



## Chapter 4

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# 4

## Points to Note for Drug Management

### 4.1 Chinese Medicines

#### 4.1.1 Precautions

Chinese medicine prescriptions must be used in accordance with the instructions of a registered Chinese medicine practitioner or a listed Chinese medicine practitioner, and the instructions on the food to be abstained when taking Chinese medicines must be followed. RCH staff should also store Chinese medicines properly.

#### 4.1.2 Information to be stated for Chinese medicine prescriptions

- (1) Name, address, contact number and signature of the registered Chinese medicine practitioner.
- (2) Name of patient.
- (3) Name<sup>5</sup>, prescription, preparation and use of all Chinese medicines.
- (4) If a prescription can be re-dispensed, the number of times must be indicated.
- (5) Date of prescription

#### 4.1.3 Taking Chinese medicines and Western drugs at the same time

The time for taking Chinese medicines and Western drugs should be checked with a medical practitioner, Chinese medicine practitioner or pharmacist.

<sup>5</sup> For Chinese medicines, the names in Schedule 1 and Schedule 2 to the Chinese Medicine Ordinance shall prevail. For Chinese herbal medicines not contained in Schedule 1 and Schedule 2, the "Pharmacopoeia of the People's Republic of China", the "Chinese Herbal Medicine" (Xu Guojun et al.), "Chinese Dictionary of Chinese Medicine" or "Zhonghua Bencao" shall prevail.



#### 4.1.4 Possible symptoms of acute poisoning from Chinese medicines

- (1) Digestive system: nausea, vomiting, abdominal pain, diarrhoea, and even hematemesis or blood in the stool, etc.
- (2) Circulatory system : chest tightness, palpitation, arrhythmia, etc.
- (3) Respiratory system : difficulty in breathing, cyanosis of the lips, etc.
- (4) Nervous system : dizziness, headache, numbness in the mouth, limbs and body, blurred vision and poor hearing, and even coma, paralysis, etc.
- (5) Urinary system : dysuria, oedema, etc.

### 4.2 Proprietary Drugs and Non-prescription Drugs

#### 4.2.1 Handling residents' use of proprietary drugs and non-prescription drugs

- (1) RCHs should not suggest or encourage residents to use drugs, including Chinese medicines and Western drugs or proprietary drugs, obtained or purchased from sources other than a prescription by registered medical practitioners, registered Chinese medicine practitioners or listed Chinese medicine practitioners.
- (2) If residents want to use non-prescription drugs, RCH staff should explain the risks involved, such as the side effects or possible interactions of using those drugs and prescription drugs at the same time.
- (3) RCH staff can also seek help from residents' family to understand the situation, advise the residents and offer proper counselling. If necessary, the advice of healthcare professionals should be sought.



#### 4.2.2 Record keeping of residents' use of proprietary drugs and non-prescription drugs

If it is known to RCH staff that a resident is using non-prescription drugs, it should be recorded in the resident's "Personal Health and Nursing Record" and the instructions for use of the drugs should also be kept for reference of the healthcare professionals.

### 4.3 Drug Allergy

#### 4.3.1 Symptoms of drug allergy

- (1) Mild symptoms : fever, rash, itchy skin, etc.
- (2) Severe symptoms: they could be swelling of the face or mouth, severe dermatitis, breathing difficulty, and even shock, etc.

#### 4.3.2 Handling suspected allergic reactions

- (1) Stop using the drug immediately, measure vital signs such as blood pressure, pulse and respiratory rate, etc., and report the situation to the home manager, nurse or health worker in-charge as soon as possible so as to take appropriate action.
- (2) In case of breathing difficulty, swelling of the face or mouth or shock, the resident should be taken to the accident and emergency department of the hospital for treatment.

#### 4.3.3 Handling known drug allergies of residents

If it is known that a resident has drug allergies, the information should be recorded in the "Personal Health and Nursing Record", "Individual Drug Record" and "Medication Administration Record". Each time the medical practitioner is seen, the relevant documents should be presented for the medical practitioner's reference and so it can be recorded in computer systems (such as eHealth).



## 4.4 Expired and Surplus Drugs

### 4.4.1 Ways to handle expired and surplus drugs

- (1) Do not let others use expired or surplus drugs.
- (2) Do not dispose expired or surplus drugs in rubbish bins or toilets.
- (3) Expired and surplus drugs should be placed separately in locked designated containers or cabinets with appropriate labelling to avoid mixing with the drugs of other residents.

### 4.4.2 Disposal of expired and surplus drugs

- (1) Expired and surplus drugs are regarded as chemical wastes, in accordance with the requirements as stipulated in the Waste Disposal Ordinance (Cap. 354) and the Waste Disposal (Chemical Waste) Regulation (Cap. 354 sub. leg. C).
- (2) For details of the disposal method of expired and surplus drugs, please refer to “A Guide to the Chemical Waste Control Scheme” on the Environment Protection Department’s website as follows :

[https://www.epd.gov.hk/edp/english/environmentin-hk/waste/guide\\_ref/guide\\_cwc\\_sub1.html](https://www.epd.gov.hk/edp/english/environmentin-hk/waste/guide_ref/guide_cwc_sub1.html)

Please refer to the following website for the list of licensed chemical waste collectors:

[https://www.epd.gov.hk/epd/epic/english/chemical\\_waste.html](https://www.epd.gov.hk/epd/epic/english/chemical_waste.html)

For enquiries on the disposal of chemical waste, please call the Environmental Protection Department’s customer service hotline on 2838 3111.



## 4.5 Residents' Self-administration of Drugs

If RCHs need to train the ability of individual residents for keeping and taking drugs by themselves (such as residents of halfway houses), the following matters should be paid attention to :

### 4.5.1 Training

- (1) Teach residents the usage, route of administration, side effects and precautions of drugs.
- (2) Teach residents to follow the medical practitioner's prescription on use of the drugs.
- (3) Teach residents the way to store drugs, including keeping the self-administered drugs in a secure and locked place, and nearby residents will not take the drugs mistakenly.

### 4.5.2 Assessment of residents' ability to use drugs on their own

RCHs must first assess residents to make sure that they have the ability to use drugs on their own. This includes the drug compliance, the abilities to fully understand and to follow the medical practitioner's advice to take drugs on time, and being able to keep the drugs in a secure and locked place.

### 4.5.3 Written consent

RCHs should obtain prior written consent of the resident and his/her guardian/ guarantor/ family member/ relative before the resident can use drugs on his/her own.

### 4.5.4 Follow-up work

- (1) Ensure that nearby residents would not take the drugs mistakenly under a confused mind.
- (2) Continue to maintain and update residents' "Individual Drug Records".
- (3) Monitor and assess regularly the abilities of the residents to keep and take drugs by themselves.



## 4.6 Residents' Refusal to Medication

### 4.6.1 Reasons for residents' refusal to medication

- (1) Residents may refuse to take the medication due to a lack of understanding or due to its side effects, such as:
  - “one must stop taking all drugs when one has a flu”.
  - “one cannot take Western drugs when taking Chinese medicines”.
  - “concerned about the side effects of drugs”.
- (2) In addition to the misunderstanding of drugs, some residents may also refuse to take the medication due to cognitive impairments.

### 4.6.2 Follow-up work on refusal to medication

- (1) Health education
  - Explain to residents the importance of using the drugs and the consequences of stopping the drugs on their own.
  - Instil the right knowledge of drugs into residents and encourage them to take the medications as instructed by the medical practitioner or pharmacist.
- (2) Seek assistance from family members
  - Seek assistance from family members in persuading the residents to cooperate, and explaining the importance of using the drugs and the risk of stopping the drugs on their own. Keep a record of the actions taken.
- (3) Seek assistance from healthcare professionals
  - Consult medical practitioners, pharmacists or visiting healthcare professionals for professional advice.
  - If a resident with dementia often refuses to take the drug, the drug can be mixed with meals in the circumstance when obtaining the family members' consent and the doctor's permission, and indicating “allowable to mix with meals” on the prescription.



- (4) Avoid arguing with residents or forcing residents to take drugs.
- (5) Record the incidents in the nursing record of “Personal Health and Nursing Record” and the “Medication Administration Record”.
- (6) Observe the reaction of the resident after his/her stopping of the drug.

#### 4.7 Omission of Medication

##### 4.7.1 Measures to be taken after omission of medication

- (1) Staff responsible for drug giving must report to the home manager, nurse or health worker in-charge.
- (2) The home manager, nurse or health worker in-charge may decide whether to re-issue the drug based on the lag between the time of the missed dose and the time for the next dose. Under normal circumstances, if the timing of the missed dose is close to that of the next dose, the missed dose can be omitted. Otherwise, the missed dose has to be replaced.
- (3) Record the incident in the nursing record of the “Personal Health and Nursing Record” for the reference and review by medical practitioners, nurses, home managers and health worker in-charge, etc.

##### 4.7.2 Precautions following omission of medication

- (1) The dosage must not be increased at one’s own discretion for any reason.
- (2) For some special drugs (such as long-acting insulin), the instructions of the drugs should be referred to in order to determine if the missed drug would be given immediately.
- (3) In case of doubt, professional advice from a medical practitioner, a pharmacist or visiting healthcare professionals should be sought.





## 4.8 Drug Incidents

### 4.8.1 What is a drug incident

Drug incidents refer to the occurrences of any abnormality related to the administration of drugs, e.g. residents failing to follow the prescriptions in using drugs, using others' drugs mistakenly, using wrong dosages of drugs, using expired drugs, etc. As drug incidents can have a serious impact on residents, RCHs must handle and take remedial action immediately to safeguard the health of residents.

### 4.8.2 Formulate drug incident handling procedures

The management of RCHs should formulate drug incident handling procedures for frontline staff to follow and report it to the management.

### 4.8.3 Ways of handling after a drug incident

- (1) Staff should notify home manager, nurses or health workers immediately after a drug incident is discovered.
- (2) The home manager, nurse or health worker should assess the health condition of the resident, including vital signs such as consciousness level, blood pressure, heart rate, and breathing, etc., and arrange for medical consultations.



