

## Responding to medication management issues



### Background

This guide provides you with practical strategies to try and others to avoid when responding to common medication difficulties. Issues with medication may have more than one cause. Consulting with the person's GP or a pharmacist may be needed.

### What to do

When the person does not want to take medications because they lack insight or do not believe they need them.

#### Do:

- Consider: What is the person's tablet taking history? Are there ailments they readily accept medication for? Have they always been poorly compliant?
- Organise a GP medication review. Can the number or frequency of medications be rationalised?
- Prioritise medications so that the most important is given first.
- Provide a rationale for taking the medication. A note from the GP saying that the person needs to take the medication may be helpful.
- Give medications at appropriate times: when the person is most cooperative; is distracted by preferred activities; or the time which matches the person's past routine.
- Offer preferred incentives to motivate the person e.g. favourite food.
- Check with a pharmacist, your supervisor and your facility policy if camouflaging medication in the person's food is being considered as a last resort.
- Make certain that medication is supervised by the administering professional to ensure that it is ingested.

#### Avoid:

- Raising your voice, arguing, or in any way, forcing the person to take medications.

## The person spits out or has trouble swallowing medication.

### Do:

- Review swallowing abilities by referral to a speech therapist.
- Find out if medications are available and preferred in a different form e.g. soluble tablet, capsule, wafer, patch or liquid. Check with the pharmacist.

### Avoid:

- Using your fingers to place the pill in the person's mouth.

## The person does not recognise or is suspicious of the carer giving medications.

### Do:

- Ask for help from the carer the person recognises or gets along with best.
- Leave and re-approach the person at a later time.
- Develop rapport with the person before asking them to take medication.
- Give medications at a time of day the person is more amenable.
- Consider review by a geriatrician or psychiatrist, if the person is suspicious in other contexts, e.g. of food at mealtimes.

### Avoid:

- Arguing and persisting to get the person to take the medication.
- Behaving in ways that make the person more suspicious, e.g. hiding medication in the person's food or drink in front of them.

## The person has difficulty understanding because their recognition of language has changed or they have a different preferred language.

### Do:

- Use short, simple directions and sentences, a calm voice and non-threatening body language. Slow the pace of your communication.
- Use gestures or actions to demonstrate what you want the person to do.
- Check if communication cards or visual signs/pictures are helpful in the person's preferred language.
- Learn and use key words in the person's preferred language.
- Use a telephone or face to face interpreter service (TIS Ph. 131 450).
- Communicate in places that are distraction free.

### Avoid:

- Raising your voice or insisting the person speak English when this is not their preferred language.

This resource material is informed by literature and associate practice evidence. This guidance should be applied within your organisations policies and procedures.