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**EXEMPLAR
CANDIDATE WORK**

UNIT ASM 34

ADMINISTER MEDICATION TO INDIVIDUALS,
AND MONITOR THE EFFECTS

CONTENTS

Introduction	Page 4
Unit Purpose	Page 5
Evidence for Learning Outcome 1	Page 6
AC1.1	Page 6
Commentary for Evidence for AC1.1	Page 6
Evidence for Learning Outcome 2	Page 7
AC2.1	Page 7
Commentary for Evidence for AC2.1	Page 7
AC2.2	Page 8
Commentary for Evidence for AC2.2	Page 8
AC2.3	Page 9
Commentary for Evidence for AC2.3	Page 9
AC2.4	Page 10
Commentary for Evidence for AC2.4	Page 10
Evidence for Learning Outcome 3	Page 11
AC3.1	Page 11
Commentary for Evidence for AC3.1	Page 11
AC3.2	Page 12
Commentary for Evidence for AC3.2	Page 12
Evidence for Learning Outcome 4	Page 13
AC 4.1, 4.2, 4.3 and 4.4	Page 13
Evidence for Learning Outcome 5	Page 13
AC 5.1	Page 13
Commentary for Evidence for ACs 4.1, 4.2, 4.3, 4.4 and 5.1	Page 14
AC 5.2, 4.4 and 5.6	Page 15
Commentary for Evidence for ACs 5.2,5.4 and 5.6	Page 15
AC 5.5	Page 16
Commentary for Evidence for AC5.5	Page 16
AC 5.3 and 5.7	Page 17
Commentary for Evidence for AC5.3 and 5.7	Page 17
Summary of how exemplar evidence for ASM 34 meets the assessment requirements and assessment criteria	Page 18

INTRODUCTION

OCR has reproduced this exemplar candidate evidence to support teachers in interpreting the assessment criteria for the unit ASM 34, Administer medication to individuals and monitor the effects.

This exemplar evidence should be considered alongside the unit requirements, the Learning Outcomes and Assessment Criteria. This content has been selected by the OCR Chief External Verifier for the Health and Social Care Diplomas, to illustrate how the assessment criteria are applied, and to provide some commentary on what factors contributed to the final outcome.

The exemplar candidate evidence is intended to demonstrate how criteria have been met and are supported by a commentary. While the exemplars are intended to be useful in interpreting the specification's Assessment Criteria, they should in no way be regarded as definitive evidence.

This resource is provided for advice and guidance only.

EXEMPLAR UNIT: ASM 34 – ADMINISTER MEDICATION TO INDIVIDUALS, AND MONITOR THE EFFECTS

UNIT PURPOSE

- Introduces the relevant and current medication legislation, guidelines, policies and protocols
- Raises awareness of the common types of medication and their use
- Raises awareness of the procedures and techniques for the administration of medication
- Introduces the skills required to prepare for the administration of medication
- Introduces the skills required to administer and monitor individuals' medication

EVIDENCE FOR LEARNING OUTCOME 1

UNDERSTANDING LEGISLATION, POLICY AND PROCEDURES RELEVANT TO ADMINISTRATION OF MEDICATION

Assessment Criteria:

AC1.1 – **Identify** current legislation guidelines, policies and protocols relevant to the administration of medication

Extract from Written Questioning:
Written Question: 'Make a list of the current legislation, guidelines, policies and protocols relevant to the administration of medication':
Response:
<i>'Legislation – The Medicines Act, Control of Substances Hazardous to Health (COSHH) Regulations, The Health and Safety at Work Act, The Misuse of Drugs Act, The Misuse of Drugs (Safe Custody) Regulations, Health and Social Care Act, Essential Standards, Data Protection Act, Hazardous Waste Regulations.</i>
<i>Nursing and Midwifery Council's Standards for Medicines Management and Guidelines for the Administration of Medicines.</i>
<i>The Medication Policy and Handbook in my workplace that covers assessment of individuals' needs, administering, storage, recording and disposal of medicines'</i>

