



Competency Based Learning Material (CBLM)

Caregiving For Elderly Persons

Level-3

Module: Manage clients with Stroke, Dementia, Parkinson & Alzheimer's disease patients

Code: CBLM-INF-CEP-04-L3-EN-V1



**National Skills Development Authority
Prime Minister's Office
Government of the People's Republic of Bangladesh**

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The CBLM on “Manage clients with Stroke, Dementia, Parkinson & Alzheimer’s disease patients” is developed based on NSDA approved Competency Standards and Competency Based Curriculum under caregiving for elderly persons Level-3 Occupation. It contains the information required to implement the caregiving for elderly persons Level-3 standard.

This document has been prepared by NSDA with the help of relevant experts, trainers/professionals.

All Government-Private-NGO training institutes in the country accredited by NSDA can use this CBLM to implement skill-based training of caregiving for elderly persons Level-3 course.

Approved in

-----th Authority Meeting of NSDA held on -----

How to use this Competency Based Learning Material (CBLM)

The module, Maintaining and enhancing professional & technical competency contains training materials and activities for you to complete. These activities may be completed as part of structured classroom activities or you may be required you to work at your own pace. These activities will ask you to complete associated learning and practice activities in order to gain knowledge and skills you need to achieve the learning outcomes.

1. Review the **Learning Activity** page to understand the sequence of learning activities you will undergo. This page will serve as your road map towards the achievement of competence.
2. Read the **Information Sheets**. This will give you an understanding of the jobs or tasks you are going to learn how to do. Once you have finished reading the **Information Sheets** complete the questions in the **Self-Check**.
3. **Self-Checks** are found after each **Information Sheet**. **Self-Checks** are designed to help you know how you are progressing. If you are unable to answer the questions in the **Self-Check** you will need to re-read the relevant **Information Sheet**. Once you have completed all the questions check your answers by reading the relevant **Answer Keys** found at the end of this module.
4. Next move on to the **Job Sheets**. **Job Sheets** provide detailed information about *how to do the job* you are being trained in. Some **Job Sheets** will also have a series of **Activity Sheets**. These sheets have been designed to introduce you to the job step by step. This is where you will apply the new knowledge you gained by reading the Information Sheets. This is your opportunity to practise the job. You may need to practise the job or activity several times before you become competent.
5. Specification **sheets**, specifying the details of the job to be performed will be provided where appropriate.
6. A review of competency is provided on the last page to help remind if all the required assessment criteria have been met. This record is for your own information and guidance and is not an official record of competency

When working through this Module always be aware of your safety and the safety of others in the training room. Should you require assistance or clarification please consult your trainer or facilitator.

When you have satisfactorily completed all the Jobs and/or Activities outlined in this module, an assessment event will be scheduled to assess if you have achieved competency in the specified learning outcomes. You will then be ready to move onto the next Unit of Competency or Module

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Module Content

Unit Title: Manage clients with Stroke, Dementia, Parkinson & Alzheimer's disease patients

Unit Code: OU- INF-ECP-04-L3-V1

Module Title: Managing clients with Stroke, Dementia, Parkinson & Alzheimer's disease patients

Module Description: This unit covers the knowledge, skills and attitudes required to manage clients with stroke, dementia, Parkinson and Alzheimer's disease patients.

It includes preparing to assist with medication, preparing the client for assistance in administering medication, assisting medication administration, providing record and report of the client, complying with industry procedures for raised issues, and completing administration of prescribed medication.

Nominal Duration: 50 Hours

Learning Outcomes:

Upon completion of this module the trainees must be able to:

1. Prepare to assist with medication
2. Prepare the client for assistance in administering medication
3. Assist medication administration
4. Provide record and report of the client
5. Comply with industry procedures for raised issues
6. Complete administration of prescribed medication

Assessment Criteria:

1. Personal hygiene and disinfection control procedures are carried out according to standard practice.
2. Therapeutic communication is applied with stroke patient to manage them based on established standard.
3. Related medical terminologies are used in assisting client in administering prescribed medication based on established standard.
4. Legal aspects in assisting client in administering his prescribed medication is recognized based on established standard
5. Client's medication order is Recognized and prepared for medication considering culture, beliefs and practices as per standard procedure.
6. Any circumstances or changes in the client's condition or personal needs that may impact on assisting the client with their medication is identified and reported to the related authority.
7. Dispensing aids are prepared as per established standard.

8. Principles of infection control are followed as per standard procedure.
9. Principles in giving medication are applied as per standard procedure.
10. Ten (10) rights of drug administration are recognized.
11. Client medications are checked according to the client's need as prescribed.
12. The administration procedure is explained to the client in line with requirements and organization procedures.
13. The medication is prepared as per standard practice.
14. The client is observed prior to giving medication following organization policies and procedures.
15. Infection control and therapeutic communication is ensured following standard procedure.
16. Privacy, safety and comfort of the client is maintained based on established standard.
17. Caregiver's guide in assisting client in taking prescribed form of medication is applied based on established standard
18. Administering medications is supported following written prescription instructions.
19. All necessary checks are instigated to ensure the right medication is given at the right time, to the right person, in the right amount, via the right route.
20. The client is assisted to take the medications as prescribed.
21. The client is observed when taking the medication and their ingestion or completion is confirmed with the client.
22. The client is observed for any untoward signs and symptoms and any possible medication effects and then reported to a supervisor or health professional.
23. Used equipment, discarded medications / applicators and rubbish are collected and placed in appropriate/ designated receptacle as per standard process.
24. Prescribed medication given to client is documented.
25. Purpose of client's documentation is applied based on established standard
26. Characteristics of good documentation is used based on the established standard
27. Problem, Etiology, Symptoms (PES) method of documentation is applied based on established standard
28. Details of medication administration and medication not being administered or absorbed are documented and reported to relevant authority.
29. Individual's reactions to medication are identified, recorded and reported as per standard procedure.
30. Contaminated or expired medication are identified and reported as per standard procedure.
31. Inconsistencies observed with the medication or client are reported to relevant authority as per standard procedure.
32. Unused and/or used medications, containers and administration aids are cleaned and stored as per standard safety procedure.
33. Organization's arrangements and procedures to replenish dose administration aids and supplies of medications are followed.
34. Medication charts/care plans are stored following organization procedures
35. Medications are stored following government regulations and manufacturer's instructions

Learning Outcome 1: Prepare to assist with medication

Assessment Criteria	<ol style="list-style-type: none"> 1. Personal hygiene and disinfection control procedures are carried out according to standard practice. 2. Stroke care is applied based on established standard. 3. Related medical terminologies are used in assisting client in administering prescribed medication based on established standard. 4. Legal aspects in assisting client in administering his prescribed medication is recognized based on established standard. 5. Client's medication order is Recognized and prepared for medication considering culture, beliefs and practices as per standard procedure. 6. Any circumstances or changes in the client's condition or personal needs that may impact on assisting the client with their medication is identified and reported to the related authority. 7. Dispensing aids are prepared as per established standard.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker 9. Audio Video Device
Contents	<ol style="list-style-type: none"> 1 Personal hygiene and disinfection control procedures 2 Stoke patient care 3 Medical terminologies 4 Legal aspects of assisting clients in taking medication 5 The client's medication order and administration of medication according to his culture, beliefs and practices 6 Report any changes to client's medication assistance needs to authority 7 Dispensing aids
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Guided Practice 5. Individual Practice 6. Project Work 7. Problem Solving 8. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience 1: Prepare to assist with medication

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about managing clients with stroke, dementia, parkinson & alzheimer's disease patients	1. Instructor will provide the learning materials of prepare to assist with medication
2. Read the Information sheet/s	2. Information Sheet No:1 prepare to assist with medication
3. Complete the Self-Checks & Answer key sheets.	Self-Check No: 1- prepare to assist with medication Answer key No. 1- prepare to assist with medication
4. Read the Job/ Task sheet and Specification Sheet	3. Job/ task sheet and specification sheet Job Sheet No:1.1: Prepare to assist with medication Specification Sheet: 1.1 Prepare to assist with medication

Information Sheet 1: Prepare to assist with medication

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 1.1 Personal hygiene and disinfection control procedures
- 1.2 Stroke patient care
- 1.3 Medical terminologies
- 1.4 Legal aspects of assisting clients in taking medication
- 1.5 The client's medication order and administration of medication according to his culture, beliefs and practices
- 1.6 Client's personal circumstances change or need
- 1.7 Dispensing aids

1.1 Personal hygiene and disinfection control procedures:

Personal hygiene is the term used to describe a person's behavior, appearance, and cleanliness. These covers washing one's hands, taking a shower, and grooming.

1.1.1 Why is personal hygiene important?

Personal hygiene is essential because it contributes to a healthy workforce. A healthier workforce is happier and more productive. Personal Protective Equipment (PPE) should be worn correctly and stored after use.

1.1.2 Reasons you would need good hygiene:

- Disease Prevention
- Social and Professional Acceptance
- Higher Confidence and Self-Esteem



Personal Hygiene

1.1.3 Disinfection control procedure:

Step 1: Clean: Use soap, water, and a clean cloth/brush to clean.

Step 2: Rinse: Use a clean cloth and clean water, or place under running water.

Step 3: Disinfect: Apply the cleaning agent to the surface as directed.

1.2 Stroke patient care

A stroke is a very dangerous health issue that takes place when a part of the brain isn't getting enough blood. A stroke is a serious health problem and needs quick treatment. If someone gets help early after a stroke, they are less likely to have permanent damage.

1.2.1 Causes of Stroke:

- Hypertension (high blood pressure)
- Tobacco. Smoking increases your chances of having a stroke
- Cardiovascular disease
- Chronic stress
- Diabetes

1.2.2 Signs and Symptoms of Stroke:

- Sudden difficulty with balance
- Sudden problems with vision in one or both eyes
- Face or smile droops on one side
- Sudden weakness in arm or leg
- Unable to repeat a simple sentence, or slurred words
- If you observe any of these symptoms, call 999 immediately

1.2.3 Recognize Signs of a Stroke Using the Acronym BE FAST:



BE FAST

1.2.4 **People may face the following issues after stroke:**

- Weakness or paralysis of one side of the body
- Stiffness of an arm, hand, or leg
- Difficulties with balance, falling over easily when sitting or standing
- Difficulties speaking or understanding language
- Difficulties controlling their bladder and bowel (toilet needs) (but this usually improves over time)
- Loss of feeling on the weak side of their bodies
- Appearance of forgetting/ignorance of the weak side of their bodies
- Vision problems
- Appearance of confusion and difficulty remembering
- Mood and personality changes
- Losing the ability to perform routine activities.

1.2.5 **How to care for a stroke patient at home:**

- Promote daily movement and exercise.
- Ensure that they have a nutritious and balanced diet.
- Ensure that they are taking all necessary medications.
- Visit their healthcare provider on a regular basis.
- Concentrate on happy memories.
- Keep an eye out for side effects.
- Encourage the person to spend less time in bed if possible. If you stay in bed for too long, you will become weaker. Let him/her take quick breaks to rest.
- Allow the person to wake up at their regular time and get ready by washing and putting on clothes.
- Let the person eat meals with their family like they normally do.
- Help the person make a plan for their day and try to stick to it.
- Motivate the individual to do tasks independently. Be calm and wait for him/her.
- Extra time to finish and get better at tasks. Doing everything you can to help him.
- Doing everyday things and exercising regularly is healthy.
- Always remember that stroke survivors are grown-ups, so treat them like adults and not like kids.

1.2.6 **How to deal with stroke patient:**

- Seek out expert assistance from an occupational therapist or a behavioral psychologist.
- Tell the stroke survivor of the date, time, and day frequently. Place a clock and a calendar in the space and regularly present them to the person.

- Stick to the same daily schedule, eating at the same times each day, taking care of yourself (bathing, brushing your teeth, combing your hair, etc.), and sleeping in the same position.
- Begin outlining any alterations to the schedule well in advance, such as when you need to go to the store or the doctor. Give the explanation several times.
- Refuse certain behaviors on some days while allowing them on others. Decide what conduct you consider appropriate, and follow it.
- Refuse to let the person's negative behavior control you. Don't, for instance, give in to what someone demands simply because they keep shouting.
- Establish clear guidelines for prohibited conduct. Say, for instance, "Do not shout. 'If you shout, I will not respond.'"
- Even if it seems hilarious, refrain from laughing at odd and improper behavior, such as cursing.
- Let the other know when their actions are appropriate and appropriate. Say, for instance, "I like helping you when you are grateful."
- Involve the person in decision-making.
- Do not allow the person to control you with bad behavior.
- After a stroke, it's common for people to become more emotional and cry more easily. If someone is crying but not because they are sad, you can make them feel better by asking them to count to ten or take deep breaths. Try not to show too much concern as it might make the person cry even more.

1.2.7 **The way to communicate with stroke patient:**

- Look the person in the eye.
- Stay close to the person.
- Speak slowly and clearly, especially if the person is tired.
- Use your normal voice. Do not shout.
- Repeat what you have said if the person does not understand.
- Use short sentences.
- Pause between sentences.
- Use gestures while talking (show with your hands).
- Talk about ordinary, everyday topics.
- If the person cannot speak, ask questions that can be answered with a simple 'yes' or 'no'.
- If you're not sure whether the person understood, ask him/her to repeat important information



Stroke patient

1.2.8 **The position of stroke patient:**

There is a several guidelines for stroke patient to lie in bed. These are-

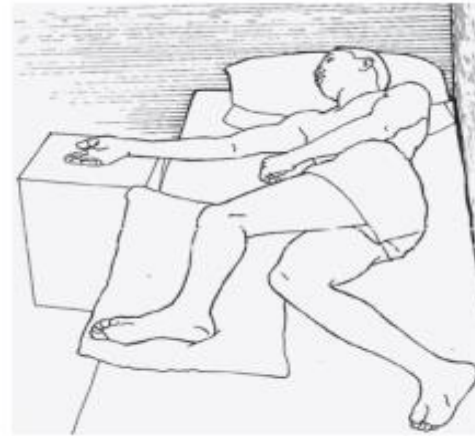
- Use a firm mattress (not too soft, not too hard)
- The wall should always be on the strong side of the person.

