

# Medication Administration Policy

## Gloucestershire Shared Lives

<b>Document reference:</b>	<b>GCC_ASC_POL_019</b>
<b>Version:</b>	6.0
<b>Ratified by:</b>	Adult Senior Management Team
<b>Date ratified</b>	18 August 2020
<b>Originator/author:</b>	Policy Review Officer
<b>Responsible committee/individual:</b>	Gloucestershire Shared Lives Registered Manager
<b>Executive lead:</b>	Gloucestershire Shared Lives Strategic Review Manager
<b>Issued:</b>	1999
<b>Reviewed:</b>	March 2006
	September 2009
	October 2010
	January 2018
	July 2018
	August 2020
<b>Next scheduled review:</b>	July 2023

### THIS IS A CONTROLLED DOCUMENT

Whilst this document may be printed, the electronic version maintained on the GCC intranet is the controlled copy.

Any printed copies of this document are not controlled.

It is the responsibility of every individual to ensure that they are working to the current version of this document.

## Gloucestershire Shared Lives Medication Administration policy

1. Introduction.....	3
Support for people <i>with capacity</i> : .....	3
Support for people who lack capacity: .....	3
2. About this policy .....	3
3. Who this policy applies to .....	3
4. Mental capacity .....	4
5. Duty of care in GSL arrangements .....	4
6. Carer training, competency and general conditions which apply to medication administration in GSL arrangements.....	5
Carer training and competency .....	5
General conditions .....	5
7. Medications that trained and competent carers may administer.....	6
Prescribed medications .....	6
As required / variable dosage medications (also known as PRNs) .....	6
<i>Over the Counter / non prescription medications</i> .....	7
8. Ensuring that people have an adequate supply of medication .....	8
9. Storing medication.....	8
10. Administering medication .....	8
Capacity .....	8
Consent and refusal .....	8
Hygiene and safety.....	9
Covert administration .....	9
11. Medication records.....	10
12. Disposing of medication .....	10
13. Continuity of care when someone is on a short visit away from home or moves between carers .....	11
14. Side effects / adverse reactions .....	11
15. Medication errors .....	12
16. Monitoring medication support arrangements / quality assurance .....	12
17. Concerns and complaints.....	13
18. Emergency preparedness .....	13
19. Implementation.....	13
20. Review .....	13
Appendix 1 - Definitions .....	14

## 1. Introduction

- 1.1 Gloucestershire County Council (the Council) operates a Shared Lives scheme known as Gloucestershire Shared Lives (we / GSL).
- 1.2 This policy sets out requirements for safe medication administration within a GSL arrangement. Please see the [Gloucestershire Shared Lives policy](#) for more information about GSL arrangements.
- 1.3 GSL encourages and supports people to manage their own medication except where this will put them or other people at risk. GSL carers (carers) can provide any necessary support.

### Support for people *with capacity*:

- 1.4 Carers may 'prompt' or 'assist' people with capacity to manage their own medications:
  - *Prompting* means that where necessary carers will remind people about their medication, for example to take it at a particular time or with food.
  - *Assisting* means that carers will provide practical help with anything that people cannot physically manage for themselves. For example, carers might remove tablets from a blister pack; shake a medication bottle, remove the lid and measure a dose; move medications to and from secure storage; or provide other practical assistance.

### Support for people *who lack capacity*:

- 1.5 Where agreed, carers will take full responsibility for medication for people assessed as lacking capacity to manage their medication themselves. In these circumstances, carers will make sure that medications are given or used as prescribed, safely stored and disposed of and that prescriptions are renewed as required.

## 2. About this policy

- 2.1 GSL will make every effort to identify and manage medication related risks in GSL arrangements.
- 2.2 This policy sets out what GSL will do to manage potential risks related to medication management so that people in GSL arrangements are supported to use prescribed and other medications safely.

## 3. Who this policy applies to

- 3.1 This policy applies to:
  - people using GSL services
  - GSL officers and carers

#### **4. Mental capacity**

- 4.1 GSL will presume that people have capacity to make their own decisions about and manage their medications until it is established that they do not. We will follow the Gloucestershire Multi Agency Mental Capacity Act policy and guidance where capacity is in doubt.