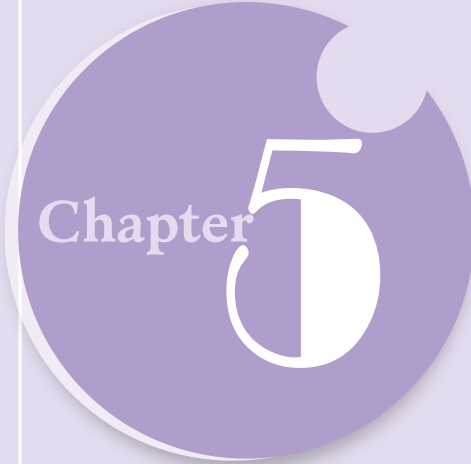
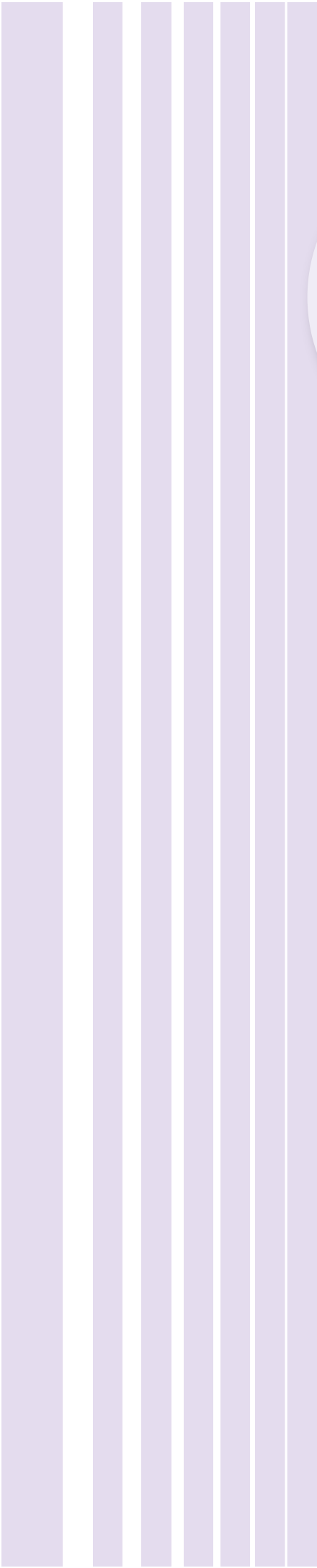
#### 4.8.4 Follow-up work after a drug incident

The nurse, pharmacist or dispenser, health worker in-charge or home manager should :

- (1) Instruct the staff to record the details of the incident in the “Medication Risk Management Report”.
- (2) Conduct an investigation based on the “Medication Risk Management Report” filled out by the staff or collaborate with relevant government departments for investigation.
- (3) Instruct staff to rectify the error immediately to prevent recurrence of similar incidents.

#### 4.8.5 Residents’ suspected adverse reaction to drugs

If a resident is suspected of having adverse reactions to a drug, the staff should notify the healthcare professionals, such as a medical practitioner, nurse, or pharmacist, etc. If necessary, the healthcare professionals will report the case to the Department of Health in accordance with the adverse drug reactions reporting guidance for healthcare professionals issued by the Department of Health. For relevant details, refer to the following website <http://www.drugoffice.gov.hk/adr.html>.



# Chapter 5

## How to Use Subcutaneous Injections and Topical Medicines

### 5.1 Subcutaneous Injections

#### 5.1.1 Injection method

#### 5.1.2 Precautions

### 5.2 Use of Topical Medicines

#### 5.2.1 Metered-dose inhalers for asthma

#### 5.2.2 Eye drops

#### 5.2.3 Eye ointments

#### 5.2.4 Ear drops

## How to Use Subcutaneous Injections and Topical Medicines

5.2.5 Medicinal mouthwash

5.2.6 Nose drops

5.2.7 Nasal sprays

5.2.8 Rectal suppositories

5.2.9 Enemas

5.2.10 Anti-scabies emulsion

5.2.11 Drug patch



## 5

## How to Use Subcutaneous Injections and Topical Medicines

### 5.1 Subcutaneous Injections

Subcutaneous injection refers to the direct injection of drugs into the subcutaneous tissue so that it can take effect.

#### 5.1.1 Injection method

##### (1) Injection sites

Sites of subcutaneous injections include:

- the back of upper arms
- abdomen (away from the navel)
- the front and side of thighs
- the back (above the waist)
- buttocks

##### (2) Directions

###### Before making an injection

- Wash hands.
- If the drug is just taken out from the refrigerator, leave it at room temperature for a while or gently roll it between your hands horizontally (do not shake vigorously). Raising the temperature can lessen the discomfort during injection.
- Check if the drugs are in normal condition. Do not use if there is any sediment, granule or abnormal condition.

###### Take the drugs (extract the drugs from multi-shot drug bottles)

- Pay attention to the expiry date of the drug and the syringe
- Attach the syringe needle after opening.



- Disinfect the top of the vial with (70%–75%) alcohol swab.
- Pull the plunger backward and withdraw an amount of air equivalent to the amount of drugs to be injected.
- Inject the air in the syringe into the vial. Do not remove the needle.
- Invert the vial and withdraw the plunger to a marking slightly more than the required amount, then remove the needle from the vial.
- Check the syringe. If there are air bubbles, tap the syringe lightly. Push the plunger to expel the air bubbles after they have risen to the top of the syringe.

#### **Injecting the drugs**

- Disinfect the injection site with (70%–75%) alcohol swab. Let the alcohol evaporate before injecting.
- Gently pinch the skin at the injection site. Insert the needle straight into the skin at a 90 degree angle (if the thickness of subcutaneous fat or muscle is inadequate, insert the needle at a 45 degree angle).
- Push the plunger downward slowly until it reaches the bottom to inject the drug. Hold for a few seconds before pulling the needle out.

#### **After making an injection**

- Do not rub the site.
- Avoid recapping the needle after injection. Put it in the sharp box directly.
- Wash hands.



### 5.1.2 Precautions

- (1) Avoid injecting near damaged skin, such as areas with skin infection, wounds, bruises, scars, serious dermatitis or areas applied with drugs.
- (2) For injections other than multi-shot drug bottles, please follow the instructions. If in doubt, check with the prescription agency.

## 5.2 Use of Topical Medicines

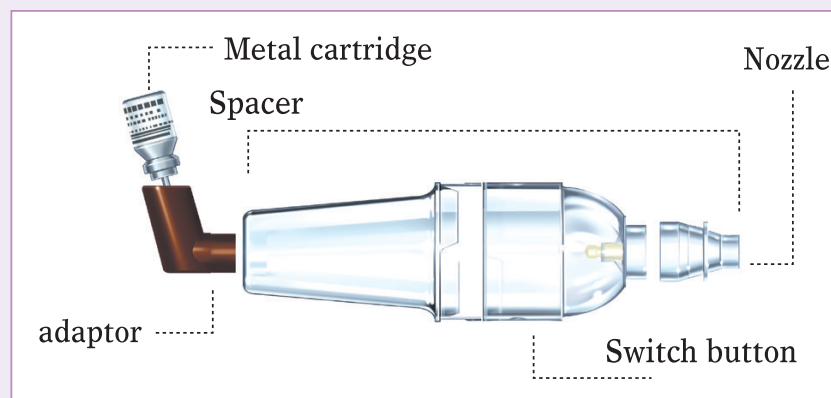
### 5.2.1 Metered-dose inhalers for asthma

- (1) Uses

Commonly-used metered-dose inhalers for asthma are broadly divided into two categories: therapeutic drugs (e.g. bronchodilators) and prophylactic drugs (e.g. steroids).

- (2) Spacer

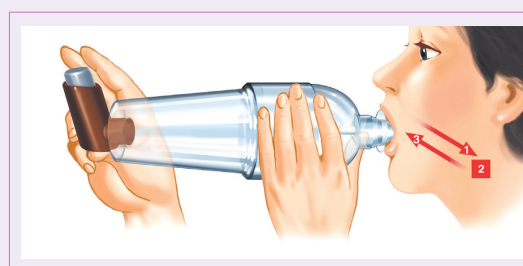
A spacer (refer to the diagram) can be used for residents who have difficulty in using the metered-dose inhaler.





(2) Directions

- Wash hands.
- Take the cap off the metered-dose inhaler and connect the spacer to the mouth piece of the inhaler.
- Shake the canister of the inhaler well.
- Exhale slowly through the mouth.
- Slightly raise the mouth piece of the spacer to close the piston, then press the canister of the inhaler once.
- Place the mouth piece of the spacer between the teeth, close the mouth and completely cover the applicator.
- Slowly inhale from the mouth deeply (see Arrow 1 in the attached diagram), hold your breath for a few seconds (see Box 2 in the attached diagram) and then breathe out slowly from the mouth (see Arrow 3 in the attached diagram). Repeat 2 to 3 times to inhale the drugs completely into the lungs.







- Repeat the above steps if more than one dose is needed
- Wash hands.
- Take out the canister of the inhaler and wash the connector with soap and water. Reconnect the canister of the inhaler after the connector dries naturally.
- Clean the spacer regularly. The steps are: separate the parts of the spacer; put the plastic parts in water with detergent (the transparent part can be disinfected by being boiled in clean water) and then have them air dry.

#### (4) Precautions

- Use a new inhaler if it is suspected that the remaining amount of drugs in the metered-dose inhaler is insufficient.
- If both bronchodilators and steroids are needed, then bronchodilators should be used before steroids to enhance drug absorption.
- After using a steroid inhaler, staff should remind or facilitate the resident to rinse his mouth to reduce the side effects (such as oral thrush) caused by the drug residue in the mouth.

#### 5.2.2 Eye drops

Eye drops are solutions or suspensions instilled directly into the eyes to produce a local effect.

##### (1) Uses

- Common eye drops include artificial tears, antibiotics eye drops and steroid eye drops.





(2) Directions

- Wash hands.
- Assist the resident in sitting on a chair and tilting his/her head backwards, or let him/her lie on the bed while placing a pillow under his/her shoulders to help tilt the head backwards.
- Shake the bottle of eye drops gently and remove the cap carefully.
- Instruct the resident to look upwards.
- Gently pull down the lower eyelid to form a pocket.
- Instil the eye drops into the middle of the resident's eye according to the instructions and allow the eye drops to flow into the pocket.
- Instruct the resident to close his/her eye gently for a few seconds, rotate the eyeball for several times to allow the eye drops to spread evenly on every part of the eyeball.
- Instruct the resident to gently press the inner corner of the eye, next to the nasal bridge, for one to two minutes.
- Wipe away any excessive eye drops running out of the eye with a clean tissue.
- Re-cap the bottle immediately after use. Do not wash or wipe the tip of the bottle.
- Wash hands.





