**Appendix 3** **Risk Assessment for Medicines Management**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of person (receiving medicines support) | | Date of birth | | NHS number | | Address | |
| Assessed by: Sign | | Print name | | | | Date | |

The risk assessment must be reviewed at least 6 monthly or if there are any changes to the person's health or medicines.
If the answer to any question is **NO**, action is required

| | | | If NO what action is required? | Details of action taken | Date action taken | Name of person taking action |
|---|---|---|---|---|---|---|
| | Yes | No | | | | |
| 1. Are the person's medicine support needs clearly identified in the provider's care plan? | | | | | | |
| 2. Are the person's allergies (or 'no known allergies') documented in the care plan and on the MAR? | | | | | | |
| 3. Are arrangements for ordering and purchasing medicines documented in the care plan? | | | | | | |
| 4. Are the arrangements in 3 above appropriate? | | | | | | |
| 5. If care workers are to purchase 'Over the counter' (OTC) medicine at the request of a prescriber or healthcare professional, is the written, signed authorisation available? | | | | | | |
| 6. Are arrangements for collecting, receipt and transport of medicines documented in the care plan? | | | | | | |
| 7. Are the arrangements in 6 above appropriate? | | | | | | |
| 8. Where a care worker is responsible for transporting medicines, has a risk assessment been carried out for the task? | | | | | | |
| 9. Are arrangements for storage of the person's medicines documented in the care plan? | | | | | | |
| 10. Are the arrangements in 9 above appropriate? | | | | | | |
| 11. If it is not safe for the person to have access to their medicines, is this documented in the care plan and appropriate storage identified? | | | | | | |

**Appendix 3** **Risk Assessment for Medicines Management**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of person (receiving medicines support) | | Date of birth | | NHS number | | Address | |
| Assessed by: Sign | | Print name | | | | Date | |

The risk assessment must be reviewed at least 6 monthly or if there are any changes to the person's health or medicines.
If the answer to any question is **NO**, action is required

| | | | If NO what action is required? | Details of action taken | Date action taken | Name of person taking action |
|---|---|---|---|---|---|---|
| | Yes | No | | | | |
| 12. Are all medicines stored in accordance with the Patient Information Leaflet and the *Medicines in Domiciliary Settings Policy*? | | | | | | |
| 13. Are medicines that require refrigeration stored in a refrigerator? | | | | | | |
| 14. Are all medicines kept away from heat sources? | | | | | | |
| 15. Are the arrangements for disposal of medicines documented in the care plan? | | | | | | |
| 16. Are the arrangements in 15 above appropriate? | | | | | | |
| 17. Are all medicines in date including those with reduced expiry dates after opening? | | | | | | |
| 18. Have expired and unwanted medicines been removed from the premises? | | | | | | |
| 19. If medicines are to be administered, prepared or specific medicines prompted, is there a current MAR chart available? | | | | | | |
| 20. If the services user needs reminding and staff to observe the medicines being taken is this clearly documented in the care plan? | | | | | | |
| 21. Does the person's supply of medicines match those listed on the MAR chart? | | | | | | |
| 22. Are all dispensed medicines in their original dispensed packaging and OTC medicines in their original packaging? | | | | | | |

**Appendix 3** **Risk Assessment for Medicines Management**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of person (receiving medicines support) | | Date of birth | | NHS number | | Address | |
| Assessed by: Sign | | Print name | | | | Date | |

The risk assessment must be reviewed at least 6 monthly or if there are any changes to the person's health or medicines.
If the answer to any question is **NO**, action is required