#### **5. Duty of care in GSL arrangements**

- 5.1 GSL will encourage and support people in GSL arrangements to manage their own medications except where assessment indicates that this will put them or other people at risk.
- 5.2 All prescribed and non-prescribed medication for any person (i.e. not just the person who needs care and support) living in a household which supports a GSL arrangement must be stored in accordance with GSL storage requirements so that no other person can take or use the medication, either by accident or on purpose.
- 5.3 Carers will support people who express concerns about their health or their medications to seek advice from their GP or pharmacist.
- 5.4 Carers who are concerned about the health of someone in a GSL arrangement or how they are managing their medication will discuss their concerns directly with the person if the person has capacity.
- 5.5 Carers will raise concerns about health / medication management directly with GSL and the person's GP / pharmacist if:
- the person lacks capacity, or
  - discussion with someone who has capacity does not resolve matters
- 5.6 Carers will record concerns about the person's health / medications and actions taken to resolve them in the person's record.
- 5.7 If someone needs immediate assistance, carers will seek and follow appropriate advice (for example from the person's GP / pharmacist, the NHS advice line, Accident and Emergency). As soon as practicable, carers will report what has occurred to GSL.
- 5.8 Examples of when a carer may be concerned about someone in a GSL arrangement or about their medication include but are not limited to when:
- someone who manages their own medication including those dependent on blood test results no longer appears to be taking it as prescribed. For example, they appear to be missing doses, taking the wrong or an additional dose, or not taking doses at the right intervals.
  - someone who has always taken their medication now refuses it.
  - the carer believes that:
    - the person's capacity to make their own medication decisions has changed or is fluctuating
    - an 'over the counter' medication may affect a prescribed medication

- a risk assessment needs to be reviewed

- there are unexplained changes in the person's health or behaviour.
- the medication does not appear to be effective or there appear to be side effects or an adverse reaction. Please see also section 14.
- there has been a medication error, for example a missed or incorrect dose; or a dose given more than once or to the wrong person or at the wrong time.
- the medication label has been altered, removed or is hard to read or understand
- the carer is unsure about administering an 'as required or variable dose' medication or believes that the person is taking an incorrect dose
- the carer is unsure about medication provided in a dosette box
- the carer is concerned about the physical state of a medication or the way in which it has been stored or is unsure about its shelf life.

## **6. Carer training, competency and general conditions which apply to medication administration in GSL arrangements**

### **Carer training and competency**

#### **6.1 GSL:**

- will provide medication and other related training for carers
- will assess and regularly re-assess carer medication competency
- may require carers to complete refresher / additional medication training.

#### **6.2 Where GSL considers that potential risks can be safely managed, trained and competent carers may provide support with:**

- taking tablets, capsules and oral mixtures
- inserting ear, nose and eye drops
- using inhalers
- applying medicated creams or ointments.

#### **6.3 In exceptional circumstances, GSL may consider requests for support with medications which a GSL carer would not usually be expected to administer. Please see paragraphs 7.8 -7.10.**

### **General conditions**

#### **6.4 Carers will not provide medication support unless:**

- the carer has been trained and assessed as competent to provide the level of support which the person requires
- the person (or their legally appointed representative if the person lacks capacity) has agreed to medication support
- the level of support required is specified in the person's My Shared Lives plan and their support plan or Care Act record.

- the carer has been provided with all relevant information about the person's health and medications.
- the medication is in its original packaging as:
  - dispensed and labelled by the prescriber. This includes dosette boxes filled and labelled by a pharmacist / dispensing doctor.
  - purchased if not a prescribed medication.

**Carers are not permitted** to transfer any medication from its original packaging except:

- with the prior knowledge and consent of GSL (consent will only be given in exceptional circumstances) and
- in accordance with GSL risk assessment requirements.

## 7. Medications that trained and competent carers may administer

### Prescribed medications

7.1 Most medications administered by carers are prescribed by a health professional.

7.2 Prescribed medications belong to the person they were prescribed for.

Carers will administer prescribed medication:

- as prescribed to the person it was prescribed for
- in accordance with the most up to date patient information leaflet

Carers **will not**:

- administer a prescribed medication for any purpose other than the purpose it was prescribed for
- administer or supply a prescribed medication to any person other than the person it was prescribed for
- take a prescribed medication for personal use.

### As required / variable dosage medications (also known as PRNs)

7.3 'As required' medications are prescribed medications intended to be taken when needed rather than at specific times or intervals, for example for pain relief or for indigestion. Some prescribed medications have a variable rather than a fixed dose, for example 1 or 2 tablets.

