

Support a consumer to take prescribed medication in a health or disability setting

Trainee assessment portfolio

20827 V2 Level 3 Credits 2

Trainee name _____

NZQA number

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Important information for trainees

People assessed as competent in this unit standard are able to:

- Identify the consumer who is to receive prescribed medication.
- Identify methods of administration for medication.
- Support a consumer taking prescribed medication.
- Record medication usage and consumer's condition.

Special notes

1 **People seeking credit for this unit standard will be assessed in a residential care setting under the supervision of a Registered Nurse. Evidence is required to show consistency of performance across a range of situations, such as different times of the day and different moods of the consumer.**

2 Definitions

a **Service Delivery Plan** in the context of this unit standard is a generic term used to cover the individual plans that are developed by service providers with consumers and their families/whānau for service delivery. Different service providers may use different terms. A Service Delivery Plan is interpreted and implemented in accordance with the requirements of the plan and will recognise the consumer as the central focus. A Service Delivery Plan may specify such things as services to be provided to support activities of daily living, equipment used, food preferences, and instructions on maintaining a safe environment. The consumer's choices and rights, and how these determine the consumer's independence, rehabilitation, recovery and support are paramount to the implementation of a Service Delivery Plan. The Service Delivery Plan will also provide an outline of the tasks to be performed by the support worker for the consumer in all health and disability settings.

b **Consumer** in the context of this unit standard means someone accessing services in a health or disability setting in a residential care facility.

c **Prescribed medication** in the context of this unit standard includes medication that is prescribed by medical and alternative or complementary health care practitioners.

d **Organisation's policies and procedures** are the policies and procedures of the employing organisation of the employee and include ethical codes, standards and requirements of the organisation involved.

3 The following conditions apply to the performance of all elements of this unit standard:

a All support must comply with any policies, procedures, ethical codes and standards, and requirements of the service providers involved.

b All support must comply with any relevant cultural, legislative and regulatory requirements including rights and responsibilities as outlined in the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulation 1996 (The Code of Rights); the Health and Safety in Employment Act 1992; the Privacy Act 1993; the Health and Disability Services (Safety) Act 2001; the Human Rights Act 1993; and any subsequent Amendments.

c New Zealand Standards relevant to this unit standard may include but are not limited to: NZS 8134:2001 Health and Disability Sector Standards; NZS 8142:2000 Infection Control; NZS 8141:2001 Restraint Minimization and Safe Practice; NZS 8143:2001 National Mental Health Sector Standard; and NZS 8158:2003 Home and Community Support Sector Standard.

d All support must be in accordance with the consumer's Service Delivery Plan.

e All interactions with a consumer recognise the consumer’s fundamental right to exercise personal choice concerning the support provided, and acknowledge the importance of this choice to the consumer.

4 Reference

Safe Management of Medicines – A Guide for Managers of Old People’s Homes and Residential Care Facilities (1997). This publication can be obtained from <http://www.medsafe.govt.nz/profs/Rlss/safeman.asp>.

5 This is one of two medication unit standards for support workers. The other is Unit 23685 V1, Demonstrate knowledge of pre-packaged medication used in a health or disability setting, which is at level 2.

References

- Careerforce workbook – 20827 V2 Support a consumer to take prescribed medication in a health or disability setting.
- Organisation’s policies and procedures.

This trainee assessment portfolio contains

- Important information.
- Workplace verification under the supervision of an RN.
- Feedback form.
- Assessment record sheet.

Instructions

- Attach all written material to this trainee assessment portfolio.
- In some situations it may not be possible to carry out the practical application(s) required for observations. If that is the case, you are required to produce a written /oral response.
- Read through the checklists for the workplace verification tasks; if you can confidently tick all the boxes then you are ready to be assessed.
- Your performance of the activities needs to be completed in a manner which shows the assessor/verifier that you have a full understanding of all that is involved. The assessor/verifier may require you to perform the tasks on more than one occasion to ensure that you have demonstrated sufficiency of performance.
- Please give this trainee assessment portfolio to your assessor so feedback and comments can be provided.
- On completion the results will be processed and sent to Careerforce for registering on the National Qualifications Framework.
- Should you require assistance with any aspect of the assessment, please discuss this with your assessor.