COMMENTARY FOR EVIDENCE FOR AC1.1

- **Assessment Method:** The assessor has used a clear **written question** with this learner 'Make a list of...'; this encourages the learner to provide specific and factual information for AC1.1. The assessment method is **valid** as it measures the learner's understanding and knowledge of the range of legislation, guidelines, policies and protocols relevant to the administration of medication.
- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of the relevant and current legislation, policies and procedures relevant to medication; including her **own health and social care work setting's** 'Medication Policy and Handbook' and so reflects her awareness that these are in place.
- **Breadth of Evidence:** The learner has clearly identified the legislation, guidelines, policies and protocols relevant to the administration of medication. The learner's evidence **meets AC1.1 fully** in terms of **identifying** legislation, policy and procedures relevant to administration of medication.

EVIDENCE FOR LEARNING OUTCOME 2

KNOW ABOUT COMMON TYPES OF MEDICATION AND THEIR USE

Assessment Criteria:

AC2.1 – **Describe** common types of medication including their effects and potential side effects

Common Types of Medication	Effects	Potential Side Effects
Analgesics e.g. paracetamol	Analgesics are used to relieve pain such as headaches.	Addiction to these can happen if taken over a long period of time. Also, irritation of the stomach, liver damage and sleep disturbances as some analgesics contain caffeine.
Antibiotics e.g. amoxicillin	Antibiotics are used to treat infections caused by bacteria.	Diarrhoea, feeling sick and vomiting are the most common side effects. Some people get a fungal infection such as thrush after treatment with antibiotics for a longer period of time. More serious side-effects of antibiotics include kidney problems, blood disorders, increased sensitivity to the sun and deafness. However, these are rare.
Antidepressants e.g. ciproamil	Antidepressants work by changing the chemical balance in the brain and that can in turn change the psychological state of the mind such as for depression.	Common side effects include: blurred vision, dizziness, drowsiness, increased appetite, nausea, restlessness, shaking or trembling, and difficulty sleeping. Other side effects include: dry mouth, constipation, and sweating.
Anticoagulants e.g. warfarin	Anticoagulants are used to prevent blood clotting	A side effect common to all anticoagulants is the risk of excessive bleeding (haemorrhages). This is because these medicines increase the time that it takes clots to form. If clots take too long to form, then you can experience excessive bleeding. Side effects may include passing blood in your urine, or faeces, severe bruising, prolonged nosebleeds (lasting longer than 10 minutes), blood in your vomit, coughing up blood, unusual headaches, sudden severe back pain, difficulty breathing or chest pain. Some side effects with warfarin include rashes, diarrhoea, nausea (feeling sick) and vomiting.

COMMENTARY FOR EVIDENCE FOR AC2.1

- **Assessment Method:** The learner's **description** has been presented in a table format; presenting the evidence in this way enables the learner to provide specific and factual information for AC2.1 about both the effects and potential side effects of different types of medication. The assessment method is **valid** as it measures the learner's understanding and knowledge of the common types of medication including their effects and potential side effects.
- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of the different and common types of medication, their effects and side effects.
- **Breadth of Evidence:** The learner has provided clear and detailed factual information. The learner's evidence **meets AC2.1 fully** in terms of **describing** the common types of medication, their effects and potential side effects.

Assessment Criteria:

AC2.2 - **Identify** medication which demands the measurement of specific physiological measurements.

Extract from **Written Questioning:**

Written Question: 'List different medications that require the measurement of specific physiological measurements ':

Response:

'For certain medications it is important that other checks are made both before and after administering medication. For example blood sugar levels should be checked before administering insulin. An individual's pulse must also be taken before administering medication used for heart irregularities such as digoxin. Blood pressure must also be checked after administering medication that is used for lowering individuals' blood pressure. Regular blood tests are also important if the individual is taking warfarin.'