7.4 Carers will not administer any 'as required' medication which may have a sedative or other effect on behaviour unless:

- agreed by GSL, and
- the supporting health professional (such as a community nurse) has provided a written protocol specific to the person for whom the medication was prescribed. The protocol must detail the circumstances when the prescribed 'as required' medication should be used.



- 7.5 The carer will record the reason for administering an 'as required' / variable dose medication and the dose administered on the MAR sheet each time the medication is given.
- 7.6 Carers will contact the person's GP, the prescribing pharmacy or the NHS 111 helpline for advice if they are unsure about:
- when to give an as required / variable dose medication
  - what the dose should be
  - the effect of the medication

#### Over the Counter / non-prescription medications

7.7 Carers:

- may support people with capacity to take 'over the counter/non-prescription medications'
- will not administer over the counter / non - prescription medications to people who lack capacity except where:
  - the person's GP / other relevant health professional has confirmed that it is safe for the person to take the medication, and
  - the carer has documented the conversation with the GP / health professional in the person's medical record.

*Requests for support with medications that GSL carers are not usually expected to administer*

- 7.8 Health services are responsible for meeting primary health care needs.
- 7.9 GSL may consider requests for support with medications which a health professional rather than a GSL carer would usually be expected to administer. Examples include but are not limited to emergency medications, controlled drugs, certain 'as required/variable dosage' medications, medication where dosage is dependent on blood test results, oxygen therapy. GSL will only consider such a request in exceptional circumstances where:
- a relevant health professional has:
    - confirmed in writing to GSL that support is necessary and GSL is satisfied that potential risks can be managed
    - developed and provided to GSL a written protocol specific to the person's medication and health needs which includes arrangements for regular review by a relevant health professional
  - a relevant health professional / accredited training provider has agreed to provide specialist training and to assess initial and ongoing competency
  - both the person (or their legally appointed representative) and the carer agree to proposed arrangements.

7.10 Where GSL:

- does not agree to a request for a carer to provide medication support, GSL may not be able to offer a GSL arrangement unless alternative medication support is available.
- agrees to provide medication support, GSL will monitor adherence to the written protocol and will alert the relevant health professional to any changes/concerns.

## **8. Ensuring that people have an adequate supply of medication**

- 8.1 Carers will encourage and support people with capacity to arrange their own medication supplies.
- 8.2 Carers who are responsible for medication supplies will ensure that sufficient medication is held so that prescribed treatments are not interrupted, for example by making sure that the person visits their GP as often as required and that prescriptions are ordered and collected without delay.

## **9. Storing medication**

- 9.1 Carers will take responsibility for storing prescribed and non-prescribed medications for all members of the household. This includes ensuring that medications are safely stored:
- in their original labelled packaging in a lockable container (s) so that other adults and children in the household cannot take them either by accident or on purpose. If medications need to be kept cool, they will be kept in a locked and clearly marked container on the top shelf of the refrigerator.
  - where they will not be damaged by heat, light, dampness or other factors.
  - when people are on outings in the community.
- 9.2 People responsible for managing their own medications must store them as described at paragraph 9.1. Carers will monitor storage arrangements to ensure that medications are safely stored.

## **10. Administering medication**

### **Capacity**

- 10.1 Carers will follow the person's instructions when assisting someone *with capacity* unless the carer is concerned that the person is no longer able to manage their own medications. Where this is the case, carers will seek advice from the person's GP before providing assistance then follow GSL incident reporting procedures.

### **Consent and refusal**

- 10.2 People have the right to refuse their medication.
- 10.3 Each time a medication needs to be administered, carers:



- will explain to the person what they are about to do
- will not proceed unless the person gives their verbal or non-verbal consent
- will re-offer the medication after a short while if the person does not give their consent
- will not administer the medication if the person still does not wish to take it and will record on the MAR sheet that the dose was refused.

10.4 Carers will encourage people with capacity to consult their GP or pharmacist before they stop taking a prescribed medication.

10.5 If the carer remains concerned that the person is not taking their prescribed medication after discussing it with them, or if the person lacks capacity, the carer will raise their concerns with the person's GP / pharmacist and GSL.