(3) Precautions

- Do not let the tip of the bottle touch the eye, eyelash or any part of the eye to avoid eye injury and contamination of the tip.
- Remind the resident not to rub his/her eyes with hands after applying the eye drops.
- If two different types of eye drops or ointments are to be used, they should be applied at least 5 to 10 minutes apart.
- Record the date of opening and use the eye drops within the effective date specified on the label. Do not use discoloured or expired eye drops.

5.2.3 Eye ointments

Eye ointments are topical preparations for the eyes and have the same effects as eye drops.

(1) Uses

Eye ointments are topical preparations that are applied onto the eyes to produce a local effect.

(2) Directions

- Wash hands.
- Assist the resident in sitting on a chair and tilting his/her head backwards, or let him/her lie on the bed while placing a pillow under his/her shoulders to help tilt the head backwards.
- Remove the cap of the eye ointment bottle.
- Instruct the resident to look upwards.
- Gently pull down the lower eyelid to form a pocket
- Squeeze about 4 to 5 mm long (approximately the size of a grain of rice) of ointment and apply it to the pocket.



- Instruct the resident to close his/her eyes gently, rotate the eyeball in different directions or blink for several times and allow the ointment to spread evenly inside the eye.
- Wipe away any excessive ointment around the eye with a clean tissue.
- Re-cap the tube immediately after use.
- Wash hands.

(3) Precautions

- During application, do not let the tip of the tube touch the eye, eyelash or any part of the eye to avoid eye injury and contamination of the tip.
- If two different types of eye drops or ointments are to be used, they should be applied at least 5 to 10 minutes apart.
- Remind the resident not to rub his/her eyes with hands after applying the eye ointment.
- The ointment may cause temporary blurring of vision after application. Remind the resident to sit or lie down until his/her condition recovers, so as to reduce the risk of falls.
- Record the date of opening and use the eye ointments within the effective date specified on the label. Do not use discoloured or expired eye ointments.



#### 5.2.4 Ear drops

Ear drops are solutions or suspensions instilled directly into the ears to produce a local effect.

(1) Uses

There are various types of ear drops, most of which are medicated, such as antibiotics.

(2) Directions

- Wash hands.
- Clean the outer ear.
- Assist the resident in tilting his/her head sideways or lying on his/her side with the ear facing upwards.
- Pull the auricle backwards and upwards to allow the drops to run into the ear more easily.
- Instil the prescribed number of drops into the affected ear.
- Gently pull the auricle upwards and backwards to allow the drops to run into the ear more easily.
- Re-cap the bottle immediately after use. Do not wash or wipe the tip of the bottle.
- Instruct the resident to keep his/her head tilted sideways for about two minutes to prevent the ear drops from running out of the ear.
- Wipe his/her ear flap dry after two minutes.
- Wash hands.





(3) Precautions

- If the ear drops must be stored in the refrigerator, hold the bottle in your hands for a few minutes to warm the ear drops to near body temperature so as to minimise the discomfort when applying it.
- Avoid touching the tip of bottle against the ear to prevent contamination.
- Record the date of opening and use the ear drops within the effective date specified on the label. Do not use discoloured or expired ear drops.

5.2.5 Medicinal mouthwash

Medicinal mouthwash is a drug that acts on the oral mucosa or throat.

(1) Uses

Common medicinal mouthwashes can inhibit oral bacteria growth, relieve pain or inflammation in the mouth.

(2) Directions

- Wash hands.
- Assist the resident in rinsing his mouth with water. Make sure that there is no food, candy or loosen denture to prevent choking.
- Refer to the instructions on the drug and note whether dilution is necessary.
- Instruct the resident to rinse his mouth with mouthwash for a while (refer to the product instructions for the recommended rinsing duration)
- Instruct the resident to spit out the mouthwash after gargling.
- Alert the resident not to eat, drink or rinse the mouth immediately after using the mouthwash.
- Wash hands.



(3) Precautions

- Remind the resident not to swallow the mouthwash.
- If the resident accidentally swallows a small amount of mouthwash, it generally does not pose any significant problems. RCHs should seek professional advice from a medical practitioner or a pharmacist if in doubt.
- For residents who have swallowing difficulty or are mentally confused, staff members should use gauze soaked with mouthwash to help clean the mouth, teeth, gums and tongue, paying special attention to the upper jaw and hidden spots under the tongue, and then rinse with water.

5.2.6 Nose drops

Nose drops are solutions or suspensions instilled directly into the nose to produce a local effect.

(1) Uses

To relieve or treat nasal symptoms caused by cold or flu, chronic rhinitis and allergic rhinitis.

(2) Directions

- Wash hands.
- Assist the resident in cleansing the nostrils.
- Assist the resident in sitting on a chair and tilting his/her head backwards, or let him/her lie on the bed while putting a pillow under his/her shoulders to tilt the head backwards.





- Take the cap off the bottle and carefully point the tip of the bottle toward the resident's nostril and instil the prescribed number of drops into the nostril.
- Repeat the above steps for the other nostril if necessary.
- Re-cap the bottle immediately after use. Do not wash or wipe the tip of the bottle.
- Instruct the resident to keep his/her head tilted backwards for about two minutes to allow the drops to drain into his/her nose.
- Wash hands.



### (3) Precautions

- Do not let the tip of the bottle touch the inner surface of the nose to avoid contaminating the tip and irritating the inner surface of the nose.
- Never use discoloured or expired nose drops.
- Record the date of opening and use the nose drops within the effective date specified on the label.

### 5.2.7 Nasal sprays

Nasal sprays are solutions or suspensions sprayed directly into the nose to produce a local effect within the nasal cavity.

#### (1) Uses

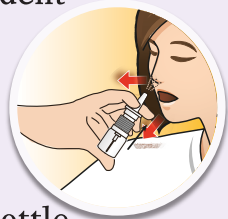
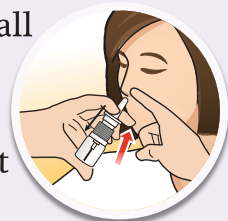
To relieve or treat nasal symptoms caused by cold or flu, chronic rhinitis and allergic rhinitis.





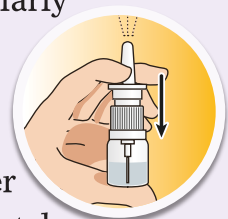
(2) Directions

- Wash hands.
- Assist the resident in cleansing the nostrils.
- Shake the nasal spray before use, then remove the cap.
- Help the resident tilt his/her head forward and keep the bottle upright.
- Gently press against one nostril.
- Insert the nozzle of the nasal spray into the other nostril and point it at the outer wall of the nostril and away from the nasal septum.
- Press down on the pump once and instruct the resident to breathe in slowly.
- Remove the nozzle and instruct the resident to breathe out through the mouth.
- If a second dose is required in the same nostril or in the other nostril, shake the nasal spray and repeat the steps above.
- Wipe the nozzle clean and replace the bottle cap after use.



(3) Precautions

- Before using a new nasal spray, shake it thoroughly and pump several times into the air until a mist appears. If it has not been used for a period of time, pump once into the air before use to ensure that the medication can be released.
- Clean the nozzle of the nasal spray regularly according to the product instructions.
- Record the date of opening and use the nasal spray within the effective date specified on the label. Expired or leftover nasal sprays should be disposed of immediately.





### 5.2.8 Rectal suppositories

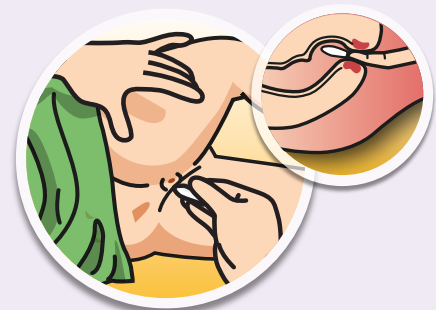
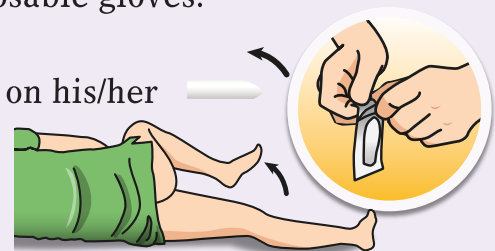
Rectal suppositories are drug preparations administered into the rectum via the anus.

#### (1) Uses

To treat constipation, fever or haemorrhoids.

#### (2) Directions

- Wash hands and wear disposable gloves.
- Unwrap the suppository.
- Assist the resident in lying on his/her side. Keep the leg near the bed straight and bend the other leg forward.
- Expose the rectal area by lifting the buttock muscle with one hand.
- Instruct the resident to relax the anus.
- Insert the suppository gently through the anus and push it in with a finger to a depth of about 3 cm.
- Remind the resident to hold the legs together, tighten the buttock muscle for a few seconds and lie on the side for about 5 to 15 minutes to prevent the suppository from coming out.
- Discard the disposable gloves and wash hands.





(3) Precautions

- If the suppository is too soft, soak it in cold water or refrigerate it (do not place it inside a freezer) to harden it for easier application.
- For easier administration, coat the suppository with water-soluble lubricant or water.
- If the suppository requires refrigeration, it can be left at room temperature for a while before use to reduce the discomfort of the resident.
- Unless the suppository is used as a laxative, avoid emptying the bowels for 1 hour after use.

5.2.9 Enemas

Enemas are a liquid drug that is administered into the rectum via the anus.

(1) Uses

Enemas are used as laxatives.

(2) Directions

- Wash hands and wear disposable gloves.
- Assist the resident in lying on his/her side. Keep the leg near the bed straight and bend the other leg forward.
- Instruct the resident to relax the anus.
- Shake the bottle well and remove the protective cap from the nozzle of the enema.



- Gently and steadily insert the nozzle of the enema into the anus of the resident, and squeeze the bottle slowly to push the liquid drug in.
- Remove the nozzle of the enema from the rectum.
- Instruct the resident to hold both legs together and remain lying on his/her side. The resident should refrain from emptying the bowels for as long as he/she can to prevent the liquid drug from being passed out prematurely.
- Discard the disposable gloves and wash hands.

