

**POLICY FOR THE USE OF
MEDICINE COMPLIANCE AIDS**

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Medication compliance aids are devices designed to help patients to remember when to take their medication. Before any patient is supplied with a compliance aid an assessment needs to be carried out to assess the needs of the patient and reduce any associated risks. An assessment of the patient's suitability and understanding of how to use an appropriate aid safely should be carried out. However, all patients will need to be regularly assessed for continued appropriateness of the compliance aid.¹

RATIONALE

A variety of methods may be used to help a patient self-administer their medication, e.g. large print labels, Braille labels, a written medication reminder sheet.

A compliance aid is generally considered to be a daily or weekly dosage system, e.g. Dosett®, Redidose® prepared by a third person, that may be used to foster and optimise independence when other methods of promoting compliance are not feasible.

Problems

- These devices only work if the patient is orientated in time.
- Some people find the daily containers difficult to open, especially those with arthritic fingers.
- The device needs refilling every 7 days to ensure that the patient does not run out of medication. Not all community pharmacists will refill these therefore prior agreement needs to be sought. Alternatively, the patient or their carer needs to be able to refill the device. Community nurses or social service employees are not legally able to refill these devices.
- Only medication that is unaffected by moisture or daylight is suitable for inclusion. Dispersible tablets are not suitable for inclusion.
- These devices still need supervision to be an effective compliance aid. Some patients' may need a verbal and/or physical prompt to take their medication.
- All patients' issued with a compliance aid should have a completed medication reminder card which acts as both a written prompt for the patient and a current medication regimen for referral purposes and information for the patients' doctor.

The medication regime should be simplified to a ONCE or TWICE daily administration schedule wherever possible.

The use of a medicine compliance aid may be considered in the following situations:

- As a memory prompt for those patients who have difficulty in remembering to take medicines correctly but are otherwise deemed capable of self-administration
- For complex drug regimes when other methods to improve compliance have been unsuccessful

Points to remember

- Just because the medication has been removed from the compliance aid does not mean that the medication has been taken. It could be on the floor, in the bin, in a plant pot or the bed. Literally anywhere.
- Patients' with confusion or poor memory may not know what day or even what time of day it is and take all the medication either at once or in a short period of time. In these cases only putting out one day at a time can help. Also a written reminder may help in these cases.
- The patient will probably need at least daily supervision to check that the medication has actually been taken. Community staff may be willing to verbally prompt the patient to take the medication, but are not able to physically hand the medication to the patient.
- If a compliance aid is issued there must be liaison between the pharmacist, the patients' carer and any social service staff involved.
- These compliance aids are NOT a panacea for all patients' who do not comply with their medication. They often DO NOT work and can be inappropriate.
- Remember, a patient still has a choice as to whether they adhere to a medication regimen or not.

FOR PATIENTS OR CLIENTS IN THE COMMUNITY

1. **Assessment of the suitability of a patient to use a compliance aid**

- 1.1 A community nurse should assess the patient by using the Medicine Compliance Assessment form (Appendix A).
- 1.2 When a compliance aid is considered necessary and relevant, the patient must be assessed in their ability to use the aid properly.
- 1.3 The patient needs to be trained in how to use the device BEFORE they are left to self-administer using a compliance aid.

2. **Accountability**

- 2.1 A registered nurse or carer can administer medication from a compliance aid filled in a hospital or community pharmacy.
- 2.2 Where it is not possible to get a compliance aid filled by a pharmacist the nurse should ensure that he/she is able to account for its use. The patient has a right to expect that the same standard of skill and care will be applied by the person dispensing into a compliance aid as would be applied if the patient were receiving the medication from a pharmacist.¹
- 2.3 Compliance aids which are purchased by patients for their own use, are aids that are filled from containers of dispensed medicines. If any nurse chooses to repackage dispensed medicines into compliance aids, you should be aware that their use carries a risk of error.¹
- 2.4 A registered nurse who fills a compliance aid may delegate the task of administering the medication to another person i.e. HCA, Student nurse. A registered nurse who fills a compliance aid can also liaise with other health care

providers with locally agreed policies i.e. domiciliary carers. The registered nurse remains accountable for the supervision of Brent tPCT staff in the administration of the medication.

3. Documentation

- 3.1 The Medicine Compliance Assessment form must be completed by a registered nurse and filed in the patient's care plan.
- 3.2 The decision to use a compliance aid must be recorded in the patient's care plan by the registered nurse.
- 3.3 Where nurses take responsibility for re-filling the compliance aid, this must be recorded in the patient's care plan.
- 3.4 A record of filling the compliance aid should be recorded in the Community Nursing drug Authorisation and Administration Record.
- 3.5 Evaluation and monitoring should be carried out regularly and also when there is a change in the prescribed medication. This must be recorded in the patient's care plan.