COMMENTARY FOR EVIDENCE FOR AC2.2

- **Assessment Method:** The assessor has used a clear **written question** with this learner 'List different medications...' this encourages the learner to provide specific and factual information for AC2.1 about a range of medications. The assessment method is **valid** as it measures the learner's understanding and knowledge of the different medications that require specific physiological measurements.
- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of the different medications that require the measurement of specific physiological measurements both before and after their administration.
- **Breadth of Evidence:** The learner has clearly identified different types of medication. The learner's evidence **meets AC2.2 fully** in terms of **identifying** medications that require specific physiological measurements.

Assessment Criteria:

AC2.3 - **Describe** the common adverse reactions to medication, how each can be recognised and the appropriate action (s) required

Extract from Oral Questioning:

Oral Question: 'Tell me about the common adverse reactions to medication, how to recognise these and the actions that must be taken':

Response:

'Unexpected adverse reactions can happen for any drug potentially that an individual is taking. For example one individual I work with has an adverse reaction to penicillin, anaphylactic shock; the signs of this are the swelling of for example the lips or face, a skin rash and the individual may also have breathing difficulties. This is why it is important that all information about an individual is recorded in full in their care plan and MAR.

Other severe adverse reactions could include a fever and skin blistering; if adverse reactions are not treated they could be fatal. These usually occur within an hour of the medications being administered. Sometimes adverse reactions can develop a few weeks after and may cause damage to the kidneys or liver.

When individuals experience adverse reactions to medicines my workplace policy is to inform the Manager immediately explaining the adverse reactions, the Manager will then inform the individual's GP and pharmacist and seek advice, unless the reactions are so serious then an ambulance will be called – the medication will also be stopped. I must continue to observe the individual and monitor them, speaking to them and looking at them so as to ensure that the individual is not deteriorating. All adverse reactions and full actions taken following advice given must be recorded in full in the individual's care plan, daily report and MAR.'

COMMENTARY FOR EVIDENCE FOR AC2.3

- **Assessment Method:** The assessor has used a direct and open **oral question** with this learner 'Tell me about...' this encourages the learner to speak about the common adverse reactions that can arise so as to provide a good amount of information to meet AC2.3. The assessment method is **valid** as it measures the learner's understanding and knowledge of the common adverse reactions to medication, how to recognise these and the actions that must be taken.
- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of the common adverse reactions to medications, how to recognise these and the actions to take. The learner has also provided an insight into **own health and social care work setting**.
- **Breadth of Evidence:** The learner has described in detail the common adverse reactions to medication. The learner's evidence **meets AC2.3 fully** in terms of **describing** the common adverse reactions to medication, how each can be recognised and the appropriate actions to take. The learner's evidence in relation to recognising any adverse effects and taking the appropriate actions can also be cross referenced to AC5.4.

Assessment Criteria:AC2.4 - **Explain** the different routes of medicine administration

Routes of Administration	Explanation
Inhalation	Inhalers and nebulisers are used for individuals who have respiratory conditions as these deliver the medication directly to the lungs.
Oral	This is medication that is taken via the mouth. This can be in the form of tablets and capsules. If an individual finds it difficult to swallow tablets oral medication is also available in liquids, suspensions and syrups. Sublingual medications are for example when tablets are placed under the tongue to dissolve quickly.
Transdermal	Transdermal medications come in the form of patches that are applied to the skin normally to the chest or upper arm. They work by allowing the medication to be released slowly and then absorbed. For example, Hormone Replacement Therapy (HRT) patches and nicotine patches.
Topical	Topical medications come in the form of creams and gels and are applied directly to the skin surface usually to treat skin conditions.
Instillation	Instillation medications come in the form of drops or ointments and can be instilled via the eyes, nose or ears. Drops can be used for ear or eye infections. Nose sprays are used for treating for example hay fever.
Intravenous	Intravenous medication enters directly into the veins and absorbed quickly. This route can only be done by a doctor or trained nurse.
Rectal/Vaginal	Rectal medications are absorbed very quickly. Suppositories are available and are given into the rectum. Pessaries are given into the vagina. Only after training can these medications be administered.
Subcutaneous	Subcutaneous medications are injected just beneath the skin i.e. insulin is administered in this way. Only after training can these medications be administered.
Intramuscular	Intramuscular medication is injected directly into the large muscles in the body, i.e. the legs or bottom. This route can only be done by a doctor or trained nurse.