Overview of assessment

Activity	Description	Unit Standard
Workplace Verification Task One (Green)	Supporting the consumer to take prescribed medication by identifying the consumer, identifying the methods of administration, and recording usage and consumer condition	Element 1 Element 2 Element 3 Element 4

Workplace verification

Task One - Supporting the consumer to take prescribed medication by identifying the consumer, identifying the methods of administration, and recording usage and consumer condition.

Notes:

- 1 **The verification or assessment must be under the supervision of a Registered Nurse who will sign the verification form to confirm that this supervision has taken place.**
- 2 This workplace verification needs to be completed in accordance with the organisation's policies and procedures and the consumer's Service Delivery Plan; and under the supervision of an RN.
- 3 The workplace for this verification must be a residential care setting.
- 4 The trainee must demonstrate consistency of performance when supporting the consumer across a range of situations, such as different times of the day and different moods of the consumer.
- 5 All support must be in accordance with the consumer's Service Delivery Plan.
- 6 Where indicated, the trainee may complete this task either as an observation (demonstration) or provide a conversational response (description) for the items below. Items 3 and 5 **must** be demonstrated to the assessor.
- 7 For moderation purposes please ensure that:
 - a Where an oral response is given, a brief record of what was said needs to be recorded.

This checklist must be completed by the assessor/verifier.			
1	Demonstrate or describe the check or checks that you make to ensure that you give the prescribed medication to the correct consumer (1.1). You need to demonstrate or describe all of the following checks because you may support consumers who are identified in different ways.		
	Photograph	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
	ID bracelet	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
	Name tag or badge	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
	Asking the consumer or his/her family/whānau	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
	Confirming that the name on the prescribed medication matches the identified consumer	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
	Other	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>

This checklist must be completed by the assessor/verifier.			
2	Describe in writing or orally, the method of administration for all of the following types of medication: oral, topical, inhalers, creams and ointments (2.1).	Tick when instructions have been read	Tick when competent
	Oral Medication taken by mouth, e.g. tablets, capsules, liquids such as cough medication.	<input type="checkbox"/>	<input type="checkbox"/>
	Topical Medication placed on the skin such as creams, ointments, sprays and patches.	<input type="checkbox"/>	<input type="checkbox"/>
	Inhaler Medication administered by mouth in a measured dosage which is inhaled, e.g. asthma inhaler.	<input type="checkbox"/>	<input type="checkbox"/>
	Creams Medications that are applied to the skin and may be rubbed on the skin. These are absorbed through the skin.	<input type="checkbox"/>	<input type="checkbox"/>
	Ointments Medications that are oil-based, applied to the skin and act as a barrier.	<input type="checkbox"/>	<input type="checkbox"/>
	Other	<input type="checkbox"/>	<input type="checkbox"/>
	May include ears/eyes/nose drops	<input type="checkbox"/>	<input type="checkbox"/>

This checklist must be completed by the assessor/verifier under the supervision of an RN.		
3	<p>Demonstrate the following requirements to show that you follow the correct protocols to support a consumer taking prescribed medication (3.1, 3.2, 3.3).</p> <p>All your responses must align with the consumer's Service Delivery Plan and the organisation's policies and procedures. A copy of these documents may be attached to this assessment as supporting evidence. All identifying details of a consumer must be removed.</p>	
	Medication is kept in a safe and appropriate place (3.1).	Demonstration <input type="checkbox"/>
	Expiration date of medication is checked (3.2).	Demonstration <input type="checkbox"/>
	Cautionary labelling is checked and noted if present/relevant (3.2).	Demonstration <input type="checkbox"/>
	Medication is administered in accordance with instructions (3.3).	Demonstration <input type="checkbox"/>
	Correct dosage of medication is administered (3.3).	Demonstration <input type="checkbox"/>
	Correct method of administration is followed (3.3).	Demonstration <input type="checkbox"/>