| | If NO what action is required? | | | Details of action taken | Date action taken | Name of person taking action |
|---|---|---|---|---|---|---|
| | Yes | No | | | | |
| 23. Is there a Patient Information Leaflet for each medicine? | | | | | | |
| 24. Are all dispensed medicines clearly labelled with a pharmacy label? | | | | | | |
| 25. Do OTC medicines that are to be administered by care workers have written authorisation from the prescriber, podiatrist or optometrist? | | | | | | |
| 26. If the person is self-administering OTC medicines, is their GP aware? | | | | | | |
| 27. If any medicines are to be administered covertly is this documented in the care plan? | | | | | | |
| 28. Are there clear instructions for 'as-required' medicines? | | | | | | |
| 29. Is it documented whether the 'as required' medicine is to be offered on every appropriate visit or only at the request of the person? | | | | | | |
| 30. If the person has difficulty swallowing their medicines, is this documented in the care plan? | | | | | | |
| 31. Are all tablets and capsules to be swallowed whole? Answer 'No' for sublingual tablets, 'melts', or dispersible tablets, buccal tablets | | | | | | |
| 32. If a medicine is to be administered by an unlicensed method (e.g. crushing or halving a tablet) is there written authorisation from the prescriber to do so? (e.g. on the label) | | | | | | |
| 33. Is appropriate equipment available? | | | | | | |

**Appendix 3** **Risk Assessment for Medicines Management**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of person (receiving medicines support) | | Date of birth | | NHS number | | Address | |
| Assessed by: Sign | | Print name | | | | Date | |

The risk assessment must be reviewed at least 6 monthly or if there are any changes to the person's health or medicines.
If the answer to any question is **NO**, action is required

| | | | If NO what action is required? | Details of action taken | Date action taken | Name of person taking action |
|---|---|---|---|---|---|---|
| | Yes | No | | | | |
| 34. If the person is taking any medicines on the Cytotoxic/Cytostatic medicines list (see below) is this documented in the care plan and appropriate precautions put in place as necessary? See Policy section 9.2. | | | | | | |
| 35. Is personal protective equipment available when needed? | | | | | | |
| 36. If the person is taking a medicine/s that do not have the same dose at the same time every day (e.g. for weekly, monthly, reducing or other changing doses) is this clearly documented on the MAR chart? | | | | | | |
| 37. If any medicines are time sensitive and have to be administered at a specific time, is this documented in the care plan? | | | | | | |
| 38. If medicines are to be prepared and left for the person to take themselves at a later time, has a risk assessment been undertaken, are appropriate arrangements in place and is this documented in the care plan? | | | | | | |
| 39. Liquid medicines, sachets, granules: is an appropriate measuring device available for administration? (E.g. 5ml medicine spoon, oral syringe) | | | | | | |
| 40. Patches: Are there clear instructions regarding<br>- how to apply them<br>- how often to change them<br>- is there a body map<br>- where to place them on the body | | | | | | |

**Appendix 3** **Risk Assessment for Medicines Management**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of person (receiving medicines support) | | Date of birth | | NHS number | | Address | |
| Assessed by: Sign | | Print name | | | | Date | |

The risk assessment must be reviewed at least 6 monthly or if there are any changes to the person's health or medicines.
If the answer to any question is **NO**, action is required

| | | | If NO what action is required? | Details of action taken | Date action taken | Name of person taking action |
|---|---|---|---|---|---|---|
| | Yes | No | | | | |
| - if to be put on in a different place from last time<br>- a clear method of recording when the previous patch was removed<br>- process set up for disposal | | | | | | |
| 41. If any medicines need to be administered by a special technique (e.g. medicines in a PEG, rectally, oxygen) is this documented in the provider's care plan and are staff trained and assessed as competent to undertake the task? | | | | | | |
| 42. Warfarin<br>- is the current INR available in the person's yellow book or anticoagulant record?<br>- is the dose of warfarin to be administered clearly stated? | | | | | | |
| 43. Methotrexate<br>- are the tablets 2.5mg strength?<br>- is the number of tablets for the dose clear?<br>- is it clear that the dose should be taken once a week?<br>- is it clear which day of the week it should be taken? | | | | | | |
| 44. Liquid paraffin and white soft paraffin products: is the person aware of the fire risk associated with use of these products? | | | | | | |
| 45. If the person is using oxygen, are the necessary precautions in place to ensure that it is used safely and has this been risk assessed? | | | | | | |

**Appendix 3** **Risk Assessment for Medicines Management**

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of person (receiving medicines support) | | Date of birth | | NHS number | | Address | |
| Assessed by: Sign | | Print name | | | | Date | |