(3) Precautions

- Do not use sudden force when inserting the nozzle of the enema into the resident's anus.
- Seek medical help immediately if rectal bleeding is noticed.

#### 5.2.10 Anti-scabies emulsion

(1) Uses

Anti-scabies emulsion is used to treat scabies. The two common types of anti-scabies emulsion are Permethrin and Benzyl Benzoate Emulsion.

(2) Directions (Permethrin)

- Assist the resident in taking a warm bath and drying the body thoroughly.
- Wash hands and wear disposable gloves.
- Shake the emulsion, then use a brush to apply the emulsion from the neck downwards to cover the resident's whole body, ensuring that skin folds are covered e.g. finger webs, toe webs, armpits and groin.



- If the medical practitioner has special instructions, the emulsion must cover the whole body, including the scalp, face and both ears but not the eyes.
  - Wash hands.
  - After the emulsion had dried (approximately 10 minutes), help the resident put on clean clothes.
  - Wash off the emulsion from the body of the resident with warm water and soap thoroughly 8 to 14 hours later, then assist the resident in changing into clean clothes and changing the bedding.
- (3) Directions (Benzyl Benzoate Emulsion)
- Assist the resident in taking a warm bath and drying the body thoroughly at night.
  - Wash hands and wear disposable gloves.
  - Shake the emulsion, then use a brush to apply the emulsion from the neck downwards to cover the resident's whole body, ensuring that skin folds are covered e.g. finger webs, toe webs, armpits and the groin.
  - If the medical practitioner has special instructions, the emulsion must cover the whole body, including the scalp, face and both ears, but not the eyes.
  - Wash hands.



- After the emulsion has dried (approximately 10 minutes), help the resident put on clean clothes.
- Repeat the above procedures to apply the emulsion again the next morning, but do not bath or change clothes.
- Wash off the emulsion from the body of the resident with warm water and soap thoroughly the next night, then assist the resident in changing into clean clothes and changing the bedding.

(4) Precautions

- The drug provided by the supplier may have different instructions. Follow the instructions on the packaging of the drugs or the medical practitioner's instructions.
- If using Benzyl Benzoate Emulsion, it is not necessary to change the clothing and bed-linen between the two applications of the emulsion.
- As the emulsion will be washed away by water, the emulsion must be re-applied to both hands after the resident washes his/her hands.
- The resident who has scabies may still feel itchy occasionally for one to two weeks after treatment. This does not mean that the treatment is ineffective. If the symptoms last for more than two weeks or if there are other skin changes, RCH staff should arrange the resident to consult a medical practitioner.



### 5.2.11 Drug patch

A drug patch is a medicated patch that continuously releases the drug which is then absorbed through subcutaneous circulation.

#### (1) Uses

Common drug patches include Rivastigmine, which is used in treating cognitive disorders and Parkinson's disease, and morphine patches, which are used in alleviating chronic pain [such as Fentanyl patch].

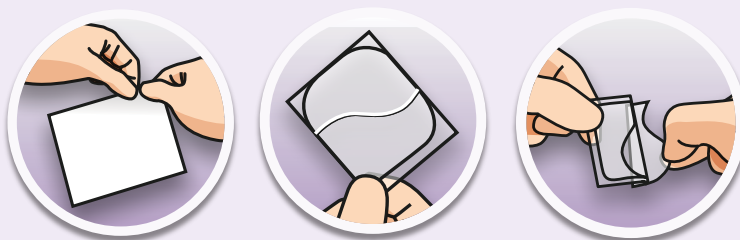


#### (2) Directions

- Wash hands.
- Choose a flat, intact and non-hairy part of the skin (such as the chest, back or upper arm) for the resident; do not choose skin that is damaged, hairy or has recently received radiotherapy.
- When using on residents with cognitive impairment, the upper back is preferred to prevent the patch from being torn off by the resident.



- Clean the skin with water and pat dry (avoid using soap, lotion, oil or alcohol before using the drug).
- Carefully tear or cut at the slit to avoid damaging the patch.



- There are two protective films on the back of the patch. Remove one of them first.
- Remove the other protective film after affixing the drug patch to the skin, then press the patch with your palm for 30 seconds to ensure that the patch is firmly attached to the skin.
- Wash hands.

### (3) Precautions

- Refer to the prescription for the timing of application (mark the start time of application).
- Remove the old patch before attaching a new one.
- Fold the old drug patch with the adhesive side stuck together before discarding.
- Do not attach the new patch to the same location as the old patch.
- Do not use cut or damaged drug patches.
- If discomfort occurs after use, remove the drug patch immediately and seek medical advice as soon as possible.







## **Reference Materials for Drugs Commonly Used in Residential Care Homes**

- 6.1 Oral Hypoglycaemic Agents
- 6.2 Insulin Injections
- 6.3 Heart Failure Drugs
- 6.4 Antianginal Drugs
- 6.5 Warfarin Oral Anticoagulants
- 6.6 Antipsychotic Drugs
- 6.7 Anticholinergic Drugs
- 6.8 Antidepressants
- 6.9 Mood Stabilizers
- 6.10 Antianxiety Drugs
- 6.11 Sleeping Pills



## 6

## Reference Materials for Drugs Commonly Used in Residential Homes

### 6.1 Oral Hypoglycaemic Agents

(1) Uses

Oral hypoglycaemic agents are commonly used to treat patients with Type 2 diabetes, and are used to regulate blood sugar levels to reduce the risk of complications. Inadvertent use of this drug may cause hypoglycaemia, and patients may experience symptoms such as dizziness, sweating, weakness of the limbs, and rapid heartbeat. In severe cases, they may become unconscious. If the resident is suspected to have taken these drugs accidentally, they need to be sent to the hospital as soon as possible.

(2) Points to note

Take the drug at mealtimes or as prescribed by a medical practitioner. If the drug is omitted, it must be taken as soon as possible. If it is almost time for the next dose, then there is no need to take the missed dose. Take the next dose as scheduled and do not double dose.

(3) Precautions

- If symptoms of hypoglycaemia occur after medication (such as hunger, weakness, body tremors, cold sweats, dizziness, etc.), it may mean that the dosage of oral hypoglycaemic agents need to be adjusted or the residents have used the wrong dose; if the resident is conscious, they can take sugary food or drink as soon as possible and tell the medical practitioner during the follow-up consultation.
- If hypoglycaemia occurs frequently, a follow-up consultation need to be scheduled as soon as possible.
- If other drugs need to be taken, the medical practitioner need to be informed to avoid drug interactions which may affect the drug efficacy.



## 6.2 Insulin Injections

### (1) Uses

Insulin injections can supplement the insulin that lacks in the body, lowers blood sugar and controls diabetes. Since insulin is destroyed in the stomach, it can only be injected and cannot be taken orally.

Types of insulin injections	Precautions
<b>Rapid-acting</b> e.g. Humalog and Novorapid	<ul style="list-style-type: none"> <li>• Rapid-acting insulin injections should be given at mealtimes or within 15 minutes before meals.</li> <li>• Short-acting insulin injections should be given 30 minutes before meals.</li> <li>• The drug must be checked before each use. It should be clear and should not be used if it is turbid.</li> </ul>
<b>Short-acting</b> e.g. Actrapid and Humulin R	
<b>Intermediate-acting</b> e.g. Humulin N and Protaphane	<ul style="list-style-type: none"> <li>• Before use, put the vial between your palms and roll it slowly or gently flip the penfill type drug up and down at least 10 times to mix it well.</li> <li>• The drug must be inspected before each use. It should normally be uniformly cloudy after being rolled or turned over. It cannot be used if it is lumpy, granular or discoloured.</li> </ul>
<b>Pre-mixed</b> e.g. Humulin 70/30, Mixtard and Novomix	
<b>Long-lasting</b> e.g. Lantus and Levemir	<ul style="list-style-type: none"> <li>• The drug must be checked before each use. It should be clear and cannot be used if it is turbid.</li> <li>• It cannot be mixed with other insulin injections in the same syringe.</li> </ul>



(2) Types of insulin injections

- Vial (multi-shot injection bottle) (refer to section 5.1 of Chapter 5 for the relevant guidelines.)
- Penfill type (refer to the relevant instructions of the operating guidelines or make an enquiry with the prescription agency.)

(3) Storage

- Insulin cannot be stored at high temperatures (such as being under direct sunlight, above 30 degrees Celsius) or low temperature (below freezing point).
- Unopened bottles of insulin can be stored in the refrigerator (2 to 8 degrees Celsius) and can be stored until the expiry date.
- The insulin that has been opened can be stored at room temperature and used within 4 to 6 weeks after opening or within the effective date specified on the product.
- When opening insulin, record the date of opening on the vial or the penfill, and check the date before each use. If the effective date has passed, it cannot be used.
- Resident's information should be attached to the stored insulin.

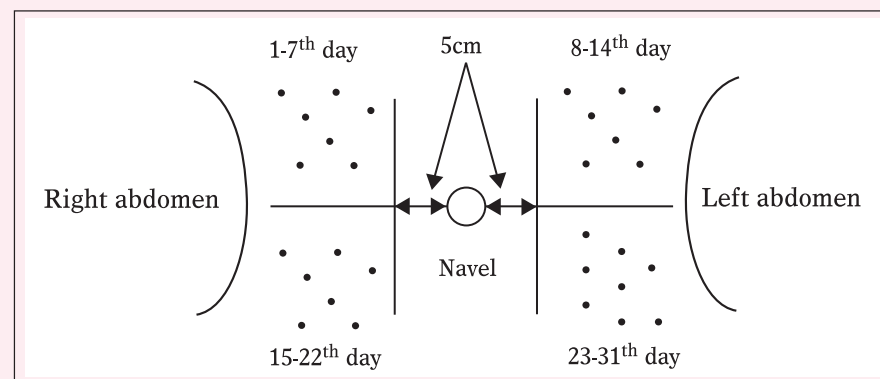
(4) Points to note on injection

If the drug is omitted, it must be taken as soon as possible. If it is almost time for the next dose, then there is no need to take the missed dose. Take the next dose as scheduled and do not double dose.



(5) Precautions

- Since insulin injections have different absorption rates at different parts of the body (mainly includes the abdomen, arms, thighs and buttocks), the injection area should not be arbitrarily changed. In addition, injecting at the same location too frequently can easily cause damage to the subcutaneous tissue. Hence, rotating the injection sites within the same area should be performed.