- The person should lie with their weak side towards the door. This will assist him/her in not forgetting or ignoring the weak side.
- The person should spend as little time in bed.
- When lying in bed, the person should lie on his or her sides rather than on the back.
- Rotate someone who is unable to move at all every two to three hours to avoid stiffness and bedsores.

1.2.9 How to sleep stroke patient on the both sides:



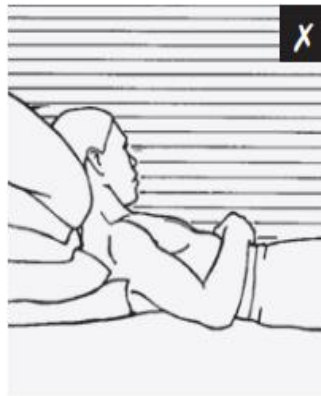
Lying on strong side.



Lying on strong side.

The position of stroke patient

1.2.10 How to lie stroke patient on the back:



Do not let the person lie in bed with a stack of pillows stuffed behind his/her back.

This may cause:

- Bedsores
- Breathing problems
- Problems with swallowing
- More stiffness in the arm and leg
- A bent spine and forward head position

The position of stroke patient on back

Note: The person may lie on his/her back only for a short time

1.3 Medical terminologies

- ICU: Intensive care unit
- I/V: Intravenous
- I/M: Intramuscular
- C/C: Chief Complaint
- Bx: Biopsy
- Rx: Treatment
- Ix: Investigation
- Dx: Diagnosis
- O/E: On Examination
- HTN: Hypertension
- ECG: Electrocardiogram
- CBC: Complete blood count
- Chol: Cholesterol
- CPR: Cardiopulmonary Resuscitation
- OD: Once a day
- OM: Each morning
- ON: Each night
- PO: Per oral
- PR: Per rectal
- PV: Per vaginal
- Syr.: Syrups
- HS: At sleeping
- H: Hour
- BD: Twice a day
- TDs: Three times daily
- QDs: Four times daily
- TSF: Teaspoon full
- NPO: Nothing per oral
- OMIT: Stop
- Hold: Pause
- Supp: Suppository
- Stat: Immediately

- BM: Before meal
- AM: After meal
- BP: Blood pressure
- SOS: If necessary
- SC: Subcutaneous
- NG: Nasogastric
- Inj.: Injection
- Benign: Not cancerous
- Malignant: Cancerous
- Electrolyte: Sodium, chloride Potassium
- S. Creatinine: Kidney function test
- Cap: Capsule
- ENT: Ear, nose & throat
- FBS: Fasting blood sugar
- RBS: Random blood sugar
- LBP: Low back pain

1.4 Legal aspects of assisting clients in taking medication

Every country has regulations governing the preparation, dispensing, and administration of pharmaceuticals. It is a law that governs the purchase and use of certain substances, particularly narcotics such as morphine, pethidine, cocaine, and so on.

Because they are prescription-only medications, they cannot be purchased or administered without a prescription. Dangerous drugs are always kept behind locked doors in the Dangerous Drug Cupboard, under the supervision of a trusted nurse.

.4.1 Things do not do while administering medicine:

- Do not give out dated or expired medication
- Do not give medication beyond stop date
- Do not administer medication that have changed color or consistency
- Administer medication that are taken only from properly labeled or prescribed container

1.5 The client's medication order and administration of medication according to his culture, beliefs and practices:

Religion, culture, beliefs, and ethnic norms can all have an impact on how patients perceive health concepts, how they care for their health, and how they make health-related decisions. Clinicians may provide medical advice without knowing how health beliefs and cultural practices influence how that information is received if they are not properly trained.

Religion, culture, and customs affect patient interactions. In certain cultures, discussing negative health outcomes is believed to attract them. In some cultures, family plays a significant role in health care decisions. Ethnic customs may affect who decides on medical treatments based on gender roles.

Here are some ways that religion, culture and customs of a person's ethnicity can affect how they behave when they see you as their doctor.

- **Health beliefs:** Some people in certain cultures think that if they talk about getting sick, it will actually happen.
- **Health customs:** Some cultures involve family in choosing health care options.
- **Ethnic customs:** Men and women may have different jobs in society that affect who decides to get medical treatment and stick to it.
- **Religious beliefs:** People's religious beliefs and spiritual views can affect how they seek healthcare and whether they're willing to follow certain treatments or behavior changes.
- **Dietary customs:** If the food and cooking methods suggested for a patient's diet are not familiar, it will be hard for them to stick to it.
- **Interpersonal customs:** In some cultures, it's normal to look at someone in the eyes or touch them physically. But in other cultures, it can be wrong or make the person feel uncomfortable.

1.6 Client's personal circumstances change or need

The most effective approach for ensuring the safety of one's client and enabling prompt resolution is through the reporting and documentation of any changes of medication. The imperative role of caregivers' reporting in ensuring the provision of safe and efficient client care cannot be overstated.

1.7 Dispensing aids

On the basis of a prescription, dispensing is the process of preparing and providing medication to a specific person. It requires the accurate preparation and labeling of medicine for use by the patient, as well as the correct understanding of the prescription writer's wishes.

1.7.1 Dispensing Equipment:

<ul style="list-style-type: none">• Bottle Top Dispensers	 A blue and white Mediflo bottle top dispenser with a vertical scale and a dispensing nozzle.
<ul style="list-style-type: none">• Controlled Drug Denaturing Kits	 A collection of white plastic bottles and containers, some with green labels, used for denaturing controlled drugs.
<ul style="list-style-type: none">• Pharmacy Packaging	 A variety of pharmacy packaging including amber glass bottles, white plastic bottles, and blue and white bags with green crosses.
<ul style="list-style-type: none">• Pharmacy Stamps	 A collection of pharmacy stamps, including a large white stamp with the word "CHECKED" and several smaller stamps with grid patterns.
<ul style="list-style-type: none">• Precision Weighing/Scales	 Three different models of precision weighing scales, including a large white one and two smaller ones.
<ul style="list-style-type: none">• Prescription Handling	 A collection of prescription handling equipment including a grey storage bin, a blue basket, a pink basket, and a stack of colorful pill containers.

<ul style="list-style-type: none"> • Record Keeping 	
<ul style="list-style-type: none"> • Spills Kit 	
<ul style="list-style-type: none"> • Tablet Counting 	
<ul style="list-style-type: none"> • Waste Management 	

Prepare dispensing Aids:

Preparing dispensing aids is an important task in healthcare settings to ensure accurate and safe medication administration. Dispensing aids can include items like medication blister packs, pill organizers, and medication cups. Here are the steps to prepare dispensing aids:

- **Gather Supplies:** Collect all the necessary supplies and equipment you will need to prepare the dispensing aids. This may include blister packs, pill organizers, medication cups, labels, a pen, and the medications themselves.
- **Review Medication Orders:** Review the medication orders or prescriptions for each patient. Ensure you have the correct medication, dosage, and frequency information.
- **Wash Hands:** Before handling any medications or dispensing aids, thoroughly wash your hands to maintain hygiene and prevent cross-contamination.
- **Label the Dispensing Aid:** Label the dispensing aid with the patient's name, date, and any other relevant information. Ensure that you are using the correct dispensing aid for each patient.
- **Prepare Medications:** Carefully measure or count out the prescribed medications for each patient. Double-check that you have the right medications and doses.

Self-Check Sheet - 1: Prepare to assist with medication

Questionnaire:

1. What is personal hygiene?

Answer:

2. Why do we need good hygiene?

Answer:

3. What do you mean by stroke?

Answer:

4. Write down the cause of stroke.

Answer:

5. What are the sign and symptom of stroke?

Answer:

6. How to care for a stroke patient at home?

Answer:

7 How to communicate with stroke patient?

Answer:

8. What things we should not do while administering medicine?

Answer:

Answer Key - 1: Prepare to assist with medication

1. What is personal hygiene?

Answer: Personal hygiene is the term used to describe a person's behavior, appearance, and cleanliness. These covers washing one's hands, taking a shower, and grooming.

2. Why do we need good hygiene?

Answer: We need good hygiene for several reasons. These are-

- Disease Prevention
- Social and Professional Acceptance
- Higher Confidence and Self-Esteem

3. What do you mean by stroke?

Answer: A stroke is a very dangerous health issue that takes place when a part of the brain isn't getting enough blood. A stroke is a serious health problem and needs quick treatment. If someone gets help early after a stroke, they are less likely to have permanent damage.

4. Write down the causes of stroke.

Answer: The causes of stroke are-

- Hypertension (high blood pressure)
- Tobacco. Smoking increases your chances of having a stroke
- Cardiovascular disease
- Chronic stress
- Diabetes

5. What are the signs and symptoms of stroke?

Answer: The signs and symptoms of stroke are-

- Sudden difficulty with balance
- Sudden problems with vision in one or both eyes
- Face or smile droops on one side
- Sudden weakness in arm or leg
- Unable to repeat a simple sentence, or slurred words
- If you observe any of these symptoms, call 999 immediately

6. How to care for a stroke patient at home?

Answer: There are some ways to care for a stroke patient-

- Promote daily movement and exercise.
- Ensure that they have a nutritious and balanced diet.
- Ensure that they are taking all necessary medications.
- Visit their healthcare provider on a regular basis.
- Concentrate on happy memories.
- Keep an eye out for side effects.

- Encourage the person to spend less time in bed if possible. If you stay in bed for too long, you will become weaker. Let him/her take quick breaks to rest.
- Allow the person to wake up at their regular time and get ready by washing and putting on clothes.
- Let the person eat meals with their family like they normally do.
- Help the person make a plan for their day and try to stick to it.
- Motivate the individual to do tasks independently. Be calm and wait for him/her.
- Extra time to finish and get better at tasks. Doing everything you can to help him.
- Doing everyday things and exercising regularly is healthy.
- Always remember that stroke survivors are grown-ups, so treat them like adults and not like kids.

7. How to communicate with stroke patient?

Answer: The way to communicate with stroke patient-

- Look the person in the eye.
- Stay close to the person.
- Speak slowly and clearly, especially if the person is tired.
- Use your normal voice. Do not shout.
- Repeat what you have said if the person does not understand.
- Use short sentences.
- Pause between sentences.
- Use gestures while talking (show with your hands).
- Talk about ordinary, everyday topics.
- If the person cannot speak, ask questions that can be answered with a simple 'yes' or 'no'.
- If you're not sure whether the person understood, ask him/her to repeat important information

8. What things we should not do while administering medicine?

Answer: The things we should not do while administering medicine-

- Do not give out dated or expired medication
- Do not give medication beyond stop date
- Do not administer medication that have changed color or consistency
- Administer medication that are taken only from properly labeled or prescribed container

Job Sheet-1.1: Administer Routine Oral Routine Medications to the Patient

Job Name: Administer routine oral routine medications to the patient

Scenario: Administer routine medications to a client aged 60 years old according to the instruction through appropriate routes of drug administration in a safe, comfortable and respectful manner.

Time: 20 minutes

Working Procedure:

1. Wear appropriate PPE for the Job.
2. Read the Job sheet and Specification sheet provided.
3. Collect and prepare all needed materials, supplies and equipment.
4. Perform hand hygiene & position the patient comfortably.
5. Obtain required number of medicines from the supplies and collect water to feed the patient orally.
6. Obtain permission from the patient and administer the medicine to the client orally.
7. Remove non-sterile gloves and place them in the appropriate receptacle.
8. Follow hygiene and safety requirements throughout the demonstration processes.
9. Submit needed output to the Competency Assessor.
10. Clean tools, equipment, materials and work area.
11. Store tools, equipment, materials as per instruction

Note: During the assessment event prepare and submit the output for the job to the accredited assessor.

Specification Sheet -1.1 Administer Routine Oral Routine Medications to the Patient

Job Name: Administer routine oral routine medications to the patient

Condition for the job: Work must be carried out in a safe manner and according to Care Giving standards.

Specific Instruction:

1. Interpret the prescription properly and check medications for expiry date
2. Apply 5 rights of drug administration throughout the process
3. Show respectful attitude towards the patient all the time
4. Explain the procedure to the patient and provide counselling support on possible side effects, if required

Required Equipment:

1. Gloves
2. Apron
3. Facemask

Required Equipment:

S/N	Tools & Equipment	Quantity
1	Kidney tray	1
2	Gully Pot	1
3	Artery Forceps	1
4	Patient Bed	1
5	Pneumatic Mattress	1
6	Dressing Tray/Trolley	
7	Pillow with Cover, cover sheet for the patient.	