The risk assessment must be reviewed at least 6 monthly or if there are any changes to the person's health or medicines.
If the answer to any question is **NO**, action is required

| | If NO what action is required? | | | Details of action taken | Date action taken | Name of person taking action |
|---|---|---|---|---|---|---|
| | Yes | No | | | | |
| 46. If a care worker is to administer an injection are they trained and assessed as competent to do so and is the relevant support from healthcare professionals in place? | | | | | | |

## Cytotoxic and Cytostatic Medicines

The medicines listed below have been identified as cytotoxic or cytostatic (hazardous) for the purpose of waste. Care should be taken when handling these medicines and appropriate personal protective equipment should be worn. The medicines must not be altered (e.g. crushed, cut).
They should be disposed of by returning to a pharmacy or placing in a purple lidded waste container in accordance with this policy and waste guidance.
This list includes several commonly prescribed medicines including hormone replacement therapy (HRT) and oral contraceptives. This is not an exhaustive list, if a medicine does not appear on the list and you are unsure whether it is cytotoxic/cytostatic contact pharmacy for advice.

| | | | |
|---|---|---|---|
| **A** | | | |
| Abiraterone | Acitretin | Actinomycin | Adapalene |
| Afatinib | Aflibercept | Aldesleukin | Alectinib |
| Alemtuzumab | Altretamine | Alitretinoin | Amsacrine |
| Anastrozole | Arsenic trioxide | Asparaginase | Axitinib |
| Azacitidine | Azathioprine | | |
| **B** | | | |
| Bacillus Calmette-Guerin (BCG) | Basiliximab | Belimumab | Bendamustine |
| Betatacept | Bevacizumab | Bexarotene | Bicalutamide |
| Bleomycin | Blinatumomab | Bortezomib | Bosutinib |
| Brentuximab | Buserelin | Busulphan | |
| **C** | | | |
| Cabazitaxel | Cabozantinib | Canakinumab | Capecitabine |
| Carboplatin | Carfilzomib | Carmustine | Catumaxomab |
| Ceritinib | Cetrorelix acetate | Cetuximab | Chlorambucil |
| Chloramphenicol | Chlormethine | Choriogonadotropin alfa | Ciclosporin |
| Cidofovir | Cisplatin | Cladribine | Clofarabine |
| Clomifene | Coal tar products | Cobimetinib | Colchicine |
| Colistimethate | Corifollitropin | Crisantaspase | Crizotinib |
| Cyclophosphamide | Cyproterone | Cytarabine | |
| **D** | | | |
| Dabrafenib | Dacarbazine | Dactinomycin | Danazol |
| Daratumumab | Dasatinib | Daunorubicin | Decitabine |
| Denileukin | Denosumab | Dexrazoxane | Dienestrol/Dienostrol |
| Diethylstilbestrol | Dimethyl fumarate | Dinoprostone | Dithranol products |
| Docetaxel | Doxorubicin | Dutasteride | |
| **E** | | | |
| Eculizumab | Elotuzumab | Eltrombopag | Enzalutamide |
| Epirubicin | Ergometrine | Ergonovine | Eribulin |
| Erlotinib | Estradiol | Estramustine | Estrogen/progestin combinations |
| Estrogens, conjugated | Estrogens, esterified | Estrone | Estropipate |
| Ethinylestradiol | Etoposide | Everolimus | Exemestane |
| **F** | | | |
| Fampridine | Febuxostat | Filgrastim | Finasteride |
| Fingolimod | Floxuridine | Fludarabine | Fluorouracil |
| Fluoxymesterone | Flutamide | Follitropins | Fulvestrant |
| **G** | | | |
| Ganciclovir | Ganirelix | Gefitinib | Gemcitabine |
| Gemtuzumab | Glatiramer | Gonadorelin | Gonadotrophin chorionic |
| Goserelin | | | |
| **H** | | | |
| Hydroxycarbamide | | | |