### Hygiene and safety

10.6 Before dispensing medications, carers will wash their hands with soap and water and dry them and will then check that:

- the medication has not already been given by someone else
- they have the right medication for the right person
- the medication is as expected, does not appear to have been tampered with, is within its expiry date and has been stored properly. Carers who have concerns about a medication will seek advice from the person's GP, pharmacist or the NHS 111 helpline before administering it.

10.7 Carers will then:

- prepare the dose as indicated on the label and the MAR sheet and administer it to the person. Carers will follow any special instructions (like taking it with food) and will offer a drink of water for oral medications.
- record on the MAR sheet that the medication has been taken, refused, missed or spoiled as appropriate.

### Covert administration

10.8 Covert administration means that a medication is disguised and administered to someone without their knowledge and consent, for example in food or drink.

10.9 GSL will not covertly administer medication except when expressly:

- directed in writing by the person's GP or other relevant health professional to do so because covert administration is in the best interests of a person who lacks capacity, and
- agreed by all relevant parties and as recorded in the medication protocol and risk assessment.

## **11. Medication records**

11.1 Carers who provide any level of medication support will maintain up to date medication records. This will include:

- a medication administration record (MAR sheet) for each prescribed / non prescribed medication that the person takes. Carers will complete the MAR sheet as required by the GSL MAR protocol.
- the most up to date medication protocol and where relevant information about the content of a dosette box
- the most up to date patient information leaflet for each current medication
- any record book issued for medication where dosage is dependent on blood test results (for example warfarin, lithium)
- any other necessary information about a current medication.

11.2 GSL will monitor medication records through routine audit processes and regular monitoring visits including unannounced visits to the carer's home to monitor the quality of care.

11.3 Carers will transfer / ensure access to digital MAR sheets for each current medication with the person and their medication(s) whenever the person moves between the main and other carers or from one GSL arrangement to another.

11.4 The main carer will keep the person's medication record up to date at all times.

11.5 When a GSL arrangement comes to an end and the person is no longer being supported by a particular carer (for example when the person moves to another permanent arrangement or dies) the carer will return any paper medication records to GSL.

## **12 Disposing of medication**

12.1. Medication should be disposed of when:

- treatment is changed or discontinued
- it has reached its expiry date. Eye drops in particular have a short life span once opened and should be discarded as stated on the label. Carers will seek advice from the person's / another pharmacist before administering medication if they are unsure about its shelf life.
- it may not be safe to use, for example because it was not stored correctly, spilled or taken out of the container but not administered. Carers will seek advice from the person's/another pharmacist about how to dispose of a wasted dose.
- the person dies. Carers will retain medications for 7 days after the date of death in case they are required by the Coroner's Office.

## 12.2 Carers will:

- encourage people with capacity to return their own unwanted/unused medication to a pharmacy if they are able to.
- return unwanted/unused medications to a pharmacy for disposal (with the person's consent if the person has capacity)
- ensure that the return of the medication is recorded on the MAR sheet. The MAR sheet must be countersigned by the carer and the pharmacist when controlled drugs are returned.

## 13. Continuity of care when someone is on a short visit away from home or moves between carers

13.1 To ensure continuity of care when someone is away from their main carer for any reason, all carers will follow the MAR protocol and ensure that handover information (including medication stock levels) is fully recorded when the person moves from one care setting to another.

### 13.2 The main carer will:

- ensure that other carers have access to the most recent MAR sheets for each current medication
- check that medication records are up to date and that stock levels are correct when the person returns to their care
- raise any concerns with GSL without delay.

13.3 Carers responsible for managing medications when they accompany someone on a short visit away from home will:

- transport medications safely and securely
- administer medications as prescribed
- update the MAR sheet.

## 14. Side effects/adverse reactions

14.1 Carers will check potential side effects/adverse reactions listed in the patient information leaflet for each medication that they are to provide support with and remain alert to the possibility of harm.

14.2 Carers who suspect that the person is experiencing a side effect of or an adverse reaction to a medication will:

- immediately seek and follow advice from the person's GP, the NHS 111 helpline, the dispensing pharmacist or Accident and Emergency as appropriate.

- record side effects and all actions taken on the MAR sheet
- advise GSL of any adverse effects, for example if the person's GP/other health professional is concerned about the person's health or the person is admitted to hospital.
- follow usual GSL accident / incident / near miss reporting procedures so that GSL is made aware of all negative reactions to a medication including those that are resolved with no serious consequences.