- The abdomen is the best injection area as it can absorb insulin steadily. Injections, to be made at a 5 cm distance from the navel, should be switched between the left and right sites once a week. Injection site can be switched according to the days of the month, e.g. right upper abdomen from the 1<sup>st</sup> to the 7<sup>th</sup> day, left upper abdomen from the 8<sup>th</sup> to the 14<sup>th</sup> day, right lower abdomen from the 15<sup>th</sup> to the 22<sup>nd</sup> day and left lower abdomen from the 23<sup>rd</sup> to the 31<sup>st</sup> day.
- If a resident on tube feeding requires an insulin injection and the feeding tube has been dislodged, the feeding tube needs to be re-inserted first before insulin can be injected. The resident should be fed as soon as possible.



### 6.3 Heart Failure Drugs

(1) Uses

Common drugs for treating heart failure include Digoxin, which is used to increase the contraction ability of heart muscle, treat heart failure and improve some of the symptoms of arrhythmia.

(2) Points to note

- If taken improperly, this drug may cause serious side effects or make the condition uncontrollable. Therefore, the resident must take the medicine as instructed. Do not stop the medication or change the drug dosage or the frequency at one's own discretion.
- Digoxin must be taken regularly. Digoxin is long-lasting and is usually taken once after the morning meal. If a medication is missed, RCH should immediately take the missed dose and then take the drug at the next prescribed time. If the scheduled dose has been missed for more than 12 hours, then there is no need to replace the missed dose. Take the next dose as scheduled and do not double the dose.
- Do not casually use other drugs, e.g. health products, Chinese medicines, proprietary Chinese medicines or Western drugs, to prevent them from affecting the absorption of this drug, causing the drug level in the body to be too high or insufficient. If necessary, one should seek professional advice from a medical practitioner or a pharmacist.
- Digoxin is mainly excreted by the kidneys, and patients with kidney disease and the elderly should be aware of any side effects. Medical consultation needs to be arranged as soon as possible if in doubt.



(3) Side effects

If the resident has any of the following conditions after taking the drug, medical advice needs to be sought immediately :

- Nausea, vomiting and diarrhoea
- Abnormal fatigue
- Limb weakness
- Confusion
- Blurred vision or changes in colour vision
- Arrhythmia

(4) Precautions

- High dose of Digoxin can lead to poisoning, so residents who use Digoxin must have regular follow-up consultations and check the Digoxin level in their blood.
- Always check the heart rate. If the heart rate is often below 60 beats per minute, a healthcare professional should be consulted.
- The sudden slowing of the heart rate is one of the symptoms of Digoxin poisoning. If the heart rate of a resident suddenly decreases to an unusual rate, e.g. from an average of 80 beats per minute to 60 beats per minute, healthcare professionals should be consulted.
- If the potassium level in the blood is reduced, the toxicity of the drug will increase. Diarrhoea, vomiting or diuretics can cause potassium loss, which is more likely to cause the side effects of Digoxin. In such cases, special attention must be paid to check the presence of side effects.



- When Digoxin is taken with certain drugs, it will affect the efficacy of Digoxin. For example, when combined with neutralising gastric acid (Antacid), it will reduce the absorption of Digoxin; when used in combination with a drug that lowers blood potassium (such as potassium diuretic), it will increase the toxicity of the drug. This drug interacts with many other drugs, causing the drug levels in the body to be excessively high or insufficient. Therefore, if the resident needs to take other drugs as well, it is necessary to provide a medication record for the medical practitioner's reference. Professional advice should be sought from a medical practitioner or a pharmacist if in doubt.

## 6.4 Antianginal Drugs

### (1) Uses

- The most common angina drugs are nitroglycerins (Glyceryl Trinitrate) sublingual tablets or sprays and Isosorbide Mononitrate and Dinitrate.
- Nitroglycerins are taken under the tongue and can be easily absorbed. By dilating the blood vessels, they can increase the blood supply to the heart and are therefore very effective in relieving and controlling the symptoms of angina.
- In comparison with nitroglycerins, isosorbide mononitrate and dinitrate have a longer effect while consisting of similar drug properties and can be used as a preventative treatment for angina.

### (2) Points to note (Nitroglycerins)

Tablets or sprays can immediately relieve angina, but there are obvious differences between the two methods of use :





- **Tablet**

When an angina attack occurs, sit down first, then put 1 tablet under the tongue, but do not swallow or bite. If angina does not subside within five minutes after taking the pill, take another one. If angina persists after taking three pills within 15 minutes, this may indicate myocardial infarction and the resident has to go to the accident and emergency department immediately.

- **Spray**

When an angina attack occurs, sit down first. Hold the bottle vertically with the spray head facing up. Point the nozzle at the mouth, then hold the breath and spray one dose under the tongue before closing the mouth. Do not inhale the drug. If angina does not subside within five minutes, take another dose. If angina persists after using three doses within 15 minutes, this may indicate myocardial infarction and the resident has to go to the accident and emergency department immediately.

Before using a new spray, pump several times into the air until a spray appears so as to ensure that the spray can be ejected smoothly. If the spray (according to the product description) has not been used for a period of time, repeat the above actions before use.

There is no need to shake it before use.

(3) **Side effects**

- The tongue may have a burning sensation when taking the tablet.
- Headache and face flushing may appear after medication. This usually subsides in a few minutes, but if the headache aggravates or the side effects persist, consult the medical practitioner immediately.



- Those who have taken angina drugs by mistake may experience dizziness, headache, face flushing or lowering of blood pressure.
- (4) Precautions
- As angina drugs are light sensitive, they therefore need to be stored in their original tinted drug bottle or packet.

## 6.5 Warfarin Oral Anticoagulants

- (1) Uses
- Anticoagulants [e.g. Warfarin] can prevent harmful blood clots from clogging blood vessels by inhibiting blood-clotting function.
- (2) Points to note
- As the dosage of anti-coagulants needed varies among individuals, the dosage has to be carefully adjusted. Therefore, residents must take the dosage prescribed by the medical practitioner and regularly receive blood tests to facilitate the medical practitioner's understanding of the actual therapeutic effects of the anti-coagulants on thrombosis, so that appropriate adjustment of the dosage can be determined. In addition, Warfarin is taken once per day and should be taken at the same time every day before mealtimes or together with food.
  - If the medical practitioner's prescription instructions are to take different doses of "Warfarin" on odd/ even number days, the "even number day" dose (such as the 2<sup>nd</sup>, the 4<sup>th</sup>, the 6<sup>th</sup> day, etc.) must be taken on the even numbered calendar days and the "odd number day" dose (such as the 3<sup>rd</sup>, the 5<sup>th</sup>, the 7<sup>th</sup> ... the 31<sup>st</sup>, the 1<sup>st</sup> day, etc.) on the odd numbered calendar days. If the last day of the month is an odd numbered day, there will be two consecutive "odd number days".



(3) Side effects

The most common side effect is bleeding. If the resident has any of the following conditions, consult the medical practitioner as soon as possible:

- Abnormal bruising
- Vomiting blood or a coffee ground-like substance
- Blood-stained stool or black-coloured stool
- Gum bleeding
- Nose bleeding
- Red-coloured urine (haematuria)
- Abnormal vaginal bleeding
- Joint pain
- Abdominal swelling and pain
- Blurred vision

(4) Precautions

- Remind residents to inform healthcare professionals that they are taking “blood-thinning pills” before receiving any surgery or treatment.
- Avoid doing sports which would easily cause injury and bleeding. Pay special attention to daily life activities which would lead to bleeding, such as shaving, brushing teeth, etc.
- Avoid drinking alcohol.
- Do not take vitamin pills arbitrarily as these drugs may contain Vitamin K, which will affect the efficacy of Warfarin. Therefore users of Warfarin must have a fixed Vitamin K intake. Avoid taking fish oil pills, Chinese and Western proprietary drugs, Chinese supplements and herbs and vitamin pills at the same time.



- Residents should eat an appropriate amount of the following kinds of food, which are rich in Vitamin K.
    - (i) All kinds of liver, duck liver sausage and liver paste.
    - (ii) Green leafy vegetables : amaranth, chives, green beans, Chinese kale, spinach, water spinach, purslane, bean sprouts and wolfberry.
    - (iii) Fruits : avocado, papaya, cranberry juice, cranberry sauce, mango, guava and grapefruit.
    - (iv) Nuts : Ginkgo
    - (v) Oils : soybean oil

Consult a dietician if there is any doubt over the choice of food.
  - Certain drugs may strengthen or weaken the effects of the anti-coagulants; therefore, consult the medical practitioner or pharmacist before taking other drugs.
- (5) Ways of handling if blood-thinning pills were omitted
- Take the omitted dose as soon as possible. If the missing dose is discovered on the next day, just take the doses for that day as scheduled and do not double the dosage. The dosage and date of such omission should be recorded and reported to the medical practitioner or pharmacist during a follow-up consultation.

## 6.6 Antipsychotic Drugs

Antipsychotic drugs are divided into two types: traditional and new. Commonly used antipsychotic drugs have similar effects but are of different side effects. Individual antipsychotic drugs are administered as long-acting injections once every 2 to 4 weeks, which increases the reliability of the patient's medication.



### 6.6.1 Traditional antipsychotic drugs

#### (1) Uses

To reduce delusions and hallucinations; and also of a sedative effect. It can effectively prevent the deterioration of mental illness and prevent recurrence. This drug is effective against schizophrenia, mania, depression and other serious mental illnesses.

#### (2) Examples

- Chlorpromazine (Largactil)
- Trifluoperazine (Stelazine)
- Pericyazine (Neulactil)
- Haloperidol (Haldol)
- Sulpride (Dogmatil)
- Flupenthixol (Fluanxol), Flupenthixol Decanoate (injection)
- Fluphenazine Decanoate, Modecate Depot (injection)
- Zuclopenthixol (Clopixol), Zuclopenthixol Decanoate (injection)

#### (3) Side effects

Fatigue, restlessness, eye-rolling, Parkinson's syndrome symptoms such as muscle stiffness, shaky hands, slow movement, etc. Delayed movement difficulties, such as chewing in the mouth, involuntary rotation and extension of the tongue, dry mouth, constipation, low blood pressure, irregular menstruation and galactorrhea. Neuroleptic Malignant Syndrome is a rare but serious side effect. Patients may suffer from mental confusion, muscle stiffness, fever, rapid heartbeat, unstable blood pressure, and excessive sweating.



### 6.6.2 New generation of antipsychotic drugs

#### (1) Clozapine (Clozaril)

- Uses

This is of sedative and antipsychotic effects, especially for schizophrenia that is not responsive to other psychotropic drugs. The drug can relieve positive signs of schizophrenia such as hallucinations, delusions, etc., as well as negative symptoms, such as depression, indifference, etc.

- Side effects

Salivation, dizziness, weight gain, rapid heartbeat, fatigue, etc. One percent of the users may have white blood cells reduced.

- Precautions

Those taking this drug must have regular tests on their white blood cells count.

#### (2) Risperidone (Risperdal)

- Uses

This is mainly used in treating schizophrenia and preventing manic episodes of manic depression. It also helps reduce the chaotic behaviour of patients with cognitive impairment. This drug is of a sedative effect and can improve the positive and negative symptoms of schizophrenia.

- Side effects

Insomnia, anxiety, dizziness, irregular menstruation, galactorrhea, shaky hands, etc.



(3) Olanzapine orodispersible (Zyprexa Zydis)

- Uses

This is mainly used for the treatment of schizophrenia and other psychotic diseases with obvious positive or negative symptoms. It also treats and prevents the “manic phase” of manic depression and also is of a sedative effect. This drug is an oral soluble formula that is easy for patients to take.

- Side effects

Dizziness, lethargy, constipation, increased appetite, weight gain, etc.

(4) Quetiapine (Seroquel)

- Uses

This is mainly used in treating symptoms of schizophrenia and manic depression, and can also be used in combination with other drugs to treat major depression. This drug is of a sedative effect, which can reduce hallucinations and delusions.

- Side effects

Constipation, dizziness, lethargy, dry mouth, orthostatic hypotension.

(5) Amisulpride (Solian)

- Uses

This is mainly used to treat schizophrenia. This drug is of a sedative effect, which can reduce hallucinations and delusions.

- Side effects

Lethargy, constipation, dizziness, irregular menstruation, galactorrhea, etc.



(6) Paliperidone (Invega)

- Uses

This derivative of Risperidone is mainly used in treating schizophrenia. The injection of this drug (Paliperidone palmitate) increases the reliability of the patient's medication and reduces the chance of relapse.

- Side effects

Lethargy, headache, galactorrhea, hand tremor, etc.

(7) Aripiprazole (Abilify)

- Uses

This is mainly used to treat schizophrenia. It also helps improve the symptoms of depression and prevent the “manic phase” and “mixed” episodes of manic depression. This drug is of a sedative effect, which can reduce hallucinations and delusions.

- Side effects

Lethargy, headache, hand tremor, orthostatic hypotension, etc.

## 6.7 Anticholinergic Drugs

(1) Uses

To reduce the side effects caused by taking antipsychotics, such as symptoms of Parkinson's syndrome such as hand tremor, muscle stiffness and retarded movements.

(2) Examples

- Benhexol (Artane)
- Benztropine (Cogentin) (injection)

(3) Side effects

Dry mouth, pupil dilation and photophobia, skin sensitivity, constipation, vomiting, dizziness, mental confusion, nervousness, etc.





## 6.8 Antidepressants

Antidepressants are of the effect of balancing the chemicals that affect emotions in the brain, so they can improve mood. It can be roughly divided into traditional antidepressants and a new generation of anti-depressants. In general, the efficacy of taking antidepressants is evident only after 2 to 4 weeks.

### 6.8.1 Traditional antidepressants

#### (1) Uses

These drugs can reduce the symptoms of people with depression, such as anxiety, depression, lack of motivation, loss of interest in things and inability to concentrate. Certain antidepressants also help in the treatment of anxiety, obsessive-compulsive disorder, panic disorder, social phobia, and agoraphobia.

#### (2) Examples

Amitriptyline (Saroten), Dothiepin (Prothiaden), Imipramine (Tofranil), Clomipramine (Anafranil), Mianserin (Tolvon)

#### (3) Side effects

Dry mouth, constipation, weight gain, rapid heartbeat, orthostatic hypotension, etc.

### 6.8.2 New generation of antidepressants

This can be subdivided into:

- Selective Serotonin Reuptake Inhibitors (SSRI)
- Serotonin and Norepinephrine Reuptake Inhibitors (SNRI)
- Noradrenergic and Specific Serotonergic Antidepressants (NaSSA)
- Serotonin Antagonist and Reuptake Inhibitors (SARI)
- Norepinephrine-Dopamine Reuptake Inhibitors (NDRI)



(1) Selective Serotonin Reuptake Inhibitors (SSRI)

Uses

These drugs are of antidepressant and anti-anxiety effects, some of which can also be used in the treatment of obsessive-compulsive disorder, bulimia, panic disorder and agoraphobia.

Examples

Fluoxetine (Prozac), Citalopram (Cipram), Sertraline (Zoloft), Paroxetine (Seroxat), Escitalopram (Lexapro)

Side effects

Sweating, insomnia, fatigue, nervousness, hand tremor, etc.

(2) Serotonin and Norepinephrine Reuptake Inhibitors (SNRI)

Uses

The drugs are mainly used in treating depression and anxiety.

Examples

Venlafaxine (Efexor), Desvenlafaxine (Pristiq)

Side effects

Vomiting, constipation, lethargy, nervousness, etc.

(3) Noradrenergic and Specific Serotonergic

Antidepressants (NaSSA)

Uses

The drugs are mainly used in treating depression.

Example

Mirtazapine (Remeron)

Side effects

Constipation, dry mouth, lethargy, weight gain, etc.



(4) Serotonin Antagonist and Reuptake Inhibitors (SARI)

Uses

The drugs are mainly used in treating depression.

Example

Trazodone (Trittico)

Side effects

Dry mouth, nausea, vomiting, headache, insomnia, etc. ;  
also the possibility of a change in appetite.

(5) Norepinephrine-Dopamine Reuptake Inhibitors (NDRI)

Uses

The drugs are mainly used in treating depression.

Example

Bupropion (Wellbutrin)

Side effects

Dry mouth, nausea, vomiting, headache, insomnia, etc. ;  
and also the possibility of a change in appetite.

## 6.9 Mood Stabilizers

These drugs can help stabilise mood and reduce excessive mood swings. They can be used in treating mania and preventing relapse in affective psychosis.

(1) Lithium

- Uses

This helps stabilise mood, treating mania and preventing relapse in affective psychosis, and can also help treat depression that has not been cured for a long time.



- Side effects

Temporary mild diarrhoea, nausea, hand tremor, thirst and frequent urination; and also affecting thyroid function or leading to foetal abnormalities. If “lithium poisoning” occurs, symptoms such as blurred vision, gastrointestinal discomfort, severe hand tremor, coma and convulsions may occur. If the above side effects occur, seek medical consultation as soon as possible.

- Precautions

Those taking this medicine must have a regular blood test to ensure that the amount of lithium in the blood is appropriate. Though there is limited effectiveness when the amount is too little, too much can cause dangerous side effects. Women should be on contraception. If they are planning to become pregnant, they need to consult their medical practitioners.

(2) Carbamazepine (Tegretol)

- Uses

This drug helps stabilise mood, treats mania and prevents relapse in affective psychosis, and can also control epilepsy.

- Side effects

Dizziness, lethargy, dry mouth, gastrointestinal discomfort, skin allergies, etc.

(3) Sodium Valproate (Epilim)

- Uses

This helps stabilise mood, treats mania and also controls epilepsy.



- Side effects  
Dizziness, lethargy, gastrointestinal discomfort, allergic reactions, etc.; and also the possibility of liver function affected.

## 6.10 Antianxiety Drugs

Some sedatives and antidepressants can be used as antianxiety drugs.

### 6.10.1 Sedatives

- (1) Uses  
Sedatives have an effect on the central nervous system, which can reduce symptoms such as anxiety, restlessness, insomnia and tension.
- (2) Examples  
Diazepam (Valium), Lorazepam (Ativan), Alprazolam (Xanax)
- (3) Side effects  
Sedatives inhibit the central nervous system, causing confusion and reducing alertness. Users will become dependent on the drug if it is taken for a long time.

### 6.10.2 Antidepressants

- (1) Uses  
Antidepressants can treat symptoms such as anxiety and tension.
- (2) Examples  
Please refer to section 6.8 of Chapter 6
- (3) Side effects  
Please refer to section 6.8 of Chapter 6



## 6.11 Sleeping Pills

These medicines can aid sleep. They are effective for people who find it difficult to fall asleep or continue to suffer from insomnia, but they are only suitable for short-term use. Long-term use will cause psychological and physiological dependence.

### 6.11.1 Antihistamine

#### (1) Uses

The drug is used in alleviating allergies and colds, such as itchy skin, redness and swelling, runny nose, sneezing, etc.

#### (2) Examples

Chlorpheniramine (Piriton), Promethazine (Phenergan)

#### (3) Side effects

Dry mouth, blurred vision, difficulty in urination, and drowsiness. Patients with glaucoma, enlarged prostate, and urinary obstruction need to use this with caution.

### 6.11.2 Sedatives

#### (1) Uses

Sedatives are of many uses, in addition to being as hypnotics, they can also be used in treating symptoms such as stress and anxiety, so they are particularly effective in the treatment of insomnia caused by stress and anxiety.

#### (2) Examples

Nitrazepam (Mogadon), Flunitrazepam (Rohypnol), Midazolam (Dormicum)



(3) Side effects

Dizziness, vertigo, drowsiness, fatigue, loss of balance, amnesia, slowness of movement, dry mouth, uncoordinated movements, addiction.

(4) Precautions

Do not take these drugs with alcohol. Do not stop taking the medicine without medical advice. The dosage should be gradually reduced according to the medical practitioner's instructions to avoid discomfort and adverse effects such as insomnia, tremors, sweating, etc.

### 6.11.3 Non-sedatives

(1) Uses

They are used in treating insomnia. Such drugs take effect quickly but act for a shorter period of time. They can reduce drowsiness after waking up.

(2) Examples

Zolpidem (Stilnox), Zopiclone (Imovane)

(3) Side effects

Nausea, dizziness, fatigue, gastrointestinal discomfort, headache, memory disorder, addiction.

(4) Precautions

These drugs are only suitable for short-term use, because long-term use will produce drug resistance, which will reduce the efficacy of the drug. Moreover, long-term use can cause dependence and addiction to the user.



# Templates

- Individual Drug Record
- Medication Administration Record
- Overall Drug Review Register for Year \_\_\_\_\_
- Drug Safety Audits in RCHs
- Medication Risk Management Report



(Template)

## Individual Drug Record

Name: \_\_\_\_\_ HKID no.: \_\_\_\_\_

1. Drug allergy history: ☐ Yes ☐ No ☐ Information unavailable Date: \_\_\_\_\_

## 2. Prescription drugs currently in use

[illegible]



Overall Drug Review Register for Year\_\_\_\_\_

Name of RCH:

Month	Date of drug review	Is the information of the residents' drugs <sup>[Note 1]</sup> consistent with that on the "Individual Drug Records"?			Is the information on the "Medication Administration Records" consistent with that on the "Individual Drug Records"?			Erroneous information and follow-up actions	Remarks
		(Yes/No) Please circle as appropriate <sup>[Note 2]</sup>	Name/ Post of the responsible staff	Signature by the responsible staff	(Yes/No) Please circle as appropriate <sup>[Note 2]</sup>	Name/ Post of the responsible staff	Signature by the responsible staff		
1		(Yes / No)			(Yes / No)				
2		(Yes / No)			(Yes / No)				
3		(Yes / No)			(Yes / No)				
4		(Yes / No)			(Yes / No)				
5		(Yes / No)			(Yes / No)				
6		(Yes / No)			(Yes / No)				
7		(Yes / No)			(Yes / No)				
8		(Yes / No)			(Yes / No)				
9		(Yes / No)			(Yes / No)				
10		(Yes / No)			(Yes / No)				
11		(Yes / No)			(Yes / No)				
12		(Yes / No)			(Yes / No)				

[Note 1] : Quantity of drugs stored in the drug cabinets and label descriptions.

[Note 2] : During the review procedure, "No" has to be circled if it is discovered that any resident's drug information is not consistent.

## Drug Safety Audits in RCHs

Name of RCH : \_\_\_\_\_

Date of audit : \_\_\_\_\_

1. Observing the environment and conditions of drug storage	Yes	No
1.1 Drug cabinets are placed away from direct sunlight.	<input type="checkbox"/>	<input type="checkbox"/>
1.2 Drug cabinets are placed in a dry and cool environment suitable for the storage of drugs	<input type="checkbox"/>	<input type="checkbox"/>
1.3 Drug cabinets are only used to store the drugs of residents.	<input type="checkbox"/>	<input type="checkbox"/>
1.4 Drug cabinets are placed securely in a safe place.	<input type="checkbox"/>	<input type="checkbox"/>
1.5 Drug cabinets are locked and the keys are kept by the staff responsible for handling drugs.	<input type="checkbox"/>	<input type="checkbox"/>
1.6 Drug storage compartments are clearly labelled with the name and bed number of the resident.	<input type="checkbox"/>	<input type="checkbox"/>
1.7 There is no empty space between each drug storage compartment.	<input type="checkbox"/>	<input type="checkbox"/>
1.8 Each drug storage compartment has enough space to store the drugs of individual residents.	<input type="checkbox"/>	<input type="checkbox"/>
1.9 Oral drugs and other pharmaceutical preparations are stored separately:	<input type="checkbox"/>	<input type="checkbox"/>
i. Topical Medicines	<input type="checkbox"/>	<input type="checkbox"/>
ii. Injections	<input type="checkbox"/>	<input type="checkbox"/>
1.10 Each resident's drugs (including PRN drugs) are stored separately in fixed storage compartments of the drug cabinets.	<input type="checkbox"/>	<input type="checkbox"/>
1.11 Drugs stored in the storage compartments are kept in separate bottles or their original packaging.	<input type="checkbox"/>	<input type="checkbox"/>
1.12 There are clear labels on each bottle, box or packet of drugs in the storage compartment.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
1.13 (If applicable) The temperature of the drug storage refrigerator is maintained between 2 and 8 degrees Celsius.	<input type="checkbox"/>	<input type="checkbox"/>
1.14 (If applicable) The temperature of the drug storage refrigerator is monitored daily by the designated staff and the minimum and maximum temperatures are recorded.	<input type="checkbox"/>	<input type="checkbox"/>
1.15 (If applicable) Refrigerators for drug storage are not used to store foods or other articles.	<input type="checkbox"/>	<input type="checkbox"/>
1.16 (If applicable) Refrigerators for storage of drugs or the drug boxes containing drugs that are stored in refrigerators are locked.	<input type="checkbox"/>	<input type="checkbox"/>
1.17 Drugs that have been discontinued by individual residents have been removed from the drug storage compartments of the residents concerned.	<input type="checkbox"/>	<input type="checkbox"/>
1.18 Drugs to be disposed are stored separately.	<input type="checkbox"/>	<input type="checkbox"/>
1.19 Drugs have not expired upon random checking.	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Observing the drug preparation environment</b>		
2.1 Lighting is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
2.2 The drug preparation environment is quiet and free from interference.	<input type="checkbox"/>	<input type="checkbox"/>
2.3 The table top is clean and tidy with sufficient space for the necessary tools.	<input type="checkbox"/>	<input type="checkbox"/>
2.4 The height of the table surface is appropriate.	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Checking tools for drug preparation and drug giving</b>		
3.1 "Mortar and pestle" are not made of wood or stone.	<input type="checkbox"/>	<input type="checkbox"/>
3.2 Each resident has a separate medicine cup or pill organiser.	<input type="checkbox"/>	<input type="checkbox"/>
3.3 Medicine cups, pill organisers and pill crushers are kept clean and dry.	<input type="checkbox"/>	<input type="checkbox"/>
3.4 Medicine cups or pill organisers are made of materials which are not easily broken.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
3.5 Medicine cups or pill organisers have sufficient capacity to hold the drugs.	<input type="checkbox"/>	<input type="checkbox"/>
3.6 Medicine cups or pill organisers have a tight cap that does not loosen easily.	<input type="checkbox"/>	<input type="checkbox"/>
3.7 The name of the resident and the time of drug giving are marked clearly on medicine cups or pill organisers.	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Checking drug records</b>		
4.1 Each resident has complete drug records, including the “Individual Drug Record” and “Medication Administration Record”.	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Upon random checking of 10% of residents, the drug information on their “Individual Drug Records” and “Medication Administration Records” matches the information of the drugs.	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Upon random checking of 10% of residents, their drug allergy information is clearly marked on their “Individual Drug Records” and “Medication Administration Records”.	<input type="checkbox"/>	<input type="checkbox"/>
4.4 In a review of the “Individual Drug Records” and “Medication Administration Records” of residents with a medical consultation record in the last two weeks, the drug information in the two records has been updated as required.	<input type="checkbox"/>	<input type="checkbox"/>
4.5 When staff encounter difficulties, they will call the concerned hospital ward, clinic or hospital pharmacy, and contact the community pharmacies or pharmaceutical companies when necessary (such as drugs not yet labelled) to confirm the name and prescription of drugs.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
<b>5. Observing staff's drug preparation procedures</b>		
5.1 Drug preparation tools have been cleaned and dried before use.	<input type="checkbox"/>	<input type="checkbox"/>
5.2 Hands have been cleaned before drug preparation.	<input type="checkbox"/>	<input type="checkbox"/>
5.3 Drugs are taken out of drug packets/ bottles with medicine spoons or other suitable tools and not directly with hands.	<input type="checkbox"/>	<input type="checkbox"/>
5.4 A pill splitter is used to split drugs.	<input type="checkbox"/>	<input type="checkbox"/>
5.5 The staff are focused during drug preparation without performing other tasks or leaving their position arbitrarily.	<input type="checkbox"/>	<input type="checkbox"/>
5.6 Drugs are prepared according to the residents' most updated "Medication Administration Records"..	<input type="checkbox"/>	<input type="checkbox"/>
5.7 When drugs are taken out of the drug cabinet, the information on the label of the drug packet or bottle is checked to see if it matches the "Medication Administration Record". (First Check)	<input type="checkbox"/>	<input type="checkbox"/>
5.8 When taking drugs out of a drug packet or bottle, the information on the label of the drug packaging is checked to see if it matches the "Medication Administration Record". (Second Check)	<input type="checkbox"/>	<input type="checkbox"/>
5.9 The appropriate space on the "Medication Administration Record" has been signed immediately after completing the drug repackaging procedure.	<input type="checkbox"/>	<input type="checkbox"/>
5.10 Before putting drugs back in the storage compartments of the drug cabinet, the information on the label is checked to see if it matches the "Medication Administration Record". (Third Check)	<input type="checkbox"/>	<input type="checkbox"/>
5.11 After drug preparation, all drug preparation tools are tidied and cleaned.	<input type="checkbox"/>	<input type="checkbox"/>
5.12 The drug cabinet is locked after drugs are put back into the drug cabinet.	<input type="checkbox"/>	<input type="checkbox"/>

6. Observing staff's drug checking procedures	Yes	No
6.1 Drug prepacking and drug checking are separately performed by at least 2 staff members. (If 1 staff member is responsible for both drug prepacking and drug checking, each procedure is carried out separately.)	<input type="checkbox"/>	<input type="checkbox"/>
6.2 The [3 Checks and 5 Rights] is implemented strictly. [3 Checks] <ul style="list-style-type: none"> <li>• First Check : When drugs are taken out of the drug cabinets</li> <li>• Second Check : Before drugs are taken out of drug packets or bottles</li> <li>• Third Check : Before putting drugs back into drug cabinets</li> </ul> [5 Rights] <ul style="list-style-type: none"> <li>• Right (1) : Name of residents</li> <li>• Right (2) : Name and dosage form of the drugs</li> <li>• Right (3) : Dosage of the drugs</li> <li>• Right (4) : Time of using the drugs</li> <li>• Right (5) : Route of using the drugs</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>
6.3 Prepacked drugs are checked carefully according to the information on the "Medication Administration Record" and that on the drug labels.	<input type="checkbox"/>	<input type="checkbox"/>
6.4 (If applicable) The drug expiry date is checked.	<input type="checkbox"/>	<input type="checkbox"/>
6.5 The "Medication Administration Record" is signed after completing the drug checking procedure.	<input type="checkbox"/>	<input type="checkbox"/>