Required Materials:

1. Iodine Solution
2. Hand sanitizer
3. Sterile gauze
4. Cotton Balls
5. Micropore

Learning Outcome 2: Prepare the client for assistance in administering medication

Assessment Criteria	<ol style="list-style-type: none"> 1. Principles of infection control is followed as per standard procedure. 2. Principles in giving medication is applied as per standard procedure. 3. Ten (10) rights of drug administration are recognized. 4. Client medications are checked according to the client's need as prescribed. 5. The administration procedure is explained to the client in line with requirements and organization procedures. 6. The medication is prepared as per standard practice. 7. The client is observed prior to giving medication following organization policies and procedures.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker 9. Audio Video Device
Contents	<ol style="list-style-type: none"> 1 Principles of infection control 2 Dementia patient care 3 Ten (10) rights of drug administration 4 Clients' medication check
Activities/job/Task	2.1 Prepare the client for assistance in administering medication
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Guided Practice 5. Individual Practice 6. Project Work 7. Problem Solving 8. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience 2: Prepare the client for assistance in administering medication

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about managing clients with stroke, dementia, parkinson & alzheimer's disease patients	1. Instructor will provide the learning materials of Prepare the client for assistance in administering medication
2. Read the Information sheet/s	2. Information Sheet No:2 Prepare the client for assistance in administering medication
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 2.1- Prepare the client for assistance in administering medication Answer key No. 2.1- Prepare the client for assistance in administering medication
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Job Sheet No:2.1: Prepare the client for assistance in administering medication Specification Sheet: 2.1 Prepare the client for assistance in administering medication

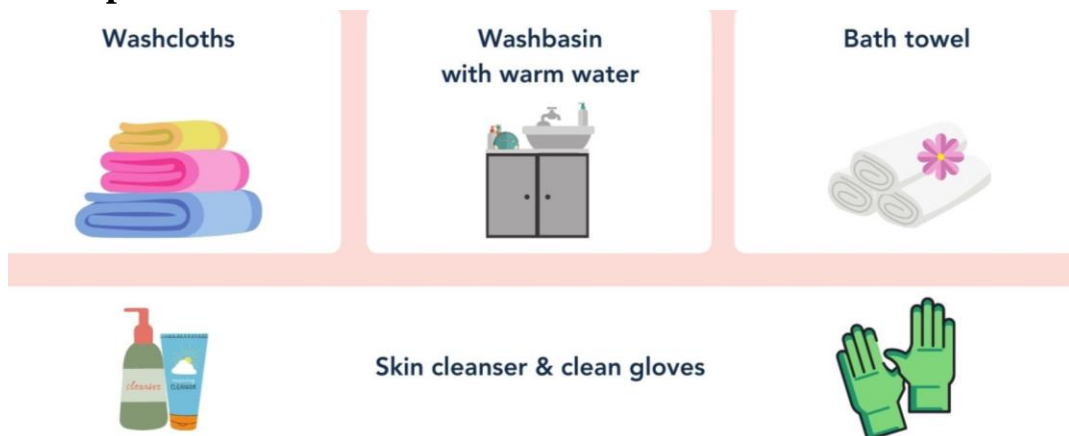
Information Sheet 2: Prepare the client for assistance in administering medication

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 2.1 Principles of infection control
- 2.2 Dementia patient care
- 2.3 Ten (10) rights of drug administration
- 2.4 Clients' medication check

2.1 Principles of infection control



- **Hand hygiene**

Most important in reducing infection spread. Your hands are most likely to come into contact with people, surfaces, and pathogens. “Remember: Viruses are invisible so you don’t know what germs are on your hands.”

- **Respiratory and cough hygiene**

The goal of respiratory and cough hygiene is to lessen and eliminate the possibility of the spread of germs like Covid-19 and respiratory illnesses.

- **Wear personal protective equipment**

The transmission of infection can be stopped or slowed down by wearing personal protective equipment. You should determine how likely you are to become infected and make sure you are wearing PPE that will adequately protect you from the hazards.

- **Safe management of care equipment**

Equipment must be suitable. Car comes with logbook, service history, and maintenance

invoices upon acquisition. Keeping equipment records is wise. We should use safe management of care equipment to stop the spread of infection.

- **Safe management of care environment**

To the naked eye, your environment appears clean. Floors, windows, and furniture are clean and shiny. Millions of hazardous micro-organisms on your surfaces. Cleanliness is crucial in reducing infection risks for you and your patients. Cleaning, disinfecting, and sterilizing make things safe. Steps are crucial to prevent microorganisms like viruses from causing infection.

- **Safe management of linen**

The managing of linen has a dual purpose, involving both the preservation of clean linen until it reaches the patient and the elimination of potential contamination risks associated with soiled linen to safeguard patients, staff, the environment, and other linens.

- **Safe disposal of waste**

The improper disposal of hazardous waste is characterized by its potential to discharge and pollute soil and water, consequently resulting in detrimental implications on both the ecosystem and human well-being.

- **Safe management of blood and body fluid spillages**

If you see small amounts of blood or spills (less than 10 cm) you can clean it up easily by wiping it with paper towels and washing it with warm soapy water. Then, rinse and dry the area. Make the area dry because if it's wet, it can attract dirt and germs.

2.2 **Dementia patient care**

Dementia refers to a group of disorders that affect memory, reasoning, and daily functioning. It defines to a loss of cognitive function that is severe enough to interfere with daily life. Dementia is not a specific disease, but rather an umbrella term for a variety of symptoms. This is not typical aging. Dementia is caused by brain damage caused by disease or trauma.

- **Signs and Symptoms of Dementia**

- Forgetting of previous events or things
- Misplacing or losing items
- Getting lost when walking or driving
- Being confused even in familiar places

- Difficulties in solving problems or making decisions
 - Difficulties following discussions or locating words
 - Difficulties doing familiar activities
 - Visually misjudging distances to objects
- **Risk factor of Dementia:**
 - **High blood pressure**

People with high blood pressure (hypertension) in their forties (ages 45 to 65) are more likely to develop dementia than those with normal blood pressure. Because of its effect on the heart, arteries, and blood circulation, high blood pressure can raise the chance of developing dementia, particularly vascular dementia.
 - **Traumatic brain injury**

Dementia risk is higher in those who sustain severe or frequent head traumas. Dementia may develop as a result of a process that brain damage may start.
 - **Lack of physical activity**

Even in those who do not have any other risk factors, dementia might result from insufficient physical activity. Ages 65 and over who are physically inactive have a higher risk of developing dementia.
 - **Social Isolation**

The risk of hypertension, coronary heart disease, depression, and dementia can all be raised by social isolation. The risk of dementia may be lowered by maintaining social engagement. The progression of the disease may also be slowed down by social engagement.
 - **Smoking**

Strong and consistent data suggests that smokers have a higher chance of getting dementia than non-smokers or former smokers. There is always time to give up! Quitters have a lower chance of developing dementia.
 - **Diabetes**

Ages 45 to 65) who have type 2 diabetes are more likely to get dementia, especially Alzheimer's disease and vascular dementia.
 - **Poor diet**

Bad diet that is high in salt, sugar, and saturated fat can raise your risk of getting dementia and cardiovascular disease, among other diseases.
 - **Depression**

Dementia risk is increased in people who experience depression in middle or later age. But it's still unclear how sadness and dementia are related.

- **Communicating with dementia patient:**

Dementia is a chronic illness that progressively impairs a person's memory and comprehension of commonplace information like names, dates, and locations. The way someone communicates will gradually change as they get dementia.

Their capacity to reason effectively and articulately will deteriorate. If you are caring for someone who has dementia, you might discover that as the condition worsens you will have to initiate conversations to get them to talk.

Try to initiate conversations with the person you are caring for, especially if you observe that they are doing it less frequently. It can assist with:



Communication with Dementia Patient

- Speak simply and explain things with short sentences that are easy to understand. Talk slowly and clearly so that everyone can follow along.
- Look at the person in the eyes when they are speaking or asking you something.
- Wait patiently for their response, as they may feel stressed if you try to rush them.
- Encourage them to talk and participate in conversations with people, if they can.
- In discussions about their health or well-being, it is important to let them speak for themselves.
- Don't talk down to them or make fun of what they say.
- If someone talks to you but doesn't answer your question or says something that doesn't seem related, let them know that you listened and ask them to share more about what they meant.

- Make things easy for them by giving simple options. Don't confuse them with difficult or complex choices.
- Try different ways of talking to them, like asking questions in a different way if they can't answer like they used to.

- **Communicating through body language and physical contact:**

Talking is not the only way to communicate. Using hand movements, body language, and facial expressions can help you communicate a message or give meaning to what you are saying. When someone with dementia has trouble talking, their body movements and physical touch can become very important ways for them to communicate.

When someone has difficulty speaking or understanding, try to:

- Stay calm and be patient. This will make it easier for the person to talk to you.
- Speak kindly and happily whenever you can.
- When you talk to someone, stand at a distance that is not too close or too far away. This will make them feel more comfortable around you. It's also a good idea to be at the same level as them, like sitting down if they are sitting.
- When you talk to someone and want to make them feel better, you can hold their hand or pat them to show that you care. Pay attention to how they react and listen to what they say to see if they like it.
- It's important that you encourage the person to communicate what they want, however they can. Remember, we all find it frustrating when we cannot communicate effectively, or are misunderstood.

- **Listening to and understanding someone with dementia:**

Communication involves two people who both participate by speaking and listening. If you take care of someone with dementia, you may need to pay extra attention when they talk to you. You might need to pay attention to how someone's face looks and how they use their body to communicate their feelings. You might need to touch or smile when you talk to show that you care.

Listening carefully can be beneficial:

- Look at the person and make sure they're looking at you while you talk.
- Don't stop them from speaking, even if you believe you understand what they are saying.
- Stop what you are doing and focus completely on the person who is talking to you.
- Try to reduce things that can make it hard to talk to someone like loud TV or radio, but make sure it's okay first.
- Say back what you heard and make sure it's right, or ask them to say it again.

2.3 Ten (10) rights of drug administration

If you understand the 10 Rules of Giving Drugs, you can stop lots of mistakes with medicine. Caregivers who give medicines can use this easy tool to make sure they give them safely.

Nurses and caregivers make sure that clients are safe and getting good care. Giving medicine is a very risky job in caregiving. The research found that medical staff make mistakes 60% of the time when giving medication.

Usually, they give the wrong time, amount, or dose. Taking the wrong medicine can lead to lifelong impairments and even death. Make sure patients are safe by following these rules when giving them medicine. There are 10 things you should always do.

2.3.1 Right Drug

Ensuring that the medication to be administered corresponds precisely with the drug name prescribed is commonly referred to as the concept of the “right drug.” This practice is aimed at minimizing the potential for medication errors.

- The caregiver initially orders the medications and contrasts the prepared medication card with the written orders from the doctor.
- Consult your doctor or supervisor if you have any questions.
- The caregiver should check the drug label three times before delivering the medication.
 - Prior to taking the container from the shelf.
 - When the prescribed quantity of the medicine is taken out of the container.
 - Prior to placing the container back on the shelf.
- Never prepare medications from an unmarked container, according to the caregiver.
- Be wary of medications whose names are similar.
- Steer clear of conversations that are mindless.
- Be familiar with medicine brand names.
- Ignore verbal commands.
- Prior to administration, correctly identify the patient.
- Check the altering of orders carefully.

2.3.2 Right Patient

Before you give medicine, make sure to ask the client for their name. You should ask for the patient’s name even if you already know it, just to make sure.

- After identifying the patient, the appropriate medication should be administered.
- Call the patient by name, using only his initials, and listen to see whether he repeats it.
- Use an identifying bracelet on children or patients who are unconscious.

2.3.3 Right Dose

Before taking medication, check the medication sheet and the doctor's prescription. Understand the distinction between an adult and a pediatric dose.

- Carefully study the doctor's order to get a sense of the right dosage.
- Verify the patient's age and weight.
- Accurately calculate the doses.
- Ensure measurement accuracy.
- Before taking the medication, prepare the medication card.
- Have a solid understanding of the symbols and acronyms utilized.

2.3.4 Right Route

The most efficient approach to transfer medications and other chemicals into the body is through the right route.

- Carefully read the doctor's order to confirm the administration route.
- Stick with the patient until he has finished his medication.
- Any errors should be reported right once to the doctor or supervisor.

2.3.5 Right Time and Frequency

Look at the order to see when it would be given and when it was last given.

- The timing of OD, BD, TDS, and QDS medications is set in accordance with the hospital's routine.
- Depending on the doctor's instructions, medications are administered before or after meals.

2.3.6 Right Documentation

Make sure to accurately record the time and any comments on the chart.

- Double check that you signed for the medication once it was given to you.
- Verify that the drug is accurately prescribed, including, if necessary, a start and stop date.

2.3.7 Right History and Assessment

Get a copy of the client's medical history, including any allergies and prescription interactions.

- Verify that the patient genuinely requires the drug.
- Verify any limitations.
- Initial observations, if necessary.

2.3.8 Drug approach and Right to Refuse

Provide the patient with sufficient freedom to decline the medication following a comprehensive explanation of its impacts.

- Before giving a patient medication, be sure you have their permission.
- If a patient has the mental capacity to do so, they do have the right to refuse medication.

2.3.9 Right Drug-Drug Interaction and Evaluation

Examine the patient's diet and any medications they've taken in the past that might have an adverse reaction to the medication being administered. Additionally, verify the medication's expiration date.

- Verify that the drug is functioning as it should.
- Ensure that prescriptions are periodically evaluated.
- Continued observations, if necessary.

2.3.10 Right Education and Information

Give the patient enough information about the medication they will be taking, including expected therapeutic and adverse effects.

- Verify that the patient is aware of the purpose of the drug.
- Tell them to get in touch with a doctor if they encounter any negative effects or reactions.

2.4 Clients' medication check

We need to check the client's medication before administering drugs to determine whether it has been administered properly. We should follow the ten rights of drug administration guidelines to prevent medication errors. Apart from following ten rights of drug administration, we need to check drugs name, drugs expired date, and indication. If we make any mistake while administering medication, patients may suffer because of our mistake.

Self-Check Sheet - 2: Prepare the client for assistance in administering medication

Questionnaire:

1. What is dementia?

Answer:

2. What are the signs and symptoms of dementia?

Answer:

3. Write down the risk factor of dementia.

Answer:

4. How to communicate with Dementia patient?

Answer:

5. Write down the Ten Rights of drug administration.

Answer:

Answer Key - 2: Prepare the client for assistance in administering medication

1. What is dementia?

Answer: Dementia refers to a group of disorders that affect memory, reasoning, and daily functioning. It also defines to a loss of cognitive function that is severe enough to interfere with daily life.