## **15. Medication errors**

- 15.1 Despite the care taken by carers, mistakes can still happen. For example, a dose may be missed; medication may be given at an incorrect dose or more than once; or given to the wrong person or at the wrong time.
- 15.2 If an error occurs, carers will:
- immediately seek and follow advice from the person's GP, the NHS 111 helpline or Accident and Emergency as appropriate
  - record on the MAR sheet what occurred, any changes to the person's health or behaviour and all actions taken
  - advise GSL without delay of what happened
  - complete a medication error form and send it to GSL
- 15.3 GSL has a duty of candour. We will tell people and / or their representatives / family if there has been a medication error and offer an apology. We will tell people about any notifiable incident (please see also paragraph 16.2 below) and the outcomes of investigations into the incident.

## **16. Monitoring medication support arrangements / quality assurance**

- 16.1 The GSL Registered Manager is legally responsible for the quality and safety of care within GSL arrangements.
- 16.2 The GSL Registered Manager will:
- review and monitor all medication related incidents, errors and complaints
  - take whatever action is necessary to improve medication administration practices and reduce the likelihood of medication related incidents occurring
  - report all notifiable incidents to the Care Quality Commission (CQC). CQC is a government regulatory body which monitors and inspects Shared Lives Schemes.
- 16.3 GSL officers will review risk assessments and monitor agreed medication support:
- during routine reviews of the quality of care within individual GSL arrangements through regular telephone contact and visits. Please see the Gloucestershire Shared Lives policy for information about GSL arrangements. Monitoring will

include but will not be limited to checking medication administration and storage arrangements and medication administration records.

- by monitoring MAR sheets
- by monitoring and responding to carer concerns and any medication related incidents and complaints

16.4 GSL officers will alert the GSL Registered Manager to any concerns about medication administration practices and safety.

## **17. Concerns and complaints**

17.1. In the first instance, people using GSL services / carers should raise concerns about medication administration with:

- their GSL officer / another member of the GSL team, or
- the GSL management team if the concern is about a GSL officer

17.2 If the person / carer is not satisfied with the response, they can then:

- make a complaint to the GSL management team if the concern is about GSL, or
- raise the matter as a concern through the corporate complaints and feedback procedure if the concern is about another area of the Council or about the GSL Registered Manager.

17.3 If the matter is still unresolved, people / carers can escalate their concern by making a formal complaint through the corporate complaints and feedback procedure. People / carers who are not satisfied with the response when the complaints procedure has been exhausted have the right to ask the Local Government and Social Care Ombudsman to review their complaint.

## **18. Emergency preparedness**

18.1 GSL will have contingency plans in place for emergencies. In the event of an ongoing emergency situation such as the Covid-19 pandemic of 2020, GSL will follow relevant statutory guidance.

## **19. Implementation**

19.1 GSL will publish this policy on the Council's website and ensure that GSL officers and carers are aware that they must read and follow this updated policy.

## **20. Review**

20.1 GSL will review this policy by August 2023.

## Appendix 1 - Definitions

Term	What it means
<b>As required / variable dosage medications</b>  <b>- also referred to as 'PRN's</b>	<p><b>'As required'</b> medications are prescribed medications which are intended to be taken or used when they are needed rather than at specific times, for example to relieve pain, indigestion or itching.</p> <p><b>'Variable dosage'</b> medications have a variable rather than a fixed dose, for example 1 or 2 tablets.</p>
<b>Capacity (mental capacity)</b>	<p>Mental capacity is a person's ability to make a specific decision at a specific time.</p> <p>In this policy, 'with capacity' means that the person has the ability to make their own decisions about their health and their medications</p> <p>People may lack capacity because of a wide range of conditions including dementia, a learning disability, mental health problems, a brain injury or stroke. Just because a person has a diagnosis does not mean they lack capacity.</p> <p>A lack of capacity can be temporary, for example when someone has been in an accident and is unconscious.</p> <p>A legal definition is contained in Section 2 of the Mental Capacity Act 2005.</p> <p>GSL will assume that people have capacity to make their own decisions until we have established that they do not. We follow the Gloucestershire Multi Agency Mental Capacity Act policy and guidance if capacity is in doubt.</p>
<b>Controlled drugs</b>	<p><b>Controlled drugs</b> are regulated, classified prescribed medications.</p> <p>Legal requirements apply to controlled drugs to prevent them from being misused, obtained illegally or causing harm.</p> <p>Carers collecting a controlled drug for a person are legally required to show the pharmacist proof of identity if asked and for certain medications will need a letter of authorisation. The pharmacist will explain what is required.</p> <p>A list of the most common controlled drugs is available at <a href="https://www.gov.uk/government/publications/controlled-drugs-list--2">https://www.gov.uk/government/publications/controlled-drugs-list--2</a></p>



