safety Commission Act 2018 (Cth)
Related Mandatory Policies / Frameworks	<ul style="list-style-type: none"> • MP 0131/20 High Risk Medication Policy • Clinical Governance Safety and Quality
Related WACHS Policy Documents	<ul style="list-style-type: none"> • High Risk Medications Procedure • Medication Assistance by Unregulated Health Workers Policy • Medication Handling and Accountability Policy • Medication Prescribing and Administration Policy • Residential Aged Care Services Policy
Other Related Documents	Nil
Related Forms	<ul style="list-style-type: none"> • MR170A WA Hospital Medication Chart - Adult Short Stay • MR171 WA Hospital Medication Chart – Adult Long Stay • RC5 Resident Admission Assessment • RC6 WACHS Specific Care Plan • RC26A WACHS Residential Medication Management Assessment • RC26B WACHS Medication Management Care Plan • RC29 WACHS My Choices - Dignity of Risk • RC170 Residential Medication Chart
Related Training	Nil
Aboriginal Health Impact Statement Declaration (ISD)	ISD Record ID: 3828
National Safety and Quality Health Service (NSQHS) Standards	2.06, 2.07, 4.11, 4.14
Aged Care Quality Standards	1(3a), 1(3c), 1(3e), 2(3a), 2(3b), 2(3ci), 2(3d), 2(3e) 3(3a i-iii), 3(3d), 3(3e)
Chief Psychiatrist's Standards for Clinical Care	Nil

Other Standards	NSQHS Aged Care Module : Standard 1 National Standards for Disability Services : Standard 2
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8. Document Control

Version	Published date	Current from	Summary of changes
1.00	14 March 2025	14 March 2025	New Procedure

9. Approval

Policy Owner	Chief Operating Officer
Co-approver	Executive Director Nursing and Midwifery Executive Director Clinical Excellence
Contact	Program Manager - Medication
Business Unit	WACHS Aged Care
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