This checklist must be completed by the assessor/verifier.			
4	Demonstrate or describe what action you would take in each of the following situations where errors in use or wastage of prescribed medications occur (4.1). All responses must align with the requirements of the organisation's policies and procedures.		
	Consumer reports taking the medication but the support worker did not observe this medication being taken.	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
	Wrong medication is taken.	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
	Incorrect dose of medication is taken.	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
	Medication is taken at the wrong time.	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
	There is a discrepancy in the amount of remaining medication.	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
	Medication is lost (dropped, vomited up, spat out or discarded).	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>
Other	Demonstration <input type="checkbox"/>	Description <input type="checkbox"/>	

This checklist must be completed by the assessor/verifier under the supervision of an RN.			
5	Demonstrate the reporting requirements for medication usage and monitoring of the consumer's condition, in accordance with the organisation's policies and procedures (4.2, 4.3). The monitoring of the consumer's condition is carried out according to the Service Delivery Plan for that consumer and the organisation's policies and procedures. Where possible, attach copies of supporting documents as evidence associated with your demonstration or description. All identifying details of a consumer must be removed.		
	Recording of medication usage is completed.		Demonstration <input type="checkbox"/>
	The consumer's condition is monitored and changes are reported where required.		Demonstration <input type="checkbox"/>

Assessor/Verifier/Registered Nurse confirmation form

I confirm that _____
(the trainee) completed the tasks, as required, in accordance with the organisation's policies and procedures, and the consumer's Service Delivery Plan. The trainee demonstrated competent and consistent performance, and the demonstrations were based on ongoing observation of the trainee during the performance of normal duties in a range of situations, such as different times of the day and/or when the consumer was in different moods.

Assessor/Verifier	Assessor/Verifier Number
Signature	Date

RN Name	
Signature	Date

Verifier Name	
Signature	Date

20827 V2 – Support a consumer to take prescribed medication in a health or disability setting

Level 3 Credits 2

Assessment record sheet

Trainee information			
Name			
Employer			
NZQA/NSI number (ROL)		Date of birth	

Trainee statement of authenticity			
I hereby state that the evidence submitted for assessment is my own work.			
Signature		Date	

Trainee performance summary (completed by assessor)			
Workplace verification			
Task One		<input type="checkbox"/> No credit	<input type="checkbox"/> Credit
Reassessment		<input type="checkbox"/> No credit	<input type="checkbox"/> Credit

Comments/feedback to trainee			

Assessment result (completed by assessor)			
I have assessed the trainee and confirm:			
<input type="checkbox"/> The requirements have been met to demonstrate competency in 20827 V2.			
<input type="checkbox"/> Further evidence is required to demonstrate competency.			
Name	Assessor number		
Signed	Date		

On completion of the unit standard one copy of this assessment record sheet must be given to the trainee for his/her records and another copy sent to Careerforce so the credit can be registered on the NQF.

Quality Assurance Manager
Careerforce Ltd
PO Box 25 255
Christchurch 8144

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Feedback form

Please help us to improve our trainee assessment portfolio.

Careerforce is always keen to review its materials to improve the quality of the learning experience. You can help us by telling us what you think of this assessment portfolio and by offering suggestions on ways it can be improved.

When you have answered the questions, please send this page to:

Quality Assurance Manager
Careerforce Ltd.
www.cssito.org.nz
PO Box 25 255
Christchurch
Fax (03) 371 9285

What I liked most about the portfolio and why?

What I liked least about the portfolio and why?

Please give your rating of the following topics by ticking the relevant yes, no, or maybe boxes.

Topics or aspects of the content of this document	Yes	Maybe	No
Assessment record sheet is useful.			
Assessment questions are easy to understand.			
Verification tasks are appropriate.			
The assessment portfolio is well laid out and easy to follow.			

Additional comments

Contact details (optional)

Name	Organisation
Telephone	Email

Quality Assurance Manager
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