

MEDICATION ADMINISTRATION BY PARENTS AND CARERS OR SELF MEDICATION BY A YOUNG PERSON

PRACTICE GUIDELINE[®]

DOCUMENT SUMMARY/KEY POINTS

- This practice guideline covers the general principles for the administration of medication by parents, carers or self-medication by a young person at the Sydney Children's Hospitals Network.

This document should be read in conjunction with:

- [Medication Handling in NSW Health Public Health Facilities](#) PD2013_43
- SCHN Medication Administration practice guideline 2017

Key Points

- SCHN aims to facilitate the involvement of families in the continuing care of their child while hospitalised. This also relates to self-medication by young persons
- Whenever possible nursing staff should be present to supervise and support the parent/carer/ young person administering the medication
- Documentation should follow the practice guidelines for the SCHN safe administration practice guidelines
- Medications reviewed and assessed to be low risk of harm if used inadvertently have been approved to be administered by parents/carers/ young person, with suitable education and knowledge without a nurse present.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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| Approved by: | SCHN Policy, Procedure and Guideline Committee | |
| Date Effective: | 1 st September 2019 | Review Period: 3 years |
| Team Leader: | Director of Nursing | Area/Dept: Nursing and Midwifery |

CHANGE SUMMARY

This replaces:

- Section 4.8 of the CHW Medication Handling Guidelines
- Medication administration in Care By Parent Unit SCH Medication Handling Guideline

READ ACKNOWLEDGEMENT

- All nursing staff working in clinical areas should read and sign-off after reading this document to acknowledge they understand the contents. Questions should be raised through line management.
- All nursing staff working in clinical areas should read and sign-off after reading the NSW health policy - Medication Handling in NSW Public Health Facilities PD2013_043. Questions should be raised through line management.

This document reflects what is currently regarded as safe practice. However, as in any clinical situation, there may be factors which cannot be covered by a single set of guidelines. This document does not replace the need for the application of clinical judgement to each individual presentation.

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1 Introduction

Parent administration of medication can help facilitate the involvement of families in the continuing administration of medication while their child is hospitalised. The ability and willingness of each parent or adolescent to participate must be assessed and evaluated by the nurse before any procedures regarding medication are negotiated. Parents must only administer medication to their own child. Medication suitable for parent administration would be given orally, topically, by inhalation; other routes would need to be considered on an individual basis.

For the purposes of this document, parent/carer/self-administration refers to administration of a medication that is unwitnessed by nursing staff.

Medications may often be checked and prepared by nursing staff and provided to parents or patients to administer. This is always done under the supervision of the nursing staff so that they may supervise the administration and document that the administration has occur.

2 Definitions

- **Parent or Carer** – The adult legally responsible for the care of the baby, child or adolescent.
- **Young Person** – An inpatient who is over the age of 16 who has the capacity to self-administer medication given the appropriate education and information.

3 Principles of Parent/ Carer/ Self-Administration

- The parent/carer/patient should be asked if they brought the patient's own medications in from home. All patients' own medications should be kept stored in the medication room, clearly labelled with the patient's name and separated from hospital stock.
- Schedule 4D and S8 medication is to be stored and administered according to the NSW Poisons and Therapeutic Goods Act 1966 and cannot be stored by the bedside.

- Patients' own medications may be taken home after a best possible medication history has been completed. Where this does not occur these should be returned to the family on discharge. This helps to prevent duplication of doses where both the nursing staff and the parents administer the same medication.
- The patient's medication regimen is then to be prescribed on the paediatric National Inpatient Medication Chart (pNIMC) or the Medication Administration Record (MAR) by the admitting medical officer according to the SCHN safe prescribing practice guidelines.

Note: Patients' own medication can be used in line with PD2013_043 whilst an inpatient until medicines can be dispensed from pharmacy to ensure that doses are not missed or delayed. Additionally, if the patient is using a medication that is not on the SCHN Medicines Formulary, the patient's own supply may need to be used.

- Clinical staff must ensure that the parent/carer/ patient understand that medications will be administered by nursing staff according to the pNIMC whilst the patient is admitted to SCHN to avoid any medication errors.
- Where a parent/carer/patient requests to administer all their regular medications, this is to be facilitated and supervised by the nursing staff. Nursing staff must complete all the required checks and prepare the dose. The actual administration to the patient may be completed by the parent/carer/patient, but must be observed by the nurse.
- All medication administered by the parent/carer/patient that are observed by a nurse should be signed in the usual manner following the Medication Administration practice guidelines.
- A limited number of medications (outlined below) can be administered without nursing staff present where the parent/carer/patient have a demonstrated understanding of the medication's indication, frequency and dose. Where these are initiated in hospital the parent/carer/patient administration must be observed on at least one occasion. Examples of a situations where this might occur include:
 - Medications for chronic illnesses that require very frequent administrations that are time sensitive (for example Creon)
 - Creams or ointments on the prn chart where the exact time cannot be scheduled or predicted (for example applying topical creams during nappy changes).
- Medications such as these where administration is unwitnessed by nursing staff is considered a parent or self-administration.
- The nursing staff will receive confirmation from the parent/carer/patient that the medication has been administered and document on the MAR using the drop down box (parent administered/self-administered) on the MAR or with a "P" on the NIMC.
- As part of bedside handover, nursing staff should confirm with the patient/carer/patient any medications that are administering to the patient and whether this is agreed to continue into the next nursing shift. The outcome of this discussion should be documented in the patient's record. This is also an opportune time to review to ensure

that the dose or frequency of the medication prescribed matches the parent/carer/patient's understanding.

- The responsibility of ensuring the medication is given according to the agreed regimen remains with the nurse caring for the child or young person.
- The nurse in charge of the ward is responsible for ensuring that the storage of self-administered medication is monitored.

4 List of Parent, Carer or Young Person Administered Medications

The following list constitutes the medications which can be given by parent, carer or young person without being witnessed by nursing staff.

- Lubricating eye drops (eg cellufresh®)
- Sodium chloride nasal sprays or drops
- Sinus rinse
- Nystatin oral drops
- Sodium bicarbonate mouthwash
- Teething gel (Seda®/Bonjela®)
- Hydrocortisone + clotrimazole (eg Hydrozole®) cream
- Hydrocortisone Creams
- Miconazole (eg Daktarin®) cream
- Clotrimazole (eg Canestan®) cream
- Dermeze® cream
- Zinc oxide barrier creams (eg Sudocrem®, Conveen®)
- Pancrelipase (Creon®)

5 References

1. Medication Handling in NSW Health Public Health Facilities PD2013_43
2. SCHN Medication Administration practice guideline 2017

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