4. Storage and Stability

- 4.1 Only oral solid formulations can be transferred to a compliance aid. Medications to be given by the buccal or sublingual route should NOT be transferred to a compliance aid.
- 4.2 The stability of medicines in a compliance aid is compromised as different medications are mixed together and exposed to moisture and light. Some medications require special storage conditions and are unsuitable for transfer to a compliance aid².
- 4.3 The filled compliance aid should be stored in a cool, dry place, out of direct sunlight and out of the reach of children.
- 4.4 Medicines in compliance aids should be returned to the pharmacy from where they were obtained, for destruction, in the following circumstances with the patient's consent:
 - if they have been in the compliance aid for THREE months or longer.
 - If they have been in the aid for TWO weeks or longer for those medicines that are less stable (Appendix C)

5. Standards for labelling of compliance aids

- 5.1 The medicine compliance aid must be fully and clearly labelled with:
 - a) the patient's name
 - b) the name and strength of the drug
 - c) a means of clearly identifying the medicines e.g. colour, shape or markings
 - d) the dose i.e. the number of tablets or capsules, to be given at each time of administration
 - e) the signature of the person filling

- f) The date of filling

This information must be updated:

- at each filling
- where there is an addition to the medication
- where there is a change in medication
- where there is a change in brand i.e. colour, shape or markings

6. Administration of medicines from a compliance aid

- 6.1 The Community Nursing Drug Authorisation and Administration record signed by the GP or Doctor on discharge must be available to the Community Nurse, HCA or carer assisting in the administration of medicines.
- 6.2 The contents of the compliance aid should be checked against the Community Nursing Drug Authorisation and Administration.
- 6.3 The specific dose required must be checked against the Community Nursing Drug Authorisation and Administration.
- 6.4 Medicines must only be removed from the compliance aid at the time of administration. They must not be removed and left out in dose cups.
- 6.5 The dose must be administered and recorded in the Community Nursing Drug Authorisation and Administration.

References

1. NMC Guidelines for the Administration of Medicines April 2002
2. How stable are medicines moved from original packs into compliance aids? The Pharmaceutical journal (Vol 276; 75-81) Jan 2006

MEDICINE COMPLIANCE ASSESSMENT FORM

for use in conjunction with the Compliance Aid policy

Patient Name: _____ GP Name: _____

Patient Address: _____ GP Address: _____

Medicine Compliance Assessment by:

Name: _____ Signature: _____

Position: _____ Contact number: _____

Base: _____ Date: _____

Assessment

Drug sensitivities _____

If a carer is involved please ensure he/she is involved in the assessment.

SECTION A To assess understanding and ability to self-administer		
Identification of medication problem		Action
1. Does the patient understand English?	Yes / No	Interpreter / colour codes / numbers
2. Does the patient have poor eyesight?	Yes / No	Large print / numbers / Braille
3. Does the patient have poor hearing?	Yes / No	Medication record
4. Does the patient have difficulty in swallowing?	Yes / No	Refer to GP / Doctor for liquids / dispersible tablets / alt. preparations
5. Is the patient forgetful / poorly motivated?	Yes / No	Educate / support / medication record / compliance aid
6. Is the patient aware of time?	Yes / No	Organise support
7. Is the patient aware of place?	Yes / No	Organise support
8. Is there a history of poor compliance?	Yes / No	Educate, support and reassess
9. Does the patient understand what each medicine is for?	Yes / No	Supply medication record
10. Does the patient understand benefits of compliance?	Yes / No	Refer to GP / Doctor for review
11. Does the patient understand risks of non-compliance?	Yes / No	
12. Does the patient suffer from side-effects of any medications?	Yes / No	Refer to GP / Doctor for review

SECTION B
Check the following in role play situation, if applicable

Identification of medication problem		Action
13. Patient's ability to read labels on all medication containers	Yes / No	Large print / special labels / colour coded bottles / medication chart
14. Patient's ability to open and close all containers	Yes / No	Non child resistant lids / winged tops
15. Patient's ability to handle bottles	Yes / No	Large bottles / compliance aid
16. Patient's dexterity to handle medication:		
• Picking up small tablets	Yes / No	Teach skill / organise support
• Halving tablets	Yes / No	Tablet cutter / support
• Pushing tablets out of blister packs	Yes / No	Organise removal from blisters
• Measuring out liquids	Yes / No	Measures not spoons / support
• Squeeze dropper bottle and instil eye / ear / nose drops	Yes / No	Autodrop / support
• Reach the area of application for external preps	Yes / No	Support
• Co-ordinate inhaler technique	Yes / No	Teach skill