COMMENTARY FOR EVIDENCE FOR AC2.4

- **Assessment Method:** The learner's **explanation** has been presented in a table format; presenting the evidence in this way enables the learner to provide specific and factual information for AC2.4 about the different routes of medication. The assessment method is **valid** as it measures the learner's understanding and knowledge of the different routes of medication.
- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of the different routes of medication including what each of these involve.
- **Breadth of Evidence:** The learner has provided clear and detailed factual information. The learner's evidence **meets AC2.4 fully** in terms of **explaining** the different routes of medicine administration. The learner's evidence in relation to the purpose and function of materials and equipment can also be cross referenced to AC3.1.

EVIDENCE FOR LEARNING OUTCOME 3

UNDERSTAND PROCEDURES AND TECHNIQUES FOR THE ADMINISTRATION OF MEDICATION

Assessment Criteria:

AC3.1 – **Explain** the types, purpose and function of materials and equipment needed for the administration of medication via the different routes

Routes of Administration	Types, Purpose, Function of Materials and Equipment
Inhalation	Gloves must be worn and hands washed before and after when administering medication by all routes. For those with respiratory difficulties Inhalers are used and can be either worked by the individual when they breathe in or set automatically to activate when the individual breathes in which is measured by the doctor prescribing this. Nebulisers can also be used and work differently; a liquid is placed into a chamber at the base of a mask, a fine mist of the medication is released into the mask and the individual inhales.
Oral	This is medication that is taken via the mouth commonly in the form of tablets; using a non-touch technique these should be administered; direct from the MDS system if being used which is tablets and capsules only contained in blister packs. Medication cups and spoons can be used to administer these. Some tablets must not be crushed as this can change how the medication works,
Transdermal	Transdermal medications come in the form of patches that are applied to the skin; the locations of where they should be applied and how to change these will be explained in the instructions that come with these.
Topical	Topical medications come in the form of creams and gels and instructions should be followed.
Instillation	Instillation medications come in the form of drops or ointments and can be instilled via the eyes, nose or ears. Drops, sprays and ointment tubes need to be available and instructions followed.
Intravenous	Intravenous medication involves giving an injection. This route can only be done by a doctor or trained nurse.
Rectal/Vaginal	Rectal medications are absorbed very quickly. Suppositories are available and are given into the rectum. Pessaries are given into the vagina. Only after training can these medications be administered. Access to a bed pan, commode and/or toilet close by must be given in case of sudden urge for individual to empty their bowels.
Subcutaneous	Subcutaneous medications involve giving an injection. Only after training can these medications be administered.
Intramuscular	Intramuscular medications involve giving an injection. This route can only be done by a doctor or trained nurse

COMMENTARY FOR EVIDENCE FOR AC3.1

- **Assessment Method:** The learner's **explanation** has been presented in a table format; presenting the evidence in this way enables the learner to provide specific and factual information for AC3.1 about the different types, purpose and functions of materials and equipment needed for administering medication. The assessment method is **valid** as it measures the learner's understanding and knowledge of the different materials and equipment needed for the administration of medication.
- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of the different materials and equipment needed for the administration of medication including their types, purpose and function. In addition the learner has used the list of medication routes identified for AC3.1 to explain the materials and equipment needed in terms of these different routes.
- **Breadth of Evidence:** The learner has provided clear and detailed factual information. The learner's evidence **meets AC3.1 fully** in terms of **explaining** the types, purpose and functions of materials and equipment needed for the administration of medication via the different routes.

Assessment Criteria:

AC3.2 - **Identify** the required information from prescriptions/medication administration charts

Extract from **Oral Questioning:**

Oral Question: 'Can you tell me the information that must be included on individuals' prescriptions and medication administration charts':

Response:

'The individual's details: their full name, address and date of birth.

The medication: the name of the medication, the dose, strength, frequency to be taken, the route and form, when the medication should be started and ended

Other: special instructions, any known allergies, prescriber signature'

COMMENTARY FOR EVIDENCE FOR AC3.2

- **Assessment Method:** The assessor has used a direct and open **oral question** with this learner 'Can you tell me...' this encourages the learner to speak about the different information details that can be found on individuals' prescriptions and medication administration charts to meet AC3.2. The assessment method is **valid** as it measures the learner's understanding and knowledge of the required information that is required on prescriptions and MARs.
- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own knowledge of the required information that must be included in terms of the individual, the medication and other areas.
- **Breadth of Evidence:** The learner has listed the key information that is required. The learner's evidence **meets AC3.2 fully** in terms of **identifying** the required information from prescriptions/medication administration charts.

EVIDENCE FOR LEARNING OUTCOME 4

PREPARE FOR THE ADMINISTRATION OF MEDICATION

Assessment Criteria:

AC4.1 - **Apply** standard precautions for infection control

AC 4.2 - **Explain** the appropriate timing of medication e.g. check that the individual has not taken any medication recently

AC 4.3 - **Obtain** the individual's consent and offer information, support and reassurance throughout in a manner which encourages their cooperation and which is appropriate to their needs and concerns

AC 4.4 - **Select**, check and prepare correctly the medication according to the medication administration record or medication information leaflet

EVIDENCE FOR LEARNING OUTCOME 5

ADMINISTER AND MONITOR INDIVIDUALS' MEDICATION

Assessment Criteria:

AC5.1 - **Select** the route for the administration of medication, according to the patient's plan of care and the drug to be administered, and prepare the site if necessary

Extract from **Observation 1:**

Observation, Oral Questioning and Verbal Explanation:

'I observe the learner unlock the medication cupboard, take out the thermometer in the medication cupboard, read the temperature on it and recorded this.

(Oral Question: Why did you check and record the temperature? Ans: This is the medication policy to make sure that the medicines are being stored correctly and at the specified temperature otherwise they could stop working).

The learner washes and dries her hands thoroughly (demonstrating the full hand washing technique) and puts on a pair of disposable gloves. Then, the learner places on the prepared tray on the medication table a small glass of water, a tea spoon and a medication cup.

(Oral Question: why did you wash your hands and put gloves on? Ans: Because of cross infections, I do not want to contaminate the equipment or medication I'm preparing)

The learner then reads through the individual's MAR and checks that the individual has not taken any other medication this morning and confirms this is so.

(Verbal Explanation: the learner explains to me that she always checks if the individual has taken any other medication or has already been given her medication so that over dosing or other side effects do not occur. The learner adds that she also checks that the medication is given at the correct time as this is agreed with the prescriber and must be followed for the medication to be effective)

The learner reads through the individual's plan, MAR and checks the photograph of the individual, any allergies, there are none, the name of the medication, the time to be given, that it has not been given and that it is given with a drink of water. The learner prepares the tea spoon, medication cup and glass of water next to the MAR and locks the cupboard.

The learner approaches the individual who is sitting in the lounge, sits down next to the individual and asks her how she is. The individual responds by saying that she is alright just has a slight headache. The learner explains that it is time for her medication and asks her if she is ready to take it in a few moments. The individual responds by saying that she wants her tablet and the learner explains to her that the paracetamol will help to relieve her headache.

The learner returns to the medication cupboard, unlocks it and checks once again the details on the MAR and that the MDS contains the correct medication listed for this individual; she confirms it does. Using a non-touch technique the learner pops the tablet gently from the blister pack into the medication cup which is on the tray. The learner then locks the medication cupboard...'

COMMENTARY FOR EVIDENCE FOR ACS 4.1, 4.2, 4.3, 4.4 AND 5.1:

- **Assessment Method:** The assessor has used direct **observation** of the learner's practice and **oral questioning** to meet these criteria; the assessor has also recorded an unplanned **verbal explanation** given by the learner whilst being observed. The **observation** has been recorded clearly by the assessor in terms of describing specifically the learner's practices in relation to infection control, obtaining the individual's consent, providing information and support to the individual as well as selecting, checking and preparing correctly the medication.

The use of oral questioning during the observation further confirms the learner's knowledge of practices for preparing to administer medication. The learner's verbal explanation reflected her understanding of the importance of the appropriate timing for medication.

These assessment methods are **valid** as they measure the learner's skills and knowledge in being able to prepare for the administration of medication.

- **Quality of Evidence:** The documented observation, oral questions and verbal explanation are of a good quality because the learner demonstrates clearly own competence and knowledge against each of the assessment criteria.
- **Breadth of Evidence:** The learner's evidence **meets ACs 4.1, 4.2, 4.3 and 4.4 fully** in terms of **demonstrating** that the learner understands and is able to prepare for the administration of medication. The learner's evidence in relation to selecting the correct medication administration route can also be cross referenced to AC5.1.

Assessment Criteria:

AC 5.2 - **Safely** administer the medication a) in line with legislation and local policies b) in a way which minimises pain, discomfort and trauma to the individual

AC5.4 - **Monitor** the individual's condition throughout, recognise any adverse effects and take the appropriate action without delay

AC 5.6 - **Maintain** the security of medication and related records throughout the process and return them to the correct place for storage

Extract from **Observation 2:**

Observation:

'I observe the learner respond to the individual's question about why she needs to take her amoxicillin capsule in private in her room. The learner explains calmly and clearly that it is for her chest infection and was prescribed by her doctor. The individual nods in agreement. The learner asks her whether she would like to take it now as she has eaten her sandwich; she agrees and the learner hands the medication cup with the capsule in it to the individual explaining to her that she has placed it in her hand now. The individual gently tips the medication cup until she swallows the tablet and then has a drink of the water prepared for her. Once she has taken it the individual thanks her and asks her whether she can have some cream on her hands which are a little dry.

The learner ensures the individual's hands are clean and dry and then explains that she will change her gloves. The learner removes her gloves, disposes of them in the yellow clinical waste bag and then washes and dries her hands before placing another pair on. The learner return to the individual and asks her she would like some cream applied to her hands; the individual agrees and the learner places a small towel across the individual's lap and then using small circular movements applies the cream to the individual's hands until it is fully absorbed.

The learner stays with the individual for another 5 minutes, ensuring she is alright and then comes back twice in the next hour to ask her how she is feeling; the individual explains that she feels tired but alright and thanks her.

The learner then returns and washes all medication equipment in the medication room, washes and dries her hands and then initials on the MAR the medications she has given this individual and records in the individual's plan that the individual has said that she is feeling tired and not showing any other adverse effects or change in her condition. The learner then returned the MAR to the file and cupboard and the individual's plan to the filing cabinet and locked both.'

COMMENTARY FOR EVIDENCE FOR ACS 5.2, 5.4 AND 5.6:

- **Assessment Method:** The assessor has used direct **observation** of the learner's practice. The second **observation** for this unit has been recorded clearly by the assessor in terms of describing specifically the learner's practices in relation to safe practices for administering medications, monitoring individuals' conditions and maintaining the security of medication and records.

This assessment method is **valid** as it measures the learner's skills in being able to administer and monitor individuals' medication.

- **Quality of Evidence:** The documented observation of the learner's practices is of a good quality because the learner demonstrates clearly and specifically own competence against each of the assessment criteria.
- **Breadth of Evidence:** The learner's evidence **meets ACs 5.2, 5.4 and 5.6 fully** in terms of **demonstrating** that the learner is able to administer and monitor individuals' medication.

Assessment Criteria:

AC 5.5 **Explain** why it may be necessary to confirm that the individual actually takes the medication and does not pass the medication to others

Extract from **Oral Questioning:**

Oral Question: 'Tell me why you must check that the individual actually takes their medication and does not pass it to others':

Response:

'To make sure that that the individual is taking their prescribed medication and that their condition does not deteriorate. It is our workplace policy to check that medication is taken by the individual. If the individual passes it to others, this could result in other individuals overdosing, taking medication that is not prescribed for them, this can cause them to feel ill or can be fatal. If medication is not taken and left out then others might misuse this too which is abuse'

COMMENTARY FOR EVIDENCE FOR AC5.5

- **Assessment Method:** The assessor has used an open **oral question** with this learner 'Tell me why...' this encourages the learner to speak about this area including the consequences of individuals not taking their medication and provides them with an opportunity to provide a more detailed response for AC5.5.

The assessment method is **valid** as it measures the learner's knowledge of the importance of ensuring that individuals take their medication and do not pass it to others.

- **Quality of Evidence:** The learner's response is of a good quality because the learner reflects own understanding of numerous different reasons for why it is necessary to confirm that the individual actually takes their medication and does not pass it to others *'their condition does not deteriorate, overdosing, can cause them to feel ill or can be fatal. If medication is not taken and left out then others might misuse this too which is abuse.'*
- **Breadth of Evidence:** The learner has explained clearly the reasons to ensure that the individual takes the medication and does not pass it to others. The learner's evidence **meets AC5.5 fully** in terms of providing an **explanation** of why it may be necessary to confirm that the individual actually takes their medication and does not pass it to others.

Assessment Criteria:

AC 5.3 - **Describe** how to report any immediate problems with the administration

AC 5.7 - **Describe** how to dispose of out of date and part-used medications in accordance with legal and organisational requirements

Extract from Personal Statement:

Personal Statement : 'Describe the process you follow for a) reporting any problems with the administration of medication and b) disposing out of date and part-used medications in accordance with legal and organisational requirements':

Response:

'I always pay attention to ensuring I maintain individuals' dignity, choices and preferences. Sometimes individuals refuse their medication, this is their right to as I cannot legally and according to our medication policy administer their medication without their consent. I listen to why they are refusing; sometimes because they can't understand why they need to have their medication, other times because they can't swallow tablets. I explain what their medication is for and their effects and also give them information about how medication is available in liquid form which they would find easier to swallow. If the client refuses their medication I have to record it on their MAR and in their care plan and inform my Manager who will then contact the individual's doctor for advice. This may involve a medication review to see what else can be offered.

Sometimes when individuals leave the home or stop taking their medication because it is not agreeing with them then the home is left with out-of-date and part-used medications. Under the care home standards, the hazardous waste regulations and the medication policy it is a requirement for all medications to be disposed of safely. At work we have a medication returns book where the medication that is to be disposed of is entered in here, then packaged up and placed in the medication cupboard securely until the pharmacy collect this – this usually happens when the new MDS is delivered the medications for disposal are collected; these are signed for and recorded.

COMMENTARY FOR EVIDENCE FOR ACS 5.3 AND 5.7:

- **Assessment Method:** The learner's **description** has been presented in the form of a personal statement; presenting the evidence in this way enables the learner to detail the processes to follow when reporting problems with the administration of medication and when disposing of it.

The assessment method is **valid** as it measures the learner's understanding and knowledge of the processes to follow for reporting problems with the administration of medication and when disposing of it.

- **Quality of Evidence:** The learner's personal statement is of a good quality because the learner reflects own understanding of her workplace procedures **in own health and social care setting** as well the legal requirements for disposing of medication. The learner also places the description in context by explaining the different problems that may arise with administering medication as well as the different reasons for why medication may need to be disposed of.
- **Breadth of Evidence:** The learner has provided clear and detailed factual information. The learner's evidence **meets ACs 5.3 and 5.7 fully** in terms of **describing** the process to follow for reporting any problems with the administration of medication and disposing out of date and part-used medications in accordance with legal and organisational requirements.

SUMMARY OF HOW EXEMPLAR EVIDENCE FOR ASM 34 MEETS THE ASSESSMENT REQUIREMENTS AND ASSESSMENT CRITERIA

Variety of assessment methods used	Yes	Oral and Written questioning Verbal Explanation Personal Statement Observation
Valid assessment methods used	Yes	All assessment methods used were appropriate for validating the learner's knowledge and skills of all the assessment criteria in this unit.
Quality and Breadth of evidence sufficient	Yes	Evidence provided meets all the assessment criteria fully.

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