2. What are the signs and symptoms of dementia?

Answer: The signs and symptoms of dementia are-

- Forgetting of previous events or things
- Misplacing or losing items
- Getting lost when walking or driving
- Being confused even in familiar places
- Difficulties in solving problems or making decisions
- Difficulties following discussions or locating words
- Difficulties doing familiar activities
- Visually misjudging distances to objects

3. Write down the risk factors of dementia.

Answer: The risk factors of dementia are-

- High blood pressure
- Traumatic brain injury
- Lack of physical activity
- Social Isolation
- Smoking
- Diabetes
- Poor diet
- Depression

4. How to communicate with Dementia patient?

Answer: There are several ways to communicate with dementia patient. These are-

Try to initiate conversations with the person you are caring for, especially if you observe that they are doing it less frequently. It can assist with:

- Speak simply and explain things with short sentences that are easy to understand. Talk slowly and clearly so that everyone can follow along.
- Look at the person in the eyes when they are speaking or asking you something.
- Wait patiently for their response, as they may feel stressed if you try to rush them.
- Encourage them to talk and participate in conversations with people, if they can.

- In discussions about their health or well-being, it is important to let them speak for themselves.
- Don't talk down to them or make fun of what they say.
- If someone talks to you but doesn't answer your question or says something that doesn't seem related, let them know that you listened and ask them to share more about what they meant.
- Make things easy for them by giving simple options. Don't confuse them with difficult or complex choices.
- Try different ways of talking to them, like asking questions in a different way if they can't answer like they used to.

5. Write down the Ten Rights of drug administration.

Answer: The ten rights of drug administration are-

- Right Drug.
- Right Patient.
- Right Dose.
- Right Route.
- Right Time and Frequency.
- Right Documentation.
- Right History and Assessment.
- Drug approach and Right to Refuse.
- Right Drug-Drug Interaction and Evaluation.
- Right Education and Information.

Job Sheet-2.1: Prepare the client for assistance in administering medication

Job Name: Prepare the client for assistance in administering medication

Scenario: You are taking care of Mr. Rahim and he is suffering from some chronic diseases. He needs to administer medication according to his prescription regularly. Now prepare him for administering medication.

Time: 20 minutes

1. **Working Procedure:**Greetings and self-introduction
2. Consent taking from patients
3. Wear appropriate PPE for the Job.
4. Read the Job sheet and Specification sheet provided
5. Collect and prepare all needed materials, supplies and equipment
6. Check client medications according to the client's need as prescribed.
7. Explain the administration procedure to the client in line with requirements and organization procedures.
8. Prepare the medication as per standard practice.
9. Observe the client prior to giving medication following organization policies and procedures
10. Thank your patient
11. Submit your work to assessor

Note: During the assessment event prepare and submit the output for the job to the accredited assessor.

Specification Sheet – 2.1 Prepare the client for assistance in administering medication

Job Name: A Prepare the client for assistance in administering medication

Condition for the job: Work must be carried out in a safe manner and according to Caregiving standards.

Specific Instruction:

1. Follow principles of infection control as per standard procedure.
2. Apply principles in giving medication as per standard procedure.
3. Recognize Ten (10) rights of drug administration.
4. Check medications according to the client's need as prescribed.
5. Explain the administration procedure to the client in line with requirements and organization procedures.
6. Prepare the medication as per standard practice.
7. Observe the client prior to giving medication following organization policies and procedures.

Required Equipment:

1. Gloves
2. Apron
3. Facemask

Required Equipment:

S/N	Tools & Equipment	Quantity
1	Hot water	1
2	Hot pack	1
3	Towel	1
4	Patient Bed	1
5	Trolley	1
6	Pillow with Cover, cover sheet for the patient	1

Required Materials:

1. Hand sanitizer
2. Hot Water

Learning Outcome 3: Assist medication administration

Assessment Criteria	<ol style="list-style-type: none"> 1. Infection control and therapeutic communication is ensured following standard procedure. 2. Privacy, safety and comfort of the client is maintained based on established standard. 3. Caregiver's guide in assisting client in taking prescribed form of medication is applied based on established standard. 4. Administering medications is supported following written prescription instructions. 5. All necessary checks are instigated to ensure the right medication is given at the right time, to the right person, in the right amount, via the right route. 6. The client is assisted to take the medications as prescribed. 7. The client is observed when taking the medication and their ingestion or completion is confirmed with the client. 8. The client is observed for any untoward signs and symptoms and any possible medication effects and then reported to a supervisor or health professional. 9. Used equipment, discarded medications / applicators and rubbish are collected and placed in appropriate/ designated receptacle as per standard process. 10. Prescribed medication given to client is documented
Conditions and Resources	<ol style="list-style-type: none"> 1. Infection control and therapeutic communication for medication administration 2. Real or simulated workplace 3. CBLM 4. Handouts 5. Laptop 6. Multimedia Projector 7. Paper, Pen, Pencil, Eraser 8. Internet facilities
Contents	<ol style="list-style-type: none"> 1 Privacy, safety and comfort 2 Alzheimer's disease patients' care 3 Guide for assisting clients with form of medication 4 Clients' medication check 5 Check the side effect of medicine 6 Used equipment and trash collected and put in a proper container 7 Documentation

Training Methods	<ol style="list-style-type: none">1. Discussion2. Presentation3. Demonstration4. Guided Practice5. Individual Practice6. Project Work7. Problem Solving8. Brainstorming
Assessment Methods	<ol style="list-style-type: none">1. Written Test2. Demonstration3. Oral Questioning

Learning Experience 3: Assist medication administration

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about managing clients with stroke, dementia, parkinson & alzheimer's disease patients	1. Instructor will provide the learning materials of Assist medication administration
2. Read the Information sheet/s	2. Information Sheet No:3 Assist medication administration
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 3- Assist medication administration Answer key No. 3- Assist medication administration
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Job Sheet No:3.1: Assist medication administration Specification Sheet: 3.1 Assist medication administration

Information Sheet 3: Assist medication administration

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 3.1 Infection control and therapeutic communication for medication administration
- 3.2 Privacy, safety and comfort
- 3.3 Alzheimer's disease patients' care
- 3.4 Guide for assisting clients with form of medication
- 3.5 Clients' medication check
- 3.6 Check the side effect of medicine
- 3.7 Used equipment and trash collected and put in a proper container
- 3.8 Medical Documentation

3.1 Infection control and therapeutic communication for medication administration

Infection control and therapeutic communication are critical aspects of medication administration in healthcare settings. Proper infection control measures help prevent the spread of infections, while therapeutic communication enhances the patient's understanding of their medications and promotes a positive patient experience.

Here's a guide on how to integrate these two aspects into medication administration:

Infection Control:

- Hand hygiene
- Personal protective equipment
- Clean and disinfect surfaces
- Aseptic techniques
- Medication administration equipment
- Isolation precautions

Therapeutic Communication:

- Introduce Yourself
- Explain the Medication
- Answer Questions
- Active Listening
- Provide Written Information
- Offer Choices
- Privacy and dignity
- Address concerns promptly
- Follow up

3.2 Privacy, safety and comfort

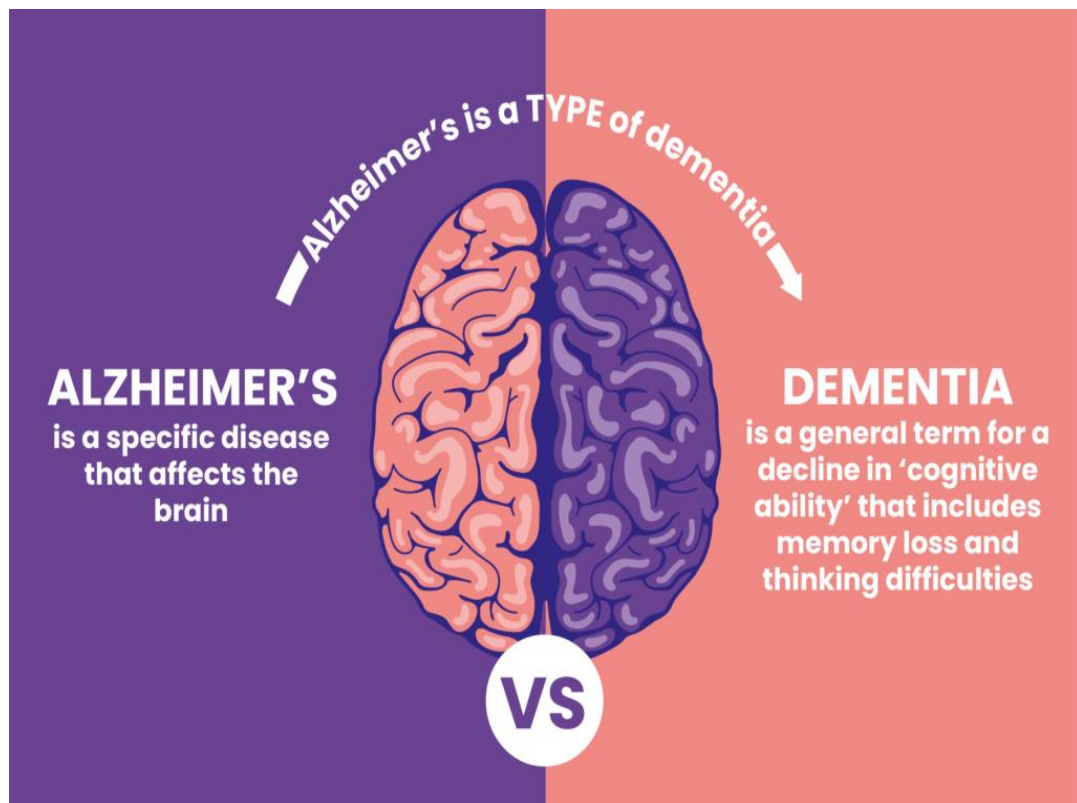
The right to privacy is a fundamental human right that supports the freedoms of association, expression, and against discrimination. Comfort is a state of mind in which an individual is generally at peace with himself and with his environment.

A safe and comfortable environment is one that contributes to the well-being of the patient and promote recovery. It implies freedom from injury. Routine techniques to assist patients feel more comfortable include doing oral hygiene, bathing, skin care, repositioning, and dressing and linen changes.

3.3 Alzheimer's disease patients' care

Caring for a patient with Alzheimer's disease, who may also have dementia and a history of stroke, requires a multifaceted and compassionate approach. Here's a comprehensive guide to providing care for such individuals, taking into consideration their cognitive challenges and potential health issues:

3.3.1 Difference between dementia and Alzheimer's disease:



Difference between dementia and Alzheimer's disease

Alzheimer's disease is a specific type of brain disease, but dementia is a phrase used generally. Dementia symptoms, which initially worsen over time, are what

characterize it. Since the learning-related area of the brain is the area of the brain that is first affected by Alzheimer's disease, memory, thinking, and reasoning abnormalities are frequently among the earliest signs of the condition.

3.3.2 Causes and risk factors of Alzheimer's disease:

Although nerve cell death is a component of Alzheimer's disease, the exact cause is still a mystery to scientists. However, some risk factors that raise the possibility of getting Alzheimer's have been found.

- **Age**

The single most important aspect is age. After age 65, your chance of getting Alzheimer's disease increases every five years. However, anyone can be at risk for getting Alzheimer's disease. One in twenty individuals with the disease is under 65. People as young as 40 can develop this type of Alzheimer's disease, often known as early- or young-onset Alzheimer's.

- **Family history**

Although the actual increase in risk is minimal, the genes you inherit from your parents may increase your risk of having Alzheimer's disease. However, the probability of passing on the disease is substantially higher in families where Alzheimer's disease is caused by the inheritance of a single gene.

- **Down's syndrome**

Alzheimer's disease has an increased risk of developing in people with Down syndrome. This is because some people who have Down's syndrome may also get Alzheimer's disease as a result of the genetic abnormalities that cause amyloid plaques to accumulate in the brain over time.

- **Head injuries**

It's possible that people who have suffered serious head injuries are more likely to develop Alzheimer's disease, but more research is required in this area.

- **Cardiovascular disease**

According to research, a number of illnesses and lifestyle choices linked to cardiovascular disease can raise the risk of Alzheimer's disease.

3.3.3 The way to prevent Alzheimer disease:

Making good lifestyle choices can help minimize your risk of Alzheimer's. What you can do is as follows:

- **Manage high blood pressure:** Adults with high blood pressure number in the thousands, and many do not have it under control.
- **Manage blood sugar:** If you have diabetes, learn how to control your blood sugar levels.
- **Maintain a healthy weight:** You can keep your weight in check by eating well and exercising frequently.
- **Be physically active:** Exercise can enhance cognitive function, lower anxiety and depressive symptoms, and increase sleep quality.
- **Quit smoking:** By giving up smoking today, you can lower your risk of developing heart disease, cancer, lung disease, and other smoking-related disorders. You may also maintain your brain health.
- **Avoid excessive drinking:** Be careful how much you drink if you do.
- **Prevent and correct hearing loss:** To manage and treat hearing loss, be sure to speak with a hearing care specialist.
- **Get enough sleep:** Typically, people sleep less than the amount that is advised.