SECTION C
Obtaining further supplies of medicines

17. Does patient obtain medication on repeat prescription?	Yes / No	
18. If No:		
• Does patient understand repeat medicine process?	Yes / No	Educate
• Does patient understand need to continue treatment?	Yes / No	Educate
• Is patient forgetful / poorly motivated?	Yes / No	Organise help / support
• Does patient have transport difficulties to GP / Pharmacy?	Yes / No	Organise help / support
19. Does patient experience difficulty in obtaining drugs / unusual drugs?	Yes / No	Communicate with community pharmacy / written order details
20. Have there been any changes in medication?	Yes / No	Communicate with GP
21. If using compliance aid, are arrangements in place for weekly filling?	Yes / No	By whom

Summary of Recommendations

Size of bottle	32ml	48ml	66ml
Closure	Screw cap	Click lock	Winged top
Label print size	Ordinary	Large	
Ability to use blister pack	Yes	No	
Special requirements e.g. measuring liquid doses			
Special labelling instructions e.g. specific times, helpful instructions			
Compliance aid required	Yes	No	
If patient uses a compliance aid:-			
- Who orders the repeat prescriptions?	Patient	Relative	Carer DN
- Who takes the repeat prescription to the pharmacy?	Patient	Relative	Carer DN
- Who collects/delivers the new compliance aid?	Patient/ Relative	Pharmacy	Carer DN
- Who returns the empty compliance aid to the pharmacy?	Patient	Relative	Carer DN
Medication record required	Yes	No	
Education			
Support	Relative / carer	Community nurse	Pharmacist
Medical review			
Comments			
Date for assessment review			

Medicines with reduced stability following transfer to compliance aids²

Medicine	Stability in compliance aid
Acarbose	7 days
Aminophylline (Phyllocontin)	2 weeks
Bisoprolol	7 days
Carbergoline	7 days
Cefaclor	4 weeks
Clobazam	4 weeks
Co-amilofruse 5/40	7 days
Co-beneldopa	2 weeks
Digoxin	2 weeks
Diltiazem (Angitil SR/XL)	4 weeks
Dipyridamole SR 200mg (Persantin)	30 days
Dipyridamole MR/aspirin (Asasantin Retard)	
Domperidone/Paracetamol (Domperamol)	8 days
Donezepil (Aricept)	2 weeks
Dosulepin tablets & capsules	7 days
Ferrous sulphate	14 days
Fluoxetine (Prozac)	4 weeks
Flupenthixol (Depixol)	4 weeks
Flupenthixol (Fluanxol)	4 weeks
Furosemide	4 weeks
Gliclazide (Diamicron/MR)	8 days
Haloperidol	7 days
Hydroxyzine (Atarax)	7 days
Indapamide (NatriliX/SR)	8 days
Isosorbide mononitrate (Alpharma)	14 days
Isosorbide mononitrate (IVAX)	7 days
Isosorbide mononitrate (Imdur)	4 weeks
Isosorbide mononitrate (Monomax SR/XL)	4 weeks
Ketoprofen (Ketocid)	4 weeks
Lansoprazole ((Zoton)	4 weeks (with barrier against moisture)
Lithium (Priadel)	7 days
Minocycline (Minocin MR)	7 days
Moxifloxacin (Avelox)	7 days
Nicorandil (Ikorel)	7 days
Nimodipine (Nimotop)	7 days
Nizatidine (Axid)	4 weeks
Olanzapine (Zyprexa)	4 weeks
Omeprazole capsules (Losec)	14 days
Paracetamol (Alpharma)	28 days
Perindopril (Coversyl)	8 days
Perindopril/indapamide (Coversyl Plus)	8 days
Potassium Chloride (Slow K)	14 days (in airtight compliance aid)
Quetiapine (Seroquel)	7 days
Quinine Sulphate (Alpharma)	7 days
Ropinirole (Requip)	28 days (below 25 ^o c and at 60% relative humidity)
Salbutamol (Ventmax SR)	4 weeks
Vancomycin (Lilly)	4 weeks
Vardenafil (Levitra)	7 days
Venlafaxine SR (Efexor XL)	7 days
Zafirlukast (Accolate)	30 days
Zuclopenthixol (Clopixol)	2mg for 14 days, other strengths for 4 weeks