<b>Duty of candour</b>	<p>GSL has a duty of candour to be open and honest when a notifiable incident occurs. This means that we will:</p> <ul style="list-style-type: none"> <li>• tell the person and / or their representative / family without delay and in person about what has happened and provide support</li> <li>• provide all known facts, explain what further enquiries are appropriate and offer an apology</li> <li>• provide the same information in writing and update the person on enquiries into the incident</li> <li>• keep written records of all communication with the person.</li> </ul>
<b>GSL arrangement</b>	<p>A <b>GSL arrangement</b> is when someone aged 18 or over with assessed needs is supported by a GSL carer. Support can be for a few hours, a few days or the person may live on an ongoing basis in the GSL carer's home as part of their family.</p>
<b>GSL carer</b>	<p><b>GSL carers</b> are approved by GSL to provide personal care and support in GSL arrangements. Some experienced carers are approved to provide emergency care.</p>
<b>GSL officer</b>	<p><b>GSL officers</b> are employed by Gloucestershire County Council to:</p> <ul style="list-style-type: none"> <li>• recruit, approve and train GSL carers</li> <li>• set up, support, monitor and review GSL arrangements</li> </ul>
<b>Legally appointed representative</b>	<p>A legally appointed representative is someone who is authorised to make personal welfare decisions on behalf of an adult who lacks capacity, i.e.</p> <ul style="list-style-type: none"> <li>• someone who holds a lasting / enduring power of attorney given to them by the person before they lost capacity, or</li> <li>• a deputy appointed by the Court of Protection</li> </ul>
<b>Medication administration record (MAR sheet)</b>	<p>The <b>MAR sheet</b> details the medication(s) prescribed for the person, the dose, when the medication must be given and any special instructions. It is a running record of what medication the carer has administered, remaining stocks of medications and any carer observations. The record may be in paper or digital form.</p> <p>Carers keep a separate MAR sheet for each medication that the person takes. Carers must follow the GSL MAR protocol at all times and keep the record up to date.</p>

<b>Medications where the dosage is dependent on blood test results</b>	<p><b>Dosage for some medications</b> (for example lithium, warfarin) is dependent on blood test results.</p> <p>Blood test results and the required dosage are updated in the person's record book and are dated and signed by a health professional.</p>
<b>My Shared Lives Plan</b>	<p>The <b>My Shared Lives Plan</b> is a plan developed between the person, the carer and GSL to support the person in the GSL arrangement.</p> <p>Among other things, the plan details any support the person needs to take their medication safely.</p>
<b>Notifiable incident</b>	<p>A <b>notifiable incident</b> is a serious and unintended or unexpected incident that a health care professional believes has resulted in / requires treatment from a health professional to prevent:</p> <ul style="list-style-type: none"> <li>• death</li> <li>• impairment of sensory, motor or intellectual functions that has lasted or is likely to last for at least 28 consecutive days</li> <li>• changes to the structure of the body</li> <li>• experiencing prolonged pain or psychological harm</li> <li>• shortening life expectancy.</li> </ul> <p>Incidents which require police involvement and /or incidents which may indicate a safeguarding concern are also notifiable.</p> <p>The GSL Registered Manager is legally responsible for how the service is run and for the quality of care provided. The Registered Manager must report any notifiable incident to the <a href="#">Care Quality Commission</a> (CQC).</p> <p><b>CQC</b> is the government regulatory body which is responsible for monitoring and inspecting Shared Lives Schemes.</p>
<b>Over the counter medication</b>	<p><b>'Over the counter'</b> medications are used to treat minor ailments and can be bought without a doctor's prescription, for example paracetamol, herbal, homeopathic and Ayurvedic remedies. Some over the counter medications, including herbal products and some traditional Chinese medications, can interact with prescribed medication and cause harm.</p>
<b>Prescriber</b>	<p>The <b>prescriber</b> is the professional who prescribes the person's medication. This is usually their GP but it could be another health professional.</p>