| | | | |
|---|---|---|---|
| **I** | | | |
| Ibritumomab tiuxetan | Ibrutinib | Idarubicin | Idelalisib |
| Ifosfamide | Imatinib mesylate | Inotuzumab ozogamicin | Interferon products |
| Ipilimumab | Irinotecan | Isotretinoin | Ixazomib |
| Ixekizumab | | | |
| **L** | | | |
| Lanreotide | Lapatinib | Leflunomide | Lenalidomide |
| Lenograstim | Letrozole | Leuprorelin | Lenvatinib |
| Lipegfilgrastim | Lomustine | Lutropin | Lymphoglobuline |
| **M** | | | |
| Mechlorethamine | Medroxyprogesterone | Megestrol | Melphalan |
| Menotropins | Mepolizumab | Mercaptopurine | Mesna |
| Mesterolone | Methotrexate | Methylergometrine | Methylergonovine |
| Methyltestosterone | Mifamurtide | Mifepristone | Mitomycin |
| Mitotane | Mitoxantrone | Mycophenolate mofetil | |
| **N** | | | |
| Nafarelin | Natalizumab | Necitumumab | Nelarabine |
| Nilaparib | Nilotinib | Nilutamide | Nintedanib |
| Nivolumab | Norethisterone | | |
| **O** | | | |
| Obinutuzumab | Oestrogen products | Ofatumumab | Olaratumab |
| Olparib | Omalizumab | Osimertinib | Oxaliplatin |
| Oxytocin | | | |
| **P** | | | |
| Paclitaxel | Palifermin | Panitumumab | Panobinostat |
| Palbociclib | Paraldehyde | Pasireotide | Pazopanib |
| Pegaspargase | Pegfilgrastim | Peginterferon | Pembrolizumab |
| Pemetrexed | Pentamidine | Pentostatin | Perphosphamide |
| Pertuzumab | Pethionate | Pimecrolimus | Pipobroman |
| Piritrexim | Pixantrone | Plicamycin | Podofilox |
| Podophyllum/Podophyllotoxin | Pomalidomide | Ponatinib | Porfimer |
| Prednimustine | Procarbazine | Progesterone products | Progestins |
| **R** | | | |
| Raloxifene | Raltitrexed | Ramucirumab | Rasburicase |
| Regorafenib | Retinoids | Ribavarin | Rituximab |
| Ruxolitinib | | | |
| **S** | | | |
| Siltuximab | Sirolimus | Somatostatin | Sorafenib |
| Streptozocin | Sunitinib | Syntocinon | Syntometrine |
| **T** | | | |
| Tacrolimus | Tamoxifen | Tegafur with gimeracil & oteracil - Teysuno® | Temoporfin |
| Temozolomide | Temsirolimus | Teniposide | Teriflunomide |
| Testolactone | Testosterone | Thalidomide | Thioguanine |
| Thiotepa | Thymoglobulin | Tioguanine | Tipiracil with tipiracil |
| Topotecan | Toremifene citrate | Tositumomab | Trabectedin |
| Trametinib | Trastuzumab | Treosulfan | Tretinoin |
| Trifluridine | Trimexate glucuronate | Triptorelin | |
| **U** | | | |
| Uramustine/Uracil mustard | Urofollitropin | | |

| V | | | |
|---|---|---|---|
| Valganciclovir | Valrubicin | Vandetanib | Vemurafenib |
| Venetoclax | Verteporfin | Vidaradine | Vinblastine |
| Vincristine | Vindesine | Vinflunine | Vinorelbine |
| Vismodegib | | | |
| **Z** | | | |
| Zidovudine | | | |

## Risk Assessment for Medicines Management in Domiciliary Settings

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of person (receiving medicines support) | | Date of birth | | NHS number | | Address | |
| Assessed by: Sign | | Print name | | | | Date | |

| Print name | Signature | Initials | Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| Print Name | Signature | Initials | Date |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

## Risk Assessment for Medicines Management in Domiciliary Settings

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Name of person (receiving medicines support) | | Date of birth | | NHS number | | Address | |
| Assessed by: Sign | | Print name | | | | Date | |

All care workers involved in supporting the person's medicine support needs must print, sign and date when they have read and understood the care plan and medicines risk assessment.

Assessor review record:

| Date | Name | Reason for review | Signature |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |