Dose Administration Aids PHC Remote Guideline

Target Audience	All Clinical Employees
Jurisdiction **Jurisdiction Exclusions**	Primary Health Care Remote CAHS; Primary Health Care Remote TEHS N/A
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Purpose

To provide Primary Health Care remote clinicians with guidelines for the issuing of medicines utilising Dose Administration Aids in remote health centres.

Guideline

1. General Information

Dose Administration Aids (DAAs) are designed and intended for the client's own use to facilitate self-administration of their medicines and offer a valuable tool to be used in promoting client compliance with medicine regimes. Primary Health Care (PHC) Remote supports their use subject to careful application of the guidelines contained in this document.

Specific guidelines in the use of each type of DAA are given below at Section 2: Procedure, but a number of general principles are to be noted when considering the use of DAAs:

- DAAs should not be used when the client is capable of managing their medicine regime without a DAA
- DAAs should not be instituted without effective client education
- the use of DAAs should not be interpreted as equalling client compliance; careful observation should be made to ascertain if clients are using supplied DAAs effectively.

For medicine safety reasons PHC Remote policy is for the DAAs to be prepared by the S100 Pharmacy wherever possible. Supply generated at the pharmacy level allows the use of advanced preparation systems and pharmacist supervision. Health centre clinical staff may only prepare a health centre prepared DAA for clients in certain circumstances such as where flexibility is required in a medicine regime. See Section 2.5 for detailed information. Information in this document includes:

- Guidelines for Identifying Clients who may benefit from using a DAA
- Initiation of Dose Administration Aids
- Establishing Recall
- S100 Pharmacy Prepared Dose Administration Aids
- Health Centre Prepared Dose Administration Aids
- Documentation

- [Schedule 8 (S8) and Restricted Schedule 4 (RS4) Medicines in DAAs](#)

2. Procedure

2.1 Guidelines for Identifying Clients who may benefit from using a DAA[1]

In identifying clients who may benefit from a DAA there is no single set of criteria which covers all scenarios or client needs. In general, DAAs may be of benefit for clients who:

- take a number of medicines daily
- have a medical history suggesting problems with managing their medicines
- have a complex regime of medicines, however the complexity of the regime must warrant the use of a DAA to the extent that there is a demonstrable benefit [2].
- have signs of cognitive or physical impairment which may affect their ability to effectively manage their own medicines. For example literacy or language impairment; or clients who are confused about which medicines to take, when to take them or what they are for. However, in these circumstances, the client or a reliable carer must be able to comprehend the basic functioning of the DAA and have an intellectual ability to ensure safe use.
- may forget if they have taken their medicines, and who would benefit from a visual cue
- have a carer who monitors their medicine taking

Additionally clinical staff must be aware that:

- not all medicines are suitable for inclusion in a DAA; therefore careful review of the client's regime is necessary prior to commencing a DAA [3]
- as with all supplied medicine there must be a degree of assurance that the DAA can be safely stored out of reach of children and protection from other damaging factors

Note: a supply of 7 or 14 days DAA is provided to clients on discharge from hospital as appropriate.

2.2 Initiation of Dose Administration Aids

Any clinical staff member may be involved in identifying clients that may benefit from the use of a DAA. However the decision to commence a DAA should be a collaboration between health centre clinicians, [Authorised Prescriber](#) and the client. Authorised Prescribers must annotate the rural prescription accordingly where client medicines are to be provided in a DAA. See [Prescriptions](#).

Cost is a feature in the use of DAAs. In view of this, prudent and discriminate use is warranted.

4.2.1 Client Education

Client education remains highly important. It is fundamentally important that clients and/or carers have the intellectual ability required to ensure safe use and that adequate training is given before commencing use of a DAA. Ideally, education should be reinforced over several consultations until the client and/or carer is comfortable with using the DAA.

When issuing a DAA, medicine education to clients should also include:

- standard and additional instruction / counselling requirements as appropriate. See [Medicine Counselling](#) for further information.

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[1] *Adapted from: [Pharmaceutical Society of Australia](#) - Guidelines and Standards for Pharmacists, [Dose Administration Aids Service](#).*

[2] *PHC does not stipulate a minimum number of different medications. However, it is important that DAAs are not wasted on regimes that are simple and can be readily managed by conventional means.*

[3] *Medicines not suitable for placement in a DAA include:*
- *medicines administered on an 'as required' basis*
- *solid dose cytotoxic preparations*
- *medicines unsuited to this form of storage due to their instability if exposed to heat, light, air or moisture*
- *medicines that may be affected when the back of the DAA is heat-sealed*

- how to check the DAA for the correct time and remove the correct medicines.
- instruction to never remove medicines from the DAA until they are ready to be taken.
- a reminder to remove the foil packaging of any medicines in the DAA prior to taking them. Some medicines may need to remain in their original packaging to ensure stability.
- instruction to bring the DAA every time the client visits the health centre.
- a reminder to take any unused medicines to the health centre for safe and correct disposal

Note: Staff should utilise education resources, such as the Australian Medicines Handbook, Medicines Book for AHWs, or other relevant resources to provide specific medicication related education to clients and/or carers.

2.3   Establishing Recall

The DAA recall should be commenced for the client when the DAA is initiated. This enables the recording of the number of days supplied in the DAA, and tailoring of the appropriate DAA recall frequency to accommodate the intended supply interval. Staff should monitor the use of DAAs and intervene as necessary to ensure safe and effective use of medicines.

For establishing a DAA in the EHR see User Reference Guides: Primary Care Information System (PCIS) – Dose Administration Aid Care Plan and East Arnhem Communicare System (EACS) Managing DAA Supplies (Blister Packs and Sachets).

2.4   S100 Pharmacy Prepared Dose Administration Aids

The S100 contratced pharmacy will:
- dispense DAAs as ordered by the health centre
- liaise with hospital pharmacies in the supply of non-S100 Medicines for inclusion in DAAs.

2.4.1   Ordering Dose Administration Aids from S100 Pharmacies

The ordering of an S100 Pharmacy DAA is restricted to Authorised Prescribers. Ordering DAAs from the applicable S100 contracted pharmacy is made by annotation on the rural prescription by the Authorised Prescribers.

S100 contracted pharmacies will routinely supply 4 weeks advance supply of DAAs as negotiated with the PHCM. The ordering cycle must accommodate the expiry duration of the DAA. Orders are made via the contracted pharmacy's specified mechanism. Monitoring of usage will prevent oversupply.

Also see Pharmacy – Ordering, S100 Pharmacy Arrangements and Issuing and Administering Medicines.

PCIS: The Dose Administration Aid Care Plan enables the health centre staff to create a list of clients requiring DAAs to be reordered.

EACS: The Managing DAA Supplies (Blister Packs and Sachets) facilitates the automated reordering of the client's DAA from the S100 Pharmacy.

2.4.2   Storage of Dose Administration Aids

DAAs must be stored in a designated area in the Drug Storage Room. S100 Pharmacy DAAs supplied as sachets are provided in small boxes. Client's sachet boxes may be supplied by the S100 pharmacy grouped in a larger box (known as a 'tower'). Supply of towers may be negotiated between the S100 Pharmacy and the health centre.

2.4.3   Expiry of Medicines in Dose Administration Aids

The Pharmaceutical Society of Australia (PSA) recommends an expiry duration of 8 weeks from the packing date for most medicines supplied in DAAs. In line with the PSA recommendations the following policy applies to all Department of Health PHC remote health centres:

- PHCMs and contracted S100 Pharmacies must work together to maintain an ordering cycle that accommodates the 8 week expiry on DAAs. Timely ordering of DAAs will ensure continuity of supply while maintaining the recommended expiry duration.

- Each DAA will clearly show the packing date which must be used to monitor the currency of the DAAs held at the health centre.
- Once a new supply is obtained all DAAs exceeding 8 weeks from the packing date must be discarded.

It is acknowledged that for logistical reasons in the remote context, and to ensure continuity of supply, the expiry duration may occasionally need to be extended for some clients in specific circumstances. Where this is the case the dispensing pharmacy must be contacted to confirm the viability of medicines in the DAA.

Note: Some medicines will have expiry durations significantly shorter than 8 weeks when packed into DAAs. Where this is the case the expiry, which will be clearly visible on the label of the DAA, must be adhered to by the health centre.

2.4.4   Issue of S100 Pharmacy Dose Administration Aids to Clients

As with all medicine supply, care to ensure the correct medicines are being issued is fundamentally important – ie correct client, correct medicines against a valid prescription and suitable quantity of supply.

DAAs should routinely be issued directly to the client. Whilst there may be occasions where DAAs are issued to a known carer without seeing the client, it is inappropriate to continually issue medicine without physically reviewing the client.

The interval for issuing a DAA should be negotiated between the clinician and the client, and should be tailored to suit each client's circumstances. For example clients warranting more frequent review might appropriately receive a shorter supply suited to the frequency of review. Clients who are stable or those planning on being away from the community may receive a longer supply.

When issuing a S100 Pharmacy DAA to a client, a basic check of the DAA should be performed. The medicines listed on the DAA should be checked against the current prescription and a visual scan of the number of medicines included in the DAA against those listed on the DAA package. For sachets, it is sufficient to only check the medicines contained in the first day of pouches of the DAA being issued.

2.4.5   Changes to S100 Prepared Dose Administration Aids

Where a change is made to the medication regimen of client prescribed a DAA, health centre staff should discuss the following with the Authorised Prescriber and the S100 pharmacy:

- the urgency of the change in medicine regimen. In many cases the Authorised Prescriber may direct that the current supply of DAA medicines may be completed before the new prescription takes effect.
- the order and delivery time to commence the new medicine regimen
- requirements for interim supply of medicines to the client noting that some medicines must not be ceased abruptly
- any prescribed medicines that are not readily available, such as medicines not on the health centre imprest

Under no circumstances should a S100 prepared DAA be opened to remove or repackage medicines.

Where medicines in a DAA are no longer required, the DAA must be removed from circulation and returned to the S100 Pharmacy via the <u>Return of Unwanted Medicines</u> process.

2.5   Health Centre Prepared Dose Administration Aids

PHC Remote supports health centre clinical staff preparing DAAs in limited circumstances only. Such circumstances include:

- where a DAA is required for immediate issue of medicines while an S100 Pharmacy DAA is on order
- clients with medicine regimes which require flexibility, such as titration of dosing or therapeutic drug monitoring
- issue of medicines to a visitor who would normally use a DAA

Dosettes are commonly designed for weekly use, and as such the use of a Dosette to contain multiple weeks' supply is not supported.

PHC Remote funds the supply of dosettes and these are ordered via the [Hospital Pharmacy Order Form](#).

2.5.1 Medicine Supply for Health Centre Prepared DAAs

For medication safety reasons, medicines dispensed into S100 Pharmacy prepared DAAs must not be repackaged into health centre prepared DAAs.

Medicines may be used from health centre stock for those clients that require a DAA prior to supplies arriving from the S100 Pharmacy. For those clients that require ongoing DAAs prepared at the health centre, bulk supplies of chronic medicines dispensed for the client by the S100 Pharmacy should be used. This assists in minimising error rates and ensures pharmacist involvement in the supply process.

2.5.2 Preparation of DAAs in the Health Centre

There are a number of quality control standards that staff must observe when preparing DAAs. These quality control standards span from the commencement of preparation to issuing the DAA to the client and/or carer.

Prior to preparing a DAA, clinical staff must have a valid prescription for the client. Staff should review the prescription to identify the medicines to be included in the DAA, being aware that some medicines are not suitable for inclusion in a DAA[3]. A dedicated area should be established in the Drug Storage Room where there will be minimal interruption, and all medicines and equipment required are easily accessible, eg dosette box, pill cutter, forceps, gloves. The preparation area and all equipment must be cleaned prior to commencing packing.

2.5.3 Preparing a Dosette Box

Staff must:
- ensure the dosette is suitable for continued use or replace with a new dosette as required
- only pack for one client at a time
- only pack one medicine at a time, methodically working through the client's prescription ensuring the correct medicine; the correct dose; and the correct time for each medicine. Always think [Medicines – The Seven Rights](#).
- following preparation of the dosette, each medicine's original container should be left with the dosette for re-checking
- ensure the dosette is re-checked against the prescription and the medicine's original container. It is recommended this check is completed by a second clinician wherever possible.
- check that the medicines listed on the back of the dosette match the prescription and edit as required. See [Section 2.5.3](#) Labelling of DAAs.

2.5.4 Labelling of DAAs

Labelling of health centre prepared DAAs is often overlooked but is an important obligation that must occur. Each Dosette has a label for staff to provide a list of medicines included in the DAA which must include the:
- client's name
- name of medicine, strength, form and the quantity provided
- prescribed dose and frequency
- date packed and checked
- initials / EHR identifier of staff member issuing the medicine
- location and contact details of health centre

2.6 Documentation

Each episode of issuing a DAA to a client should be recorded in the client EHR using the DAA Care Plan (PCIS) or Managing DAA Supplies (EACS).

When issuing a DAA, it is important to ensure the client understands and is engaged with their medicine regime. Best practice supports that other relevant aspects of client wellbeing are monitored, for example observations taken. All aspects of the consultation and client education should be documented in the client's EHR. See also Health Records - Documentation.

2.7 Schedule 8 (S8) and Restricted Schedule 4 (RS4) Medicines in DAAs

Client-held S8 and RS4 Medicines supplied in pharmacy dispensed DAAs are exempt from being counted or recorded in the S8 and RS4 Drug Register [NT Medicines Poisons and Therapeutic Goods Regulations Section 50 (2) (c)].

It is recommended that when S8 medicines are prescribed and are to be administered in the client's home (or other residential setting), that those available in tablet form be provided via a DAA to minimise error / risk whenever possible.

Document Quality Assuramce		
	Method	**Responsibility**
Implementation	Document will be accessible via the Policy Guidelines Centre and Remote Health Atlas	Health Policy Guidelines Program
Review	Document is to be reviewed within three years, or as changes in practice occur	Atlas Development Officer, Primary Health Care CAHS
Evaluation	Evaluation will be ongoing and informal, based on feedback.	Atlas Development Officer, Primary Health Care CAHS

Key Associated Documents	
Forms	PCIS / EACS Prescription Forms, available via Electronic Health Record Hospital Pharmacy Order PHC Remote Form
Key Legislation, By-Laws, Standards, Delegations, Aligned & Supporting Documents	Client Recall Systems PHC Remote Guideline Drug Storage Room Standards PHC Remote Health Records Documentation PHC Remote Guideline Issuing and Administering Medicines PHC Remote Guideline Medicine Counselling PHC Remote Guideline Prescriptions PHC Remote Guideline Pharmacy Ordering PHC Remote Guideline Return of Unwanted Medicines PHC Remote Guideline Section 100 Pharmacy Arrangements PHC Remote Guideline Medicines – The Seven Rights PHC Remote Information Sheet Pharmaceutical Society of Australia

	Dose Administration Aids Service webpage
	Guidelines and Standards for Pharmacists – Dose Administration Aids Service
	Australian Prescriber: Assisting Aboriginal Patients with Medication Management
	East Arnhem Communicare System User Reference Guide:
	Managing DAA Supplies (Blister Packs and Sachets)
	Primary Care Information System User Reference Guides:
	Dose Administration Aid Care Plan
	Ordering of Medicines from Hospitals and Private Pharmacies
	Recall Reports
References	As above

Definitions

Preferred Term	Description
Authorised Prescriber	a medical officer, nurse practitioner or other health practitioner (eg Dentist, Optometrist) who is authorised to issue a prescription under the NT Medicines, Poisons and Therapeutic Goods Act, and issues the prescription in the course of practicing within their scope of practice.
Dose Administration Aid	a device that allows medicines to be contained in sequential dosing portions according to a prescribed regime. (Reference: Guidelines and Standards for Pharmacists – Dose Administration Aids Service). There are essentially four types of DAAs used in the remote health context: - **Blister Pack:** a non-reusable device that allows medicines to be housed in grid like compartments, arranged according to the dosing schedule. Blister Packs cater for up to 4 doses per day for 7 days. - **Dosette Box:** a reusable device that allows medicines to be housed in grid like compartments, arranged according to the dosing schedule. Most dosettes cater for up to 4 doses per day for 7 days. Registered clinical staff are able to fill and supply dosettes against a valid written prescription. See Section 2.5 for details. - **Health Centre Prepared DAA:** a dose administration aid (dosette box) prepared on site by health centre clinical staff. - **Sachet:** a non-reusable plastic roll of pouches which enables multi-dose packing of a medicine regime arranged according to the dosing schedule.

Evidence Table

Reference	Method	Evidence level (I-V)	Summary of recommendation from this reference
N/A	N/A	N/A	N/A