3.3.4 How to manage Alzheimer's patient?

Although caregivers cannot reverse the personality and behavioral changes brought on by Alzheimer's, they can learn to deal with them. Here are a few advices:

- Maintain simplicity. One question or statement at a time.
- Establish a daily schedule so the individual is aware of when specific events will occur.
- Assure the person that you are there to support them and that they are safe.
- Pay more attention to feelings than to words. For instance, say, "You seem anxious."
- Avoid arguing or attempting to persuade the person.
- Try not to express your annoyance or rage. Take a few deep breaths and count to 10 if you become agitated. Leave the room for a while if it's secure.
- Laugh while you can.
- Provide a secure area for persons who pace a lot to walk. Give out strong, comfy shoes. To prevent them from losing too much weight, give them small snacks to consume as they walk, and make sure they have adequate fluids.
- To divert the person, try singing, dancing, or playing music.
- Request assistance. Say something like, "Let's set the table" or "I need help folding the clothes."

3.3.5 Communicating with Alzheimer disease patient:

It can be difficult to communicate with someone who has Alzheimer's disease. Alzheimer's disease can make it difficult for a family member or friend to understand you and for you to comprehend what they are trying to say.

Communication could be complicated by the possibility of misunderstanding, uncertainty, or frustration in both sides. You'll require tolerance, excellent listening abilities, and fresh approaches. Here are some tips for reducing your annoyance and enhancing your conversation. To improve communication in both directions-

- **Be patient:** Give the person with Alzheimer's patient some time to speak without interruption while taking the time to listen.
- **Learn to interpret:** Consider the context when attempting to grasp what is being stated. Offer a guess if the speaker is having trouble expressing a concept.
- **Maintain eye contact:** When speaking, make eye contact and address the person by name. Talk while holding hands.
- **Pay attention to your body language:** Speak clearly. Maintain a relaxed body language.
- **Offer comfort:** If an Alzheimer's patient is having difficulty communicating, reassure him or her and offer gentle encouragement.
- **Show respect:** Avoid using baby jargon and terms like "good girl." Don't speak about the person as if he or she isn't present.
- **Limit interruptions:** Reduce visual distractions and background noise, such as television or radio, which might make it difficult to hear, listen carefully, or concentrate.
- **Make it simple:** Use short sentences. As the condition advances, ask questions that need a yes or no answer. Divide requests into single phases.
- **Offer options:** When making a request for something that a person may object to, give them options.
- **Utilize visual cues:** Gestures or other visual clues can sometimes foster better understanding than words alone. Rather than asking if the person has to use the restroom, accompany him or her to the restroom and point to it.

- **Do not correct, argue, or criticize:** Make no corrections. When someone says something, you disagree with, avoid arguing.

3.4 Guide for assisting clients with form of medication

Most medications are available in a variety of forms or kinds. But keep in mind that certain medications only come in one variety, especially those that are uncommon or unique. Additionally, some people might perform better in one category than another.

3.4.1 Forms of oral medications:

They are available as liquid drops, syrups, solutions, or solid tablets, capsules, chewable tablets, orally disintegrating tablets to be ingested whole or sucked. The components of oral medications typically enter the bloodstream only after they have reached the stomach or bowel.

3.4.2 Forms of rectal and vagina Suppositories:

Rectal and vagina suppository are a drug that is put into the vagina, urethra, or rectum so that the body can digest and absorb it.

3.4.3 Forms of Ear Drug:

Liquid drugs called ear drops are inserted into the ear canal. Ear drops can be used to treat earwax blockage, discomfort, inflammation, and infection.

3.4.4 Forms of Nasal Drop:

Nasal spray, steroid nasal spray and saline nasal spray are the forms of nasal drop.

3.4.5 Form of injections Ampule:

Glass ampules come in sizes ranging from 1 ml to 10 ml and are used to hold a single dose of liquid medication.

3.4.6 Forms of Infusion Large solution:

Intravenous (IV) fluids are frequently administered when patients have insufficient fluid volume. Some IV fluids are also used to assist the transfer of fluid across compartments due to osmosis. IV fluid replenishes the intravascular compartment with fluid. Isotonic, hypotonic, and hypertonic IV fluids are the three different varieties available.

3.4.7 Forms of Topical Ointment: eye and skin:

Topical medications can be applied topically and come in a variety of forms, including liquids, ointments, gels, creams, and foams.

During administering medication, we must follow the rights of drug administration as well as the routes of drug administration. If we forget to follow the instructions, clients may suffer due to our mistakes.

3.5 Administering medications following written prescription instructions

Administering medications following written prescription instructions is a critical responsibility in healthcare settings, and it must be done with precision and care to ensure patient safety and treatment effectiveness.

Administer medications based on a written prescription:

- Verify patient identify
- Review the prescription
- Gather necessary supplies
- Hand hygiene
- Prepare medication
- Verify dosage calculations
- Administer medication
- Monitor the patient
- Document administration
- Dispose of waste
- Hand hygiene again
- Follow up
- Store medications safely

3.6 Clients' medication check

- **Drugs name:** We must check the drug's name before administering it as written in the doctor's prescription.
- **Expire date:** The expiry date typically indicates that you should not take the medication after the end of the month specified. For example, if the expiration date is July 31, 2020, you should not take the medication after that date.
- **Strength:** The amount of medicine in a certain dosage form, such as 500 mg/tablet, is referred to as its strength. The relative potency of drugs that can elicit the same effect is referred to as potency. The medicine with the lowest effect strength is thought to be the most potent.
- **Dosage formulation:** Dosage forms are pharmacological drugs in the packaging that they are sold in. As an illustration, two items might both contain amoxicillin, but one comes in 500 mg capsules, while the other comes in 250 mg chewable pills. When each drug product is individually packaged, the term "unit dose" can occasionally also refer to non-reusable packaging.

Indication: The term "indication" describes how to utilize a medicine to treat a certain illness. For instance, diabetes is a sign that insulin is needed. This connection can also be expressed as the fact that insulin is necessary for the management of diabetes.

3.7 Assisting client to take medications as prescribed

Assisting a client to take medications as prescribed is a fundamental responsibility for caregivers, especially in healthcare and home care settings. Ensuring medication adherence is essential for the client's health and well-being.

Assist a client in taking medications as prescribed:

- Verify client identify
- Review the prescription
- Gather necessary supplies
- Prepare medication
- Dosage calculation
- Administer medication
- Observe the client
- Encourage adherence
- Document client response
- Report any concerns
- Dispose of waste
- Maintain privacy and dignity
- Hand hygiene (Before and after)

3.8 Observing client when taking the medication and confirming their ingestion or completion with the client

Observing a client when taking medication and confirming their ingestion or completion is a crucial step in ensuring medication adherence and patient safety.

Properly observe and confirm medication ingestion with the client:

- Prepare medication
- Verify medication
- Prepare the client
- Administer medication
- Observe the client
- Document the medication administration
- Confirm ingestion
- Followup and monitoring
- Ensure privacy and dignity

3.9 Check the side effect of medicine

Common instances of minor negative medication effects include:

- Constipation

- Skin rash or dermatitis
- Diarrhea
- Dizziness
- Drowsiness
- Dry mouth
- Headache
- Insomnia
- Nausea

If we observe for any untoward signs and symptoms and any possible medication effects and then reported to a supervisor or health professional.

3.10 Managing Used equipment and trash

Medical wastes that need to be stored should be kept in labeled, leak-proof, puncture-resistant containers in an environment that reduces or eliminates offensive odors. Pests should not be able to access the storage room, which should also be well-ventilated.




3.10.1 Used of Medical Disposable box:

- Infection medical waste- Yellow container
- General medical waste – Black container
- Sharp medical waste - Red container
- Recyclable medical waste- Green Container
- Liquid medical waste - Blue container
- Radioactive medical waste - Silver container

3.11 Documentation of Medication

The quality of medical care and health care services across the sector, from obtaining suitable and right treatment, depend on accurate and sufficient medical documentation. The documenting of an individual's medical history, including past and present illnesses, examinations, tests, treatments, and outcomes, must include all essential facts, findings, and observations. The patient's care is chronologically recorded in the medical record, which is a crucial component of high-quality care.

Patient Medication Chart



Patient Name:

Medication	Dosage	Date	Time	Remark
Mon				
Tue				
Wed				
Thu				
Fri				
Sat				
Sun				

Figure-16: Medication Chart

Self-Check Sheet - 3 Assist medication administration

Questionnaire:

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1. Why Privacy, safety and comfort of a patient is important?

Answer:

2. How to deal with an Alzheimer's patient?

Answer:

3. What are the forms of oral medicine?

Answer:

4. What are the common side effects of drugs?

Answer:

5. Write down the uses of medical disposable box.

Answer:

Answer Key - 3: Assist medication administration

1. Why Privacy, safety and comfort of a patient is important?

Answer: The right to privacy is a fundamental human right that supports the freedoms of association, expression, and against discrimination. Comfort is a state of mind in which an individual is generally at peace with himself and with his environment.

A safe and comfortable environment is one that contributes to the well-being of the patient and promote recovery. It implies freedom from injury. Routine techniques to assist patients feel more comfortable include doing oral hygiene, bathing, skin care, repositioning, and dressing and linen changes.

2. How to deal with an Alzheimer's patient?

Answer: Although caregivers cannot reverse the personality and behavioral changes brought on by Alzheimer's, they can learn to deal with them. Here are a few advices:

- a) Maintain simplicity. One question or statement at a time.
- b) Establish a daily schedule so the individual is aware of when specific events will occur.
- c) Assure the person that you are there to support them and that they are safe.
- d) Pay more attention to feelings than to words. For instance, say, "You seem anxious."
- e) Avoid arguing or attempting to persuade the person.
- f) Try not to express your annoyance or rage. Take a few deep breaths and count to 10 if you become agitated. Leave the room for a while if it's secure.
- g) Laugh while you can.
- h) Provide a secure area for persons who pace a lot to walk. Give out strong, comfy shoes. To prevent them from losing too much weight, give them small snacks to consume as they walk, and make sure they have adequate fluids.
- i) To divert the person, try singing, dancing, or playing music.
- j) Request assistance. Say something like, "Let's set the table" or "I need help folding the clothes."

3. What are the forms of oral medicine?

Answer: They are available as liquid drops, syrups, solutions, or solid tablets, capsules, chewable tablets, orally disintegrating tablets to be ingested whole or sucked.

4. What are the common side effect of drugs?

Answer: Common instances of minor negative medication effects include:

- a) Constipation
- b) Skin rash or dermatitis
- c) Diarrhea
- d) Dizziness
- e) Drowsiness
- f) Dry mouth

- g) Headache
- h) Insomnia
- i) Nausea

5. Write down the uses of medical disposable box.

Answer: The uses of medical disposable box are-

- a) Infection medical waste- Yellow container
- b) General medical waste – Black container
- c) Sharp medical waste - Red container
- d) Recyclable medical waste- Green Container
- e) Liquid medical waste - Blue container
- f) Radioactive medical waste - Silver container

Job Sheet-3.1: Medicine administration

Job Name: Medicine administration

Scenario: You are taking care of Mr. Rahim and he is suffering from some chronic diseases. He needs to administer medication according to his prescription regularly. Now assist him for administering medication

Working Procedure:

1. Greetings and self-introduction
2. Consent taking from patients
3. Wear appropriate PPE for the Job.
4. Read the Job sheet and Specification sheet provided
5. Collect and prepare all needed materials, supplies and equipment
6. Maintain privacy, safety and comfort of the client based on established standard.
7. Apply Caregiver's guide in assisting client in taking prescribed form of medication based on established standard.
8. Support administering medications following written prescription instructions.
9. Instigated all necessary checks to ensure the right medication is given at the right time, to the right person, in the right amount, via the right route.
10. Assist the client to take the medications as prescribed.
11. Observe the client when taking the medication and their ingestion or completion is confirmed with the client.
12. Observe the client for any untoward signs and symptoms and any possible medication effects and then reported to a supervisor or health professional.
13. Collect and place used equipment, discarded medications / applicators and rubbish in appropriate/ designated receptacle as per standard process.
14. Document given prescribed medication to client
15. Thank your patient
16. Submit your work to assessor

Specification Sheet -3.1 Medicine administration

Condition for the job: Work must be carried out in a safe manner and according to Caregiving standards.

Specific Instruction:

1. Privacy, safety and comfort
2. Guide for assisting clients with form of medication
3. Clients' medication check
4. Check the side effect of medicine
5. Used equipment and trash collected and put in a proper container
6. Documentation

Required Equipment:

1. Gloves
2. Apron
3. Facemask

Required Equipment:

S/N	Tools & Equipment	Quantity
1	Medication Box	1
2	Prescription	1
3	Waste Disposal Box	1
4	Medication Tray	1
5	Water Mug/glass	1

Required Materials:

1. Different medications (Antibiotic, OTC drugs, Antihistamines, Antipsychotic etc)
2. 2. Drinking Water

Learning Outcome 4: Provide record and report of the client

Assessment Criteria	<ol style="list-style-type: none"> 1. Purpose of client's documentation is applied based on established standard 2. Characteristics of good documentation is used based on the established standard 3. Problem, Etiology, Symptoms (PES) method of documentation is applied based on established standard
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker 9. Audio Video Device
Contents	<ol style="list-style-type: none"> 1 Purpose of client's documentation 2 Characteristics of good documentation 3 Problem, Etiology, Symptoms (PES) method of documentation
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Guided Practice 5. Individual Practice 6. Project Work 7. Problem Solving 8. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience 4: Provide record and report of the client

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about Manage clients with Stroke, Dementia, Parkinson & Alzheimer's disease patients	1. Instructor will provide the learning materials of provide record and report of the client
2. Read the Information sheet/s	2. Information Sheet No:4 Provide record and report of the client
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No: 4.1- Provide record and report of the client Answer key No. 4- Provide record and report of the client
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Job Sheet No:4.1: Provide record and report of the client Specification Sheet: 4.1 Provide record and report of the client

Information Sheet 4: Provide record and report of the client

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 4.3 Purpose of client's documentation
- 4.4 Characteristics of good documentation
- 4.5 Problem, Etiology, Symptoms (PES) method of documentation

4.1 Client's documentation

The purpose of client documentation in caregiving is to ensure the provision of high-quality and personalized care to clients. It serves as a vital tool for communication, coordination, and record-keeping within the caregiving team. Here are some key purposes of client documentation in caregiving:

- **Continuity of care:** Client documentation helps maintain continuity of care by providing a comprehensive record of the client's medical history, care plans, preferences, and any specific instructions. This allows caregivers to understand the client's unique needs and provide consistent care, even when different caregivers are involved.
- **Care coordination:** Client documentation facilitates effective coordination among the caregiving team, including healthcare professionals, family members, and support staff. It serves as a central repository of information, enabling different team members to stay informed about the client's condition, progress, and any changes in care requirements.
- **Personalization and individualized care:** Documentation captures important details about the client's preferences, routines, and goals. It enables caregivers to provide personalized care that aligns with the client's values, wishes, and specific needs, fostering a more person-centered approach.
- **Monitoring and evaluation:** Client documentation allows caregivers to track and monitor the client's health status, medications, treatments, and progress over time. It provides a basis for evaluating the effectiveness of care interventions and making informed decisions regarding adjustments or modifications to the care plan.
- **Communication and collaboration:** Documentation serves as a means of effective communication and collaboration among caregivers, ensuring that important information is shared accurately and in a timely manner. It facilitates the exchange of insights, observations, and updates regarding the client's condition and response to care.