<b>7. Observing staff's drug giving procedures</b>	<b>Yes</b>	<b>No</b>
<b>(If applicable) Procedures for drug crushing/ accurate measurement of drugs</b>		
7.1 If drugs that need to be administered via a feeding tube cannot be ground or dissolved, the medical practitioner's advice is consulted.	<input type="checkbox"/>	<input type="checkbox"/>
7.2 If drugs must be dissolved in water, they should not be crushed.	<input type="checkbox"/>	<input type="checkbox"/>
7.3 Drugs are crushed only before they are given.	<input type="checkbox"/>	<input type="checkbox"/>
7.4 Thorough cleaning is carried out each time after using pill crushers/ splitters. (This item is not applicable to the pill crusher with a container or pouch.)	<input type="checkbox"/>	<input type="checkbox"/>
7.5 Oral syringe for drug feeding, graduated medicine spoon, or graduated medicine cup is used to accurately measure the dosage of liquid drugs.	<input type="checkbox"/>	<input type="checkbox"/>
<b>Drug giving procedures</b>		
7.6 During giving drugs, perform the [5 Rights] again to confirm that the drugs match the information on the "Medication Administration Record".	<input type="checkbox"/>	<input type="checkbox"/>
7.7 When giving drugs, the staff are focused without chatting or being engaged in other tasks.	<input type="checkbox"/>	<input type="checkbox"/>
7.8 When giving drugs, other residents are not allowed to pass on the drugs on behalf of the staff.	<input type="checkbox"/>	<input type="checkbox"/>
7.9 When giving drugs, drugs are not left on the resident's bedside or on the table.	<input type="checkbox"/>	<input type="checkbox"/>
7.10 When giving drugs, there are measures to prevent undistributed drugs from being used by residents mistakenly.	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
7.11 After helping residents take drugs, scrutiny of the medicine cups or pill organisers is performed to make sure no drug left.	<input type="checkbox"/>	<input type="checkbox"/>
7.12 Confirmation is made as to whether residents have swallowed their drugs.	<input type="checkbox"/>	<input type="checkbox"/>
7.13 (If applicable) A record is made immediately when a resident refuses to take drugs.	<input type="checkbox"/>	<input type="checkbox"/>
7.14 The “Medication Administration Record” is signed but never in advance, after completing the drug giving procedure.	<input type="checkbox"/>	<input type="checkbox"/>
<b>8. Observing staff’s drug feeding procedures</b>		
8.1 When a resident needs to take multiple drugs at the same time, the staff administer them one by one.	<input type="checkbox"/>	<input type="checkbox"/>
8.2 After drug has been given via the feeding tube, warm water is used to flush out any drug residue on the tube.	<input type="checkbox"/>	<input type="checkbox"/>
<b>9. Overall review of drugs</b>		
9.1 Staff members are asked whether the number of drug reviews performed each year meets the specified requirement: _____ times.	<input type="checkbox"/>	<input type="checkbox"/>
9.2 The drug review is performed by a nurse or health worker in the RCH.	<input type="checkbox"/>	<input type="checkbox"/>
9.3 The results of the drug review and follow-up actions are recorded clearly and archived.	<input type="checkbox"/>	<input type="checkbox"/>

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| <b>10. (If applicable) Medication Risk Management Report</b>  |                          |                          |
| 10.1 After the occurrence of a near miss or drug incident, the home manager has made prompt investigations and taken follow-up actions on the incident, and completed the “Medication Risk Management Report”.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 10.2 When a resident is admitted to the hospital for treatment due to a drug incident, the home manager of the RCH will submit a “Special Incident Report” together with a “Medication Risk Management Report” to the Licensing Office of Residential Care Homes for the Elderly or the Licensing Office of Residential Care Homes for Persons with Disabilities of the Social Welfare Department within 3 (calendar) days. | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>11. Disposal of expired and surplus drugs</b>  |                          |                          |
| 11.1 Expired and surplus drugs have been disposed in accordance with the requirements of the Environment Protection Department.   | <input type="checkbox"/> | <input type="checkbox"/> |

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of the checking person :

Signature of the checking person :

\_\_\_\_\_

\_\_\_\_\_

Post of the checking person :

Date of signing :

\_\_\_\_\_

\_\_\_\_\_

(Template)

\_\_\_\_\_(Name of RCH)

**Medication Risk Management Report  
(Incident/ Near Miss)\***

**1. Information of the residents affected<sup>1</sup> :**

Name : \_\_\_\_\_ Age : \_\_\_\_ Gender : \_\_\_\_ Bed No.: \_\_\_\_ ID card number : \_\_\_\_

Name : \_\_\_\_\_ Age : \_\_\_\_ Gender : \_\_\_\_ Bed No.: \_\_\_\_ ID card number : \_\_\_\_

**2. Consequences of drug incident/ near miss<sup>2</sup> :**

Name : \_\_\_\_\_ Impact on medical condition : \_\_\_\_\_ Handling : \_\_\_\_\_

Name : \_\_\_\_\_ Impact on medical condition : \_\_\_\_\_ Handling : \_\_\_\_\_

**3. Nature of the incident/ near miss :**

Nature of the incident/ near miss	Without errors	With errors	Supplementary information
Resident	<input type="checkbox"/>	<input type="checkbox"/>	
Drug and dosage form	<input type="checkbox"/>	<input type="checkbox"/>	
Dosage (including missed or duplicated dose)	<input type="checkbox"/>	<input type="checkbox"/>	
Time of drug giving	<input type="checkbox"/>	<input type="checkbox"/>	
Route of drug giving	<input type="checkbox"/>	<input type="checkbox"/>	
Others : _____			

**4. Details of the incident/ near miss :**

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**5. Residents' family members notified**

Resident's name : \_\_\_\_\_ Name of family member : \_\_\_\_\_ Date/ time : \_\_\_\_\_

Resident's name : \_\_\_\_\_ Name of family member : \_\_\_\_\_ Date/ time : \_\_\_\_\_

**6. Immediate follow-up actions taken :**

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\_\_\_\_\_(Name of RCH)  
**Medication Risk Management Report**  
**(Incident/ Near Miss)\***

**7. Possible causes leading to the drug incident/ near miss<sup>3</sup> :**

Possible causes leading to the drug incident/ near miss (multiple selections allowed)	Supplementary information
<input type="checkbox"/> <b>Information on drug labels</b> (Unclear information on resident's name, drug name, dosage form, dosage, frequency/ time of administration, route of administration, etc.)	
<input type="checkbox"/> <b>Storage of drugs</b> (Deterioration of drugs, expiration of drugs, chaotic placement, etc.)	
<input type="checkbox"/> <b>Assistive devices</b> (Wear-and-tear of medicine cups/ pill organisers, unclear labels, dirty drug crushing tools, etc.)	
<input type="checkbox"/> <b>Environmental factors</b> (Work affected by insufficient light or other environmental factors)	
<input type="checkbox"/> <b>Knowledge and skills</b> (Failing to comply strictly with "3 Checks and 5 Rights", etc. when handling, checking and giving drugs)	
<input type="checkbox"/> <b>Drug records</b> (Records not updated, missing data in records, drug allergy history omitted, etc.)	
<input type="checkbox"/> <b>Communication with the residents</b> (Failing to understand the residents' needs, failing to explain clearly, etc.)	
<input type="checkbox"/> <b>Staff and drug handling procedures</b> (Division of work among staff, workflow, etc.)	
<input type="checkbox"/> <b>Others</b>	

**8. Suggestions on prevention of similar events in future :**

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**9. Reporting staff**

Name : \_\_\_\_\_ Post : \_\_\_\_\_

Signature : \_\_\_\_\_ Date of reporting : \_\_\_\_\_

\_\_\_\_\_ (Name of RCH)  
**Medication Risk Management Report**  
**(Incident/ Near Miss)\***

**10. Follow-up report by home manager**

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Name : \_\_\_\_\_ Post : \_\_\_\_\_

Signature : \_\_\_\_\_ Date of reporting : \_\_\_\_\_

**Remark :**

**\* Please delete as appropriate**

**Incident :** Any event that should be handled immediately to protect the residents' health or safety.

**Near miss :** Potential risks that have not yet jeopardised residents' health, e.g. drugs are almost given mistakenly.

**<sup>1</sup> Residents affected :** Residents who have almost taken drugs mistakenly, or residents who have not used drugs correctly

**<sup>2</sup> Consequences of drug incident/ near miss :**

Impact on medical condition : Use of drug timely averted/ No discomfort observed/  
Discomfort experienced/ Death

Handling : Under observation/ Sent to clinic for treatment/ Attended by visiting medical practitioner/ Hospitalised for treatment.

When the drug incident is of a serious nature, i.e. the residents affected hospitalised for treatment, the responsible person of the RCH must report it to the Licensing Office of Residential Care Homes for the Elderly or the Licensing Office of Residential Care Homes for Persons with Disabilities within 3 calendar days by submitting the "Special Incident Report" together with the "Medication Risk Management Report".

**<sup>3</sup> Possible causes leading to the drug incident/ near miss :**

Other observations found, apart from the direct causes, can also be filled in.



## Websites for Reference

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- The Department of Health  
[www.dh.gov.hk](http://www.dh.gov.hk)
- Elderly Health Service/ The Department of Health  
[www.elderly.gov.hk](http://www.elderly.gov.hk)
- Drug Office/ The Department of Health  
[www.drugoffice.gov.hk](http://www.drugoffice.gov.hk)
- Chinese Medicine Regulatory Office/ The Department of Health  
[www.cmro.gov.hk](http://www.cmro.gov.hk)
- The Hospital Authority  
[www.ha.org.hk](http://www.ha.org.hk)
- Smart Patient Website/ The Hospital Authority  
[www21.ha.org.hk](http://www21.ha.org.hk)
- The Social Welfare Department  
[www.swd.gov.hk](http://www.swd.gov.hk)
- Licensing and Regulation/ The Social Welfare Department  
[www.swd.gov.hk/en/index/site\\_pubsvc/page\\_lr](http://www.swd.gov.hk/en/index/site_pubsvc/page_lr)

GUIDE ON DRUG  
MANAGEMENT IN  
RESIDENTIAL CARE  
HOMES

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