

Person Centred Medication Profile Record - Completion Notes

Introduction

This is a prompt sheet to help you to ask the right questions when developing the Person Centred Medication Profile Record (see Appendix 1). Once completed, the Profile should be inserted into the general care planning documentation. The Profile is to be reviewed monthly or sooner should a change in circumstances dictate. You do not need to list the medication in the Profile as this information will be on the Medicines Administration Record (MAR) chart. There may be medicines, which need to be specifically mentioned due to special requirements, allergies or reactions. Please read the information provided with the medication and if there are any queries contact the supplying pharmacy for advice.

Completion notes

1.	<ul style="list-style-type: none"> a. Can the person safely self-medicate? <i>Risk assessment required.</i> b. What level of support does the person need e.g. can they unscrew the caps? c. How much time do you need to allocate to this person?
2.	<p>Adherence – The extent to which the person’s behaviour matches agreed recommendations from the prescriber.</p> <ul style="list-style-type: none"> a. Can the person manage to swallow tablets; if appropriate do they need to be cut in half, dissolved in water? Who has given permission for this to happen if it is needed and how? <i>Use the ‘Authorisation and administration instructions for the altering of a medicine formulation in a care home setting’ form to document clear instructions.</i> b. What amount of reassurance does the person need during the medication administration process? c. Are there special aids required such as a spacer device for an inhaler?
3.	<ul style="list-style-type: none"> a. What does the person prefer to drink (and eat if appropriate) when taking medication? b. Are there any foods or drinks, which should be avoided because of the medication the patient is taking?
4.	<ul style="list-style-type: none"> a. Is the person known to exhibit behaviours against medicines administration for example spitting medication out or hiding medication?
5.	<ul style="list-style-type: none"> a. What position does the person like to be in when taking medication e.g. sitting upright, supported with a cushion? b. Does the person prefer you to be in a specific position e.g. on their left side due to poor sight in right eye? c. How would the person like to be given the medication e.g. in their hand, from a pot or another method? d. Does the person respond to conversation or do they prefer quiet when taking their

	<p>medication?</p> <p>e. Is the person verbal or non-verbal? How will they express their needs?</p> <p>f. If they prefer conversation, what are their favourite topics?</p>
6.	<p>a. Do any of the medicines being administered have any special requirements e.g. with or after food? Does the person need to be in a specific position to take the medication and can they hold that position?</p> <p>b. Do any checks need to be made before administration e.g. blood pressure, blood sugar, pulse?</p> <p>c. Is there any required monitoring to be done or checked e.g. is the patient taking Lithium/Warfarin/Methotrexate/Azathioprine or another drug which requires monitoring? If so, when is this monitoring required and where are the results recorded?</p> <p>d. Are there any other medicines to be avoided?</p> <p>e. Does the medication need to be taken at a specific time?</p>
7.	<p>a. Is there any specific aftercare required e.g. rinsing the mouth after using an inhaler?</p>
8.	<p>a. Are there any specific adverse effects for the medication to look out for?</p>
9.	<p>a. Is the medication effective (to the best of your knowledge) and who will need to be contacted to provide this feedback to?</p>
10.	<p>Please add any additional information, which would be helpful.</p>

Appendix 1

Person Centred Medication Profile Record

Name of Person:		D.O.B:	
Date of Profile:	Review Date: (monthly if not sooner)	Carried out by:	
Discussed what the medicines are for with person:		Yes	No
1. Levels of support/allocated time needed:			
2. Special requirements to aid adherence:			
3. Preferred drink/food – and pharmacy check if appropriate:			
4. Learned experiences by carer/nurse/family to look out for:			
5. Preferred positioning/surrounding/method:			

6. Special requirements for specific medicines:

7. Specific aftercare required:

8. Specific adverse effects to look out for:

9. Effectiveness of medication:

10. Additional information:

Document Control Sheet

Title:	Person Centred Medication Profile – Completion Notes		
Electronic File Name:	\\10.201.56.151\Shared\New SCCG Medicines Management\Policies, Procedures & Guidelines\Guidelines\Care home		
Placement in Organisational Structure:	Medicines Management – Care Home Team		
Consultation with stakeholders:	Medicines Management Care Home Team		
Equality Impact Assessment:			
Approval Level:	Internal		
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Method of Dissemination:	Website		

Document Amendment History

Version No.	Date	Brief Description
2	1/2/2022	Update and rebrand

The formally approved version of this document is that held on the NHS Shropshire, Telford and Wrekin CCG website: www.shropshiretelfordandwrekinccg.nhs.uk

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