- **Legal and ethical considerations:** Proper documentation is crucial for adhering to legal and ethical standards in caregiving. It helps maintain confidentiality, supports accurate billing and reimbursement processes, and ensures compliance with regulatory requirements.
- **Family involvement:** Client documentation can also involve family members in the caregiving process. It provides a means for sharing information, discussing care plans, and involving family input to create a collaborative care approach.

By fulfilling these purposes, client documentation in caregiving contributes to the delivery of safe, effective, and person-centered care, promoting the well-being and satisfaction of the client and their support network.

4.2 Addressing the characteristics of good documentation

Good documentation in caregiving should possess several important characteristics to ensure its effectiveness and usefulness. Here are some key characteristics of good documentation in caregiving:

- **Accuracy:** Documentation should be accurate, reliable, and based on objective information. Caregivers should strive to record information precisely and avoid assumptions or subjective interpretations. It should reflect the actual observations, assessments, and interventions provided.
- **Clarity:** Good documentation is clear and easily understandable. It should use plain language, avoiding jargon or technical terms that may be unfamiliar to readers. Clear documentation helps ensure that information is accurately interpreted and reduces the risk of miscommunication or misunderstandings.
- **Completeness:** Documentation should be comprehensive and include all relevant information. Caregivers should document all significant observations, assessments, care interventions, changes in condition, and responses to care. This helps provide a complete picture of the client's health status and ensures continuity of care.
- **Timeliness:** Documentation should be completed in a timely manner. Caregivers should strive to record information as soon as possible after providing care or observing a change in the client's condition. Timely documentation ensures that information is up to date and facilitates effective communication and decision-making among the caregiving team.
- **Objectivity:** Good documentation should be objective and free from personal biases or judgments. Caregivers should present information based on facts and observations rather than opinions or assumptions. This promotes fairness, professionalism, and an accurate representation of the client's condition.
- **Confidentiality:** Documentation in caregiving must maintain strict confidentiality and adhere to privacy regulations. Caregivers should handle and

4.3 Problem, Etiology, Symptoms (PES) method of documentation

The Problem, Etiology, Symptoms (PES) method of documentation is a structured approach that is commonly used in healthcare and nursing to assess and document client problems or diagnoses.

COMPONENTS OF A NUTRITION DIAGNOSTIC STATEMENT

	Definition	In Practice
[Problem/ Diagnostic Term]	Standardized nutrition diagnostic term from clinical, behavioral-environmental or intake domain.	Statement of the patient's nutrition problem that dietitian is responsible for addressing.
[Etiology]	Root cause (or contributing factors) of the nutrition problem.	Reason for the problem identified during nutrition assessment. Interventions focus on resolving this.
[Signs/ Symptoms]	Subjective and objective data.	What you are observing. Evidence the problem exists.

Here's a breakdown of the PES method:

- **Problem:** In this step, the healthcare provider identifies and describes the client's health problem or diagnosis. It involves stating the specific issue or condition that the client is experiencing. For example, the problem could be "Impaired mobility" or "Ineffective airway clearance."
- **Etiology:** The etiology refers to the underlying cause or contributing factors that are related to the identified problem. It involves determining what factors are causing or influencing the problem. For example, the etiology for impaired mobility could be "Muscle weakness due to prolonged bed rest" or "Neurological impairment."
- **Symptoms:** Symptoms are the signs and subjective complaints experienced by the client that are related to the identified problem. They provide additional details about the client's condition and help to support the diagnosis. Symptoms can include both objective observations made by the healthcare provider and subjective experiences reported by the client. For example, symptoms of impaired mobility could include "Difficulty walking" or "Limited range of motion."

By using the PES method, healthcare providers can effectively document and communicate client problems or diagnoses in a standardized format. This structured approach enhances clarity, consistency, and understanding among healthcare professionals, supporting effective care planning, communication, and coordination. It allows for a systematic and organized approach to identifying and addressing client needs in the healthcare setting.

Writing Diagnostic Statements (PES Format)

Three-Part Statement

[Problem / Diagnostic Label] + "related to" (rt) [Etiology] + "as evidenced by" (a.e.b.) [Symptoms]

Examples of three-part statements

Impaired Physical Mobility related to decreased muscle control as evidenced by inability to control lower extremities

Acute Pain related to tissue ischemia as evidenced by statement of "my chest is so painful," pain scale of 8/10

Two-Part Statement

[Risk Diagnosis/ Diagnostic Label] + "as evidenced by" (AEB) [Etiology]

Examples of two-part statements

Risk for Falls as evidenced by improper use of crutches

Risk for Injury as evidenced by altered clotting factors

One-Part Statement

[Problem / Diagnostic Label]

Examples of one-part statements

Readiness for Enhanced Breastfeeding

Rape Trauma Syndrome

Readiness for Enhanced Coping

Self-Check Sheet - 4.1: Provide record and report of the client

Questionnaire:

1. Define Parkinson disease.

Answer:

2. Write down the signs and symptoms of Parkinson disease.

Answer:

3. How to Communicate with a Parkinson Disease Patient?

Answer:

4. Purpose of client's documentation in caregiving?

Answer:

5. What are the characteristics of good documentation?

Answer:

6. What is Problem, Etiology, Symptoms (PES) method of documentation?

Answer:

Answer Key -4.1: Provide record and report of the client

1. Define Parkinson disease.

Answer: Parkinson's disease is a brain disorder that causes trembling, rigidity, and problems with balance and coordination, among other unintentional or uncontrollable movements. The majority of the time, symptoms start slowly and get worse over time. Walking and speaking difficulties may develop as the condition worsens.

2. Write down the signs and symptoms of Parkinson disease.

Answer: The signs and symptoms of Parkinson disease are-

- a. Tremor
- b. Slowed movement
- c. Rigid muscles
- d. Impaired posture and balance
- e. Loss of automatic movements
- f. Speech changes

3. How to Communicate with a Parkinson Disease Patient?

Answer: When communicating with someone who has Parkinson's disease, it's important to be patient, understanding, and considerate of their condition. Here are some tips to effectively communicate with a person with Parkinson's:

- a) **Create a calm and comfortable environment:** Choose a quiet space with minimal distractions to help the person focus on the conversation. Reduce background noise, turn off the TV or radio, and speak clearly and at a moderate pace.
- b) **Maintain eye contact:** Make sure to establish eye contact while speaking to the person with Parkinson's. This helps them feel connected and understood, and it allows them to pick up on facial expressions and other nonverbal cues.
- c) **Speak clearly and slowly:** Speak at a pace that is comfortable for the person with Parkinson's. Avoid rushing or speaking too loudly. Use a natural tone of voice and articulate your words clearly. However, refrain from patronizing or speaking in a condescending manner.
- d) **Give them time to respond:** People with Parkinson's may experience difficulty initiating speech or responding quickly. Be patient and give them ample time to process and respond to what you've said. Avoid interrupting or finishing their sentences for them.
- e) **Use nonverbal cues:** Nonverbal cues can enhance communication. Use gestures, facial expressions, and body language to support your words. For example, if you're asking a question, nodding your head can indicate that you're seeking a response.
- f) **Allow for breaks and rest:** Parkinson's symptoms can cause fatigue and difficulty with sustained communication. Understand that the person may need breaks during conversations. Be flexible and patient, allowing them to take their time and rest when needed.

- g) **Be a good listener:** Active listening is crucial. Show genuine interest, maintain an open posture, and encourage the person to express themselves. Avoid rushing or finishing their sentences. Demonstrating empathy and understanding can help create a positive communication environment.
- h) **Minimize distractions:** Reduce background noise and distractions in the environment, as they can make it more difficult for someone with Parkinson's to concentrate on the conversation. Choose a quiet and comfortable setting where the person can focus on what you're saying.
- i) **Adapt your communication style:** As Parkinson's symptoms can vary from person to person, be prepared to adapt your communication style accordingly. Some individuals may have difficulty with speech, while others may have tremors or other motor symptoms. Pay attention to their specific needs and adjust your approach as needed.
- j) **Be patient and understanding:** Parkinson's disease can be frustrating for both the individual and their loved ones. Stay patient, understanding, and supportive throughout the conversation. Encourage the person to express themselves, and be willing to repeat or clarify information if necessary.

4. Purpose of client's documentation in caregiving?

Answer: The purpose of client documentation in caregiving is to ensure the provision of high-quality and personalized care to clients. It serves as a vital tool for communication, coordination, and record-keeping within the caregiving team. Here are some key purposes of client documentation in caregiving:

- a) Continuity of care
- b) Care coordination
- c) Personalization and individualized care
- d) Monitoring and evaluation
- e) Communication and collaboration
- f) Legal and ethical considerations
- g) Family involvement

By fulfilling these purposes, client documentation in caregiving contributes to the delivery of safe, effective, and person-centered care, promoting the well-being and satisfaction of the client and their support network.

5. What are the characteristics of good documentation?

Answer: Good documentation in caregiving should possess several important characteristics to ensure its effectiveness and usefulness. Here are some key characteristics of good documentation in caregiving:

- a) Accuracy
- b) Clarity
- c) Completeness

- d) Timeliness
- e) Objectivity
- f) Confidentiality
- g) Organization and structure
- h) Purpose-driven
- i) Accessibility
- j) Consistency

By incorporating these characteristics into caregiving documentation, caregivers can ensure that the documentation is accurate, clear, comprehensive, and supports effective communication, decision-making, and the provision of high-quality care.

6. What is Problem, Etiology, Symptoms (PES) method of documentation?

Answer: The Problem, Etiology, Symptoms (PES) method of documentation is a structured approach that is commonly used in healthcare and nursing to assess and document client problems or diagnoses.

Here's a breakdown of the PES method:

1. **Problem:** In this step, the healthcare provider identifies and describes the client's health problem or diagnosis. It involves stating the specific issue or condition that the client is experiencing. For example, the problem could be "Impaired mobility" or "Ineffective airway clearance."
2. **Etiology:** The etiology refers to the underlying cause or contributing factors that are related to the identified problem. It involves determining what factors are causing or influencing the problem. For example, the etiology for impaired mobility could be "Muscle weakness due to prolonged bed rest" or "Neurological impairment."
3. **Symptoms:** Symptoms are the signs and subjective complaints experienced by the client that are related to the identified problem. They provide additional details about the client's condition and help to support the diagnosis. Symptoms can include both objective observations made by the healthcare provider and subjective experiences reported by the client. For example, symptoms of impaired mobility could include "Difficulty walking" or "Limited range of motion."

Job Sheet-4.1: Provide record and report of the client

Job Name: Provide record and report of the client

Scenario: You are taking care of Mr. Rahim and he is suffering from some chronic diseases. He needs to administer medication according to his prescription regularly. Now prepare him for administering medication.

Time: 20 minutes

Working Procedure:

1. Greetings and self-introduction
2. Consent taking from patients
3. Wear appropriate PPE for the Job.
4. Read the Job sheet and Specification sheet provided
5. Collect and prepare all needed materials, supplies and equipment
6. Check client medications according to the client's need as prescribed.
7. Explain the administration procedure to the client in line with requirements and organization procedures.
8. Prepare the medication as per standard practice.
9. Observe the client prior to giving medication following organization policies and procedures
10. Thank your patient
11. Submit your work to assessor

Note: During the assessment event prepare and submit the output for the job to the accredited assessor.

Specification Sheet – 4.1 Provide record and report of the client

Job Name: Provide record and report of the client

Condition for the job: Work must be carried out in a safe manner and according to Caregiving standards.

Specific Instruction:

Required Equipment:

1. Gloves
2. Apron
3. Facemask

Required Equipment:

S/N	Tools & Equipment	Quantity
1	Hot water	1
2	Hot pack	1
3	Towel	1
4	Patient Bed	1
5	Trolley	1
6	Pillow with Cover, cover sheet for the patient	1

Required Materials:

3. Hand sanitizer
4. Hot Water

Learning Outcome 5: Comply with industry procedures for raised issues

Assessment Criteria	<ol style="list-style-type: none"> 1. Details of medication administration and medication not being administered or absorbed are documented and reported to relevant authority. 2. Individual's reactions to medication are identified, recorded and reported as per standard procedure. 3. Contaminated or expired medication are identified and reported as per standard procedure. 4. Inconsistencies observed with the medication or clients are reported to relevant authority as per standard procedure.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker 9. Audio Video Device
Contents	<ol style="list-style-type: none"> 1. Maintain documentation and report details of medication administration and medication not being administered or absorbed to relevant authority 2. Identify, record and report individual's reactions to medication 3. Identify and report contaminated or expired medication 4. Report inconsistencies observed with the medication or client to relevant authority
Training Methods	<ol style="list-style-type: none"> 1. DiscussionPresentation 2. Demonstration 3. Guided Practice 4. Individual Practice 5. Project Work 6. Problem Solving 7. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience 5: Comply with industry procedures for raised issues

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about Manage clients with Stroke, Dementia, Parkinson & Alzheimer's disease patients	1. Instructor will provide the learning materials of comply with industry procedures for raised issues
2. Read the Information sheet/s	2. Information Sheet No:5 Comply with industry procedures for raised issues
3. Complete the Self-Checks & Answer key sheets.	3. Self- Check No: 5.1- Comply with industry procedures for raised issues Answer key No. 5.1- Comply with industry procedures for raised issues
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Job Sheet No: 5.1- Comply with industry procedures for raised issues Specification Sheet: 5.1- Comply with industry procedures for raised issues

Information Sheet 5: Comply with industry procedures for raised issues

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 5.1 Maintain documentation and report details of medication administration and medication not being administered or absorbed to relevant authority
- 5.2 Identify, record and report individual's reactions to medication
- 5.3 Identify and report contaminated or expired medication
- 5.4 Report inconsistencies observed with the medication or client to relevant authority

5.1 Maintain documentation and report details of medication administration and medication not being administered or absorbed to relevant authority

Maintaining documentation and reporting details of medication administration, as well as instances when medication is not administered or absorbed, is a critical aspect of healthcare practice. It helps ensure patient safety, continuity of care, and effective communication among healthcare providers. While specific reporting requirements may vary depending on the healthcare setting and local regulations, here are some general guidelines to follow:

- Document medication administration: Whenever medication is administered to a patient, it is essential to accurately document the details. This includes recording the medication name, dosage, route of administration, date, time, and any other relevant information. Use standardized documentation forms or electronic systems provided by your healthcare facility to maintain consistency and completeness.
- Document reasons for non-administration or poor absorption: If there are instances when medication cannot be administered or is not absorbed by the patient, document the reasons for it. This could include factors such as patient refusal, medication allergies or contraindications, equipment malfunction, or patient inability to swallow. Documenting these details helps ensure that the healthcare team is aware of the reasons behind missed or ineffective medication administration.
- Communicate with the relevant authority: Report details of medication administration and instances of non-administration or poor absorption to the appropriate authority within your healthcare setting. This could include your immediate supervisor, medication safety committee, or designated personnel responsible for medication-related documentation and reporting

5.1.2 Incomplete ingestion:

Incomplete ingestion of medicine refers to a situation where a patient does not fully consume the prescribed dosage of medication. This can occur when a patient fails to swallow the medication completely or spits it out before it is fully ingested. Incomplete ingestion can compromise the effectiveness of the medication and impact the desired therapeutic outcomes. Healthcare professionals should be vigilant in identifying and documenting instances of incomplete ingestion, noting the medication involved, the circumstances surrounding the incident, and any observed or reported symptoms.

5.2 Identify, record and report individual's reactions to medication

Identifying, recording, and reporting individual's reactions to medication is a crucial aspect of healthcare practice. Following standard procedures helps ensure patient safety, facilitate appropriate interventions, and contribute to ongoing monitoring and assessment of medication effectiveness. Here are the steps involved:

- **Identification and assessment:** Monitor the individual closely for any signs or symptoms of a reaction to the medication. These reactions can range from mild to severe and may include allergic reactions, adverse drug events, or unexpected side effects. Be attentive to physical changes, behavioral changes, and any discomfort or distress expressed by the individual.
- **Record details of the reaction:** When a reaction occurs, document the specifics of the event. Include information such as the medication name, dosage, time of administration, observed symptoms, duration and severity of the reaction, and any actions taken in response. Use standardized documentation forms or electronic systems provided by your healthcare facility to maintain consistency and completeness.
- **Communicate with the healthcare team:** Share the recorded information with the relevant members of the healthcare team involved in the individual's care. This includes the primary healthcare provider, nurse, pharmacist, and any other professionals responsible for managing medication-related issues. Effective communication ensures that the necessary interventions or adjustments can be made promptly.

5.3 Identify and report contaminated or expired medication

Identifying and reporting contaminated or expired medication is crucial to ensure patient safety and maintain the integrity of the medication supply. Identify and report contaminated or expired medication by promptly recognizing any signs of contamination or expiration, such as visible particles, unusual odors, or expired dates.

Follow standard procedures by isolating the medication, documenting details, notifying the relevant authority or individual responsible for medication management, and adhering to proper disposal or remediation protocols. Reporting should include information about the medication, batch number, expiration date, location, and a description of the issue. Effective reporting ensures timely action to address the concern and maintains the safety and integrity of the medication supply.

5.4 Report inconsistencies observed with the medication or client to relevant authority

Reporting inconsistencies observed with the medication or client is crucial to ensure patient safety and quality of care. Following standard procedures for reporting helps identify and address issues promptly, facilitating appropriate interventions and improving overall medication management. Here are the steps involved:

- **Identify inconsistencies:** Be vigilant in observing any inconsistencies related to the medication or the client. This can include discrepancies in medication labels, incorrect dosages, missing or additional medication, unusual side effects or reactions in the client, or any other irregularities that may compromise the safety or effectiveness of the medication.
- **Document the details:** Record the specific details of the observed inconsistencies. Include information such as the medication name, dosage, time of administration, any discrepancies in packaging or labeling, the client's name, relevant symptoms or reactions experienced by the client, and any other pertinent observations. Use standardized documentation forms or electronic systems provided by your healthcare facility to ensure accuracy and consistency.

Self-Check Sheet – 5.1: Comply with industry procedures for raised issues

Questionnaire:

1. What will a caregiver do if medication not being administered or absorbed?

Answer:

2. How does incomplete ingestion of medicine affect patient?

Answer:

3. What to do if a medicine gets expired?

Answer:

Answer Key - 5.1: Comply with industry procedures for raised issues

1. What will a caregiver do if medication not being administered or absorbed?

Answer: When medication is not administered as intended, it is crucial to document and report this issue to the relevant authority within your healthcare setting. Here are some steps to follow:

- Document the incident: As soon as you become aware that medication has not been administered as prescribed, document the details of the incident. Include information such as the medication name, dosage, scheduled time of administration, reason for non-administration, and any other relevant factors. Use standardized documentation forms or electronic systems provided by your healthcare facility.
- Assess the reason: Determine the underlying reason why the medication was not administered. This could be due to patient refusal, an error in the medication administration process, unavailability of the medication, or any other factor.
- Notify the relevant authority: Report the incident to the relevant authority within your healthcare setting. This may include your immediate supervisor, the medication safety officer, the nurse manager, or any designated personnel responsible for medication-related incidents. Provide a clear and detailed account of the incident, including the factors contributing to the non-administration of the medication.

2. How does incomplete ingestion of medicine affect patient?

Answer: Incomplete ingestion can compromise the effectiveness of the medication and impact the desired therapeutic outcomes.

3. What to do if a medicine gets expired?

Answer: Identify and report contaminated or expired medication by promptly recognizing any signs of contamination or expiration, such as visible particles, unusual odors, or expired dates. Follow standard procedures by isolating the medication, documenting details, notifying the relevant authority or individual responsible for medication management, and adhering to proper disposal or remediation protocols.

Job Sheet-5.1: Comply with industry procedures for raised issues

Scenario: You are taking care of Mr. Rahim and he is suffering from some chronic diseases. He needs to administer medication according to his prescription regularly. Now assist him for administering medication

Working Procedure:

1. Greetings and self-introduction
2. Consent taking from patients
3. Wear appropriate PPE for the Job.
4. Read the Job sheet and Specification sheet provided
5. Collect and prepare all needed materials, supplies and equipment
6. Maintain privacy, safety and comfort of the client based on established standard.
7. Apply Caregiver's guide in assisting client in taking prescribed form of medication based on established standard.
8. Support administering medications following written prescription instructions.
9. Instigated all necessary checks to ensure the right medication is given at the right time, to the right person, in the right amount, via the right route.
10. Assist the client to take the medications as prescribed.
11. Observe the client when taking the medication and their ingestion or completion is confirmed with the client.
12. Observe the client for any untoward signs and symptoms and any possible medication effects and then reported to a supervisor or health professional.
13. Collect and place used equipment, discarded medications / applicators and rubbish in appropriate/ designated receptacle as per standard process.
14. Document given prescribed medication to client
15. Thank your patient
16. Submit your work to assessor

Specification Sheet -5.1 Comply with industry procedures for raised issues

Job Name: Comply with industry procedures for raised issues

Condition for the job: Work must be carried out in a safe manner and according to Caregiving standards.

Specific Instruction:

1. Privacy, safety and comfort
2. Guide for assisting clients with form of medication
3. Clients' medication check
4. Check the side effect of medicine
5. Used equipment and trash collected and put in a proper container
6. Documentation

Required Equipment:

1. Gloves
2. Apron
3. Facemask

Required Equipment:

S/N	Tools & Equipment	Quantity
1	Medication Box	1
2	Prescription	1
3	Waste Disposal Box	1
4	Medication Tray	1
5	Water Mug/glass	1

Required Materials:

1. Different medications (Antibiotic, OTC drugs, Antihistamines, Antipsychotic etc)
2. 2. Drinking Water

Learning Outcome 6: Complete administration of prescribed medication

Assessment Criteria	<ol style="list-style-type: none"> 1. Unused and/or used medications, containers and administration aids are cleaned and stored as per standard safety procedure. 2. Organization's arrangements and procedures to replenish dose administration aids and supplies of medications are followed. 3. Medication charts/care plans are stored following organization procedures 4. Medications are stored following government regulations and manufacturer's instructions.
Conditions and Resources	<ol style="list-style-type: none"> 1. Real or simulated workplace 2. CBLM 3. Handouts 4. Laptop 5. Multimedia Projector 6. Paper, Pen, Pencil, Eraser 7. Internet facilities 8. White board and marker 9. Audio Video Device
Contents	<ol style="list-style-type: none"> 1 Clean and stored unused and/or used medications, containers and administration aids 2 Follow organization's arrangements and procedures to replenish dose administration aids and supplies of medications. 3 Store medication charts/care plans 4 Store medications following government regulations and manufacturer's instructions.
Training Methods	<ol style="list-style-type: none"> 1. Discussion 2. Presentation 3. Demonstration 4. Guided Practice 5. Individual Practice 6. Project Work 7. Problem Solving 8. Brainstorming
Assessment Methods	<ol style="list-style-type: none"> 1. Written Test 2. Demonstration 3. Oral Questioning

Learning Experience 6: Complete administration of prescribed medication

In order to achieve the objectives stated in this learning guide, you must perform the learning steps below. Beside each step are the resources or special instructions you will use to accomplish the corresponding activity.

Learning Steps	Resources specific instructions
1. Student will ask the instructor about Manage clients with Stroke, Dementia, Parkinson & Alzheimer's disease patients	1. Instructor will provide the learning materials of comply with industry procedures for raised issues Complete
2. Read the Information sheet/s	2. Information Sheet No:6 Comply with industry procedures for raised issues Complete administration of prescribed medication
3. Complete the Self-Checks & Answer key sheets.	3. Self-Check No. 6.1- Complete administration of prescribed medication Answer key No. 6.1- Complete administration of prescribed medication
4. Read the Job/ Task sheet and Specification Sheet	4. Job/ task sheet and specification sheet Job Sheet No: 6.1- Complete administration of prescribed medication Specification Sheet: 6.1- Complete administration of prescribed medication

Information Sheet 6: Complete administration of prescribed medication

Learning Objective:

After completion of this information sheet, the learners will be able to explain, define and interpret the following contents:

- 6.1 Clean and stored unused and/or used medications, containers and administration aids
- 6.2 Follow organization's arrangements and procedures to replenish dose administration aids and supplies of medications.
- 6.3 Store medication charts/care plans
- 6.4 Store medications following government regulations and manufacturer's instructions.

6.1 Clean and stored unused and/or used medications, containers and administration aids

Cleaning and storing unused and/or used medications, containers, and administration aids in accordance with standard safety procedures is essential to maintain a safe and hygienic healthcare environment. Here are the steps involved:

- **Cleanliness:** Ensure that all medication-related items, including medication bottles, vials, syringes, spoons, or any other administration aids, are kept clean and free from contaminants. Regularly clean these items using appropriate cleaning agents and methods recommended by your healthcare facility or regulatory guidelines.
- **Proper storage:** Store unused medications, containers, and administration aids in designated storage areas that are secure, clean, and accessible only to authorized personnel. Follow storage guidelines provided by the medication manufacturer, healthcare facility, or regulatory authorities to maintain the medications' integrity and efficacy.
- **Labelling and organization:** Properly label all medication containers and ensure that they are organized in a systematic manner. Clearly display the medication name, dosage, expiration date (if applicable), and any other necessary information on the containers. This helps prevent confusion and ensures the correct medication is readily identifiable when needed.
- **Disposal of used medication and containers:** Adhere to the proper procedures for disposing of used medications and containers. Follow local regulations and guidelines for safe disposal methods, such as returning unused medications to a designated pharmacy for proper disposal or utilizing medication take-back programs in your area.
- **Adherence to safety protocols:** Follow standard safety procedures when handling and cleaning medication-related items. This may include wearing appropriate personal protective equipment (PPE) such as gloves, maintaining a clean and

organized workspace, and practicing proper hand hygiene before and after handling medications.

- **Regular monitoring and audits:** Conduct regular monitoring and audits of medication storage areas to ensure compliance with safety procedures. This helps identify any potential issues or deviations from the established protocols and allows for timely corrective actions.

By adhering to standard safety procedures for cleaning and storing unused and/or used medications, containers, and administration aids, healthcare providers contribute to the overall safety and quality of medication management, reducing the risk of contamination, medication errors, and other potential hazards.

6.2 Follow organization's arrangements and procedures to replenish dose administration aids and supplies of medications

To ensure an uninterrupted supply of medications and dose administration aids, it is important to follow your organization's arrangements and procedures for replenishment. Here's what you should do:

- **Familiarize yourself with the organization's arrangements:** Understand the specific arrangements and protocols in place for replenishing dose administration aids and medication supplies. This may involve knowing the designated storage areas, responsible personnel, and the frequency or process for requesting replenishment.
- **Monitor inventory levels:** Keep track of the inventory levels of dose administration aids and medication supplies. Regularly assess the quantity available to determine when replenishment is necessary.
- **Follow the established procedures:** Adhere to the procedures outlined by your organization for requesting and receiving replenishment. This may involve submitting a request form, notifying a specific department, or utilizing an automated system.
- **Timely communication:** Notify the appropriate personnel or department in a timely manner when replenishment is required. Provide accurate information about the specific items, quantities needed, and any urgent requirements.
- **Quality control:** Ensure that the dose administration aids and medications received during replenishment meet the organization's quality standards. Check for any signs of damage, expiration dates, or other issues that may affect their safety or effectiveness.
- **Documentation:** Maintain proper documentation of the replenishment process. This includes recording the date, items received, quantities, and any relevant information for future reference and inventory management purposes.
- **Collaboration with the healthcare team:** Collaborate with the healthcare team, including pharmacists, nurses, and other relevant personnel, to ensure effective

communication and coordination regarding replenishment needs. They can provide valuable input and assist in ensuring accurate and timely replenishment.

7.

By following your organization's arrangements and procedures for replenishing dose administration aids and medication supplies, you contribute to the efficient and safe management of medications, reducing the risk of shortages and ensuring continuous access to the necessary supplies for effective patient care.

6.3 Store medication charts/care plans

Storing medication charts and care plans in accordance with organization procedures is crucial for maintaining accurate and accessible documentation. Here are the steps to follow:

- **Understand the organization's procedures:** Familiarize yourself with the specific procedures and guidelines provided by your organization for storing medication charts and care plans. This may include designated storage locations, file naming conventions, security measures, and any applicable retention policies.
- **Organize and label:** Ensure that medication charts and care plans are organized in a systematic manner. Use appropriate labelling or indexing methods to easily identify and retrieve specific documents when needed. This could include labelling by patient name, date, or other relevant identifiers.
- **Secure storage:** Store medication charts and care plans in a secure location, following your organization's guidelines. This may involve using locked cabinets, password-protected electronic systems, or other approved storage methods to protect patient privacy and confidentiality.
- **Adhere to retention policies:** Follow your organization's retention policies for medication charts and care plans. Dispose of outdated or expired documents according to the established procedures, while ensuring compliance with legal and regulatory requirements.
- **Regular backups:** If utilizing electronic storage systems, ensure regular backups are performed to protect against data loss. Verify that backups are securely stored and accessible for retrieval if needed.
- **Maintain document integrity:** Handle medication charts and care plans with care to prevent damage or loss of information. Avoid writing on original documents unless necessary, and make clear and accurate copies when needed.
- **Access control:** Limit access to medication charts and care plans to authorized personnel only. Implement appropriate access controls and user permissions to safeguard patient information and ensure compliance with privacy regulations.
- **Documentation tracking:** Maintain proper documentation of any changes, updates, or movements of medication charts and care plans. Track the location and movement of documents to ensure a clear audit trail and facilitate efficient retrieval when required.

By following organization procedures for storing medication charts and care plans, healthcare providers can ensure the integrity, security, and accessibility of vital patient information. This promotes continuity of care, supports effective communication among the healthcare team, and facilitates compliance with legal and regulatory requirements.

6.4 Store medications following government regulations and manufacturer's instructions

Storing medications in compliance with government regulations and manufacturer's instructions is essential to maintain their efficacy and ensure patient safety. Here are the key points to consider:

- **Read manufacturer's instructions:** Familiarize yourself with the specific storage requirements provided by the medication manufacturer. These instructions may include temperature ranges, humidity levels, light exposure, and other conditions that need to be maintained for optimal storage.
- **Follow government regulations:** Understand and adhere to the regulations set forth by the relevant government authorities regarding medication storage. These regulations may include specific guidelines for temperature control, security measures, labeling requirements, and storage documentation.
- **Designated storage areas:** Establish designated storage areas for medications that meet the requirements outlined by both the manufacturer and government regulations. Ensure these areas are secure, clean, and easily accessible only to authorized personnel.
- **Temperature control:** Monitor and maintain appropriate temperature conditions as specified by the manufacturer. Use refrigerators, freezers, or temperature-controlled cabinets when necessary. Regularly check and record temperature readings to ensure compliance.
- **Light exposure:** Protect medications from excessive light exposure, as specified by the manufacturer. Keep medications in opaque containers or store them in dark storage areas to prevent degradation.
- **Humidity control:** If medications are sensitive to humidity, take necessary precautions to control and maintain the appropriate humidity levels within the storage area.
- **Proper packaging:** Ensure medications are stored in their original packaging or in appropriate containers that maintain their integrity and protect them from environmental factors.
- **Secure storage:** Implement security measures, such as locked cabinets or restricted access, to prevent unauthorized access or theft of medications.
- **Rotation and expiry dates:** Implement a system to track and regularly rotate medications to use older stock first and prevent the use of expired medications. Regularly check and remove any expired medications from the storage area.
- **Documentation and record-keeping:** Maintain accurate records of medication storage, including temperature logs, expiration dates, inventory management, and

any incidents or deviations from the storage guidelines. This documentation ensures traceability and supports regulatory compliance.

By following government regulations and manufacturer's instructions for medication storage, healthcare providers ensure the integrity, effectiveness, and safety of medications, reducing the risk of medication errors and adverse effects on patients.

Self-Check Sheet – 6.1: Complete administration of prescribed medication

Questionnaire:

1. How to store unused and used medications as per standard safety procedure?

Answer:

2. Write down the procedures of replenishing dose administration aids and supplies medication.

Answer:

3. How to store medication charts/care plans following organization procedures?

Answer:

Answer Key – 6.1: Complete administration of prescribed medication

1. How to store unused and used medications as per standard safety procedure?

Answer: Cleaning and storing unused and/or used medications, containers, and administration aids in accordance with standard safety procedures is essential to maintain a safe and hygienic healthcare environment. Here are the steps involved:

a. Cleanliness: Ensure that all medication-related items, including medication bottles, vials, syringes, spoons, or any other administration aids, are kept clean and free from contaminants. Regularly clean these items using appropriate cleaning agents and methods recommended by your healthcare facility or regulatory guidelines.

b. Proper storage: Store unused medications, containers, and administration aids in designated storage areas that are secure, clean, and accessible only to authorized personnel. Follow storage guidelines provided by the medication manufacturer, healthcare facility, or regulatory authorities to maintain the medications' integrity and efficacy.

c. Labelling and organization: Properly label all medication containers and ensure that they are organized in a systematic manner. Clearly display the medication name, dosage, expiration date (if applicable), and any other necessary information on the containers.

d. Disposal of used medication and containers: Adhere to the proper procedures for disposing of used medications and containers. Follow local regulations and guidelines for safe disposal methods, such as returning unused medications to a designated pharmacy for proper disposal or utilizing medication take-back programs in your area.

e. Adherence to safety protocols: Follow standard safety procedures when handling and cleaning medication-related items. This may include wearing appropriate personal protective equipment (PPE) such as gloves, maintaining a clean and organized workspace, and practicing proper hand hygiene before and after handling medications.

f. Regular monitoring and audits: Conduct regular monitoring and audits of medication storage areas to ensure compliance with safety procedures. This helps identify any potential issues or deviations from the established protocols and allows for timely corrective actions.

2. Write down the procedures of replenishing dose administration aids and supplies medication.

Answer: The procedures of replenishing dose administration aids and supplies medication-

- a. Familiarize yourself with the organization's arrangements
- b. Monitor inventory levels
- c. Follow the established procedures
- d. Timely communication
- e. Quality control
- f. Documentation
- g. Collaboration with the healthcare team

3. How to store medication charts/care plans following organization procedures?

Answer: Storing medication charts and care plans in accordance with organization procedures is crucial for maintaining accurate and accessible documentation. Here are the steps to follow:

- a. Understand the organization's procedures
- b. Organize and label
- c. Secure storage
- d. Adhere to retention policies
- e. Regular backups
- f. Maintain document integrity
- g. Access control
- h. Documentation tracking

Job Sheet-6.1: Complete administration of prescribed medication

Job Name: Complete administration of prescribed medication

Scenario: Administer routine medications to a client aged 60 years old according to the instruction through appropriate routes of drug administration in a safe, comfortable and respectful manner.

Time: 20 minutes

Working Procedure:

1. Wear appropriate PPE for the Job.
2. Read the Job sheet and Specification sheet provided.
3. Collect and prepare all needed materials, supplies and equipment.
4. Perform hand hygiene & position the patient comfortably.
5. Obtain required number of medicines from the supplies and collect water to feed the patient orally.
6. Obtain permission from the patient and administer the medicine to the client orally.
7. Remove non-sterile gloves and place them in the appropriate receptacle.
8. Follow hygiene and safety requirements throughout the demonstration processes.
9. Submit needed output to the Competency Assessor.
10. Clean tools, equipment, materials and work area.
11. Store tools, equipment, materials as per instruction

Note: During the assessment event prepare and submit the output for the job to the accredited assessor.

Specification Sheet -6.1 Complete administration of prescribed medication

Job Name: Complete administration of prescribed medication

Condition for the job: Work must be carried out in a safe manner and according to Care Giving standards.

Specific Instruction:

1. Interpret the prescription properly and check medications for expiry date
2. Apply 5 rights of drug administration throughout the process
3. Show respectful attitude towards the patient all the time
4. Explain the procedure to the patient and provide counselling support on possible side effects, if required

Required Equipment:

1. Gloves
2. Apron
3. Facemask

Required Equipment:

S/N	Tools & Equipment	Quantity
1	Kidney tray	1
2	Gully Pot	1
3	Artery Forceps	1
4	Patient Bed	1
5	Pneumatic Mattress	1
6	Dressing Tray/Trolley	
7	Pillow with Cover, cover sheet for the patient.	

Required Materials:

1. Iodine Solution
2. Hand sanitizer
3. Sterile gauze
4. Cotton Balls
5. Micropore

Review of Competency

Below is yourself assessment rating for module: Manage clients with Stroke, Dementia, Parkinson & Alzheimer's disease patients

Assessment of performance Criteria	Yes	No
Personal hygiene and disinfection control procedures are carried out according to standard practice.		
Therapeutic communication is applied with stroke patient to manage them based on established standard.		
Related medical terminologies are used in assisting client in administering prescribed medication based on established standard.		
Legal aspects in assisting client in administering his prescribed medication is recognized based on established standard		
Client's medication order is Recognized and prepared for medication considering culture, beliefs and practices as per standard procedure.		
Any circumstances or changes in the client's condition or personal needs that may impact on assisting the client with their medication is identified and reported to the related authority		
Dispensing aids are prepared as per established standard.		
Principles in giving medication is applied as per standard procedure.		
Principles in giving medication is applied as per standard procedure.		
Ten (10) rights of drug administration are recognized.		
Client medications are checked according to the client's need as prescribed.		
The administration procedure is explained to the client in line with requirements and organization procedures.		
The medication is prepared as per standard practice.		
The client is observed prior to giving medication following organization policies and procedures.		
Infection control and therapeutic communication is ensured following standard procedure.		
Privacy, safety and comfort of the client is maintained based on established standard.		
Caregiver's guide in assisting client in taking prescribed form of medication is applied based on established standard		
Administering medications is supported following written prescription instructions.		
All necessary checks are instigated to ensure the right medication is given at the right time, to the right person, in the right amount, via the right route.		

The client is assisted to take the medications as prescribed.		
The client is observed when taking the medication and their ingestion or completion is confirmed with the client.		
The client is observed for any untoward signs and symptoms and any possible medication effects and then reported to a supervisor or health professional.		
Used equipment, discarded medications / applicators and rubbish are collected and placed in appropriate/ designated receptacle as per standard process.		
Prescribed medication given to client is documented.		
Purpose of client's documentation is applied based on established standard		
Characteristics of good documentation is used based on the established standard		
Problem, Etiology, Symptoms (PES) method of documentation is applied based on established standard		
Details of medication administration and medication not being administered or absorbed are documented and reported to relevant authority.		
Individual's reactions to medication are identified, recorded and reported as per standard procedure		
Contaminated or expired medication are identified and reported as per standard procedure.		
Inconsistencies observed with the medication or client are reported to relevant authority as per standard procedure.		
Unused and/or used medications, containers and administration aids are cleaned and stored as per standard safety procedure.		
Organization's arrangements and procedures to replenish dose administration aids and supplies of medications are followed.		
Medication charts/care plans are stored following organization procedures		
Medications are stored following government regulations and manufacturer's instructions.		

I now feel ready to undertake my formal competency assessment.

Signed:

Date:

Development of CBLM:

The Competency Based Learning Material (CBLM) of ‘**Manage Clients with Stroke, Dementia, Parkinson & Alzheimer Disease**’ (Occupation: Caregiving for Elderly Persons, Level-3) for National Skills Certificate is developed by NSDA with the assistance of SIMEC System, ECF consultancy & SIMEC Institute JV (Joint Venture Firm) in the month of June 2023 under the contract number of package SD-9A dated 07th May 2023.

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