CityCare Southwest

Medication Policy

V2024.3

City Care Southwest Ltd offers care and support services to adults over the age of 65 in their own homes. Our service is regulated by the Care Quality Commission (CQC) in relation to the regulated activity "Personal Care" and in accordance with the Health and Social Care Act 2008 and its associated regulations 2014.

Version Control

Date	New Version #	Made by	Changes/updates	Review Date
18/12/2023	V2023.1	Rhiannon	New Policy	05/12/2024
04/04/2024	V2.2024	Rhiannon	Updated to include registration and regulatory details	04/04/2025
25/07/20254	V3.2024	Rhiannon	Updated in line with the most recent provider requirements	25/07/2025
5/11/2024	V4.2024	Rhiannon	Updated to include guidance on leaving medicines out for clients to take later	05/11/2025

Statement and purpose of policy

This Medication Policy outlines the requirements of City Care Southwest Ltd regarding the administration of medication by its staff. We have a duty to keep client's safe when providing a medication service to them and will uphold this duty at all times. However, it acknowledges that sometimes things will go wrong and if they do, it expects staff to take the appropriate emergency action to deal with any health issues, to report the error in the correct way and to take part in any activity that will help to reduce similar errors in the future.

Scope

This policy applies to all staff, Clients, visitors, volunteers, and contractors without exception. It contains information and guidance from:

- Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Care Quality Commission (Registration) Regulations 2009.
- National Institute for Health and Care Excellence (NICE) Guidance (NG5) 2015 – Medicines optimisation: the safe and effective use of medicines to enable the best possible outcomes.
- National Institute for Health and Care Excellence (NICE) Guidance (NG67) 2017 - Managing medicines for adults receiving social care in the community.

The Registered Manager will check guidance from relevant bodies regularly to ensure they are up to date with the latest information about medication and amend this policy and its procedures accordingly.

Registered Manager Responsibilities

The Registered Manager will:

- Ensure this policy is implemented and understood by all staff involved with medication.
- Ensure the clients' medication needs, preferences and risks are identified and care planned to meet these.

- Provide medication training during induction and regular updates annually.
- Ensure staff are competent to give medication safely following training and at 6 monthly intervals.
- Provide medication records to enable staff to keep accurate records regarding medication administration.
- Review medication needs and preferences regularly.
- Audit medication administration records promptly.
- Maintain the service user's rights to independence, dignity, and choice at all times.
- Ensure that all records and information relating to a client's treatment are kept confidential.

Staff Responsibilities

City Care Southwest Ltd Staff will:

- Always follow this medication policy and procedures.
- Attend all medication training sessions as requested.
- Refuse to carry out medication services if they do not feel confident or competent.
- Inform the line manager of any changes in circumstances to the client.
- Always maintain the client's rights to dignity and independence.
- Keep all information about a client's medication and treatment confidential.

Policy Aims

- Promote and maintain the client's rights, dignity and independence.
- Provide guidance for staff within the organisation to enable them to administer medication safely.
- Outline staff responsibilities when administering medication.
- Provide information to and work jointly with other professionals.

Training

All staff complete a comprehensive induction programme, regardless of previous experience, which includes a practical training session on the safe administration of medication and additional learning in the safe handling and administration of medicines. Managers of the service also complete training in the safe management, handling and administration of medicines.

A competency assessment which reviews the staff members competence in the safe administration and handling of medicines prior to meeting a client, in the classroom, and again in the community within three months. Competency is then assessed bi-annually and training is refreshed annually.

Our trainer, who is also the nominated individual, has completed training with OPUS Pharmacy on the safe handling, management and administration of medicines and is a certified Adult Education Trainer.

Assessment

Many people want to actively participate in their own care. Enabling and supporting people to manage their medicines is an essential part of this, with help from family members or carers if needed. The term 'medicines support' is defined as any support that enables a person to manage their medicines. This varies for different people depending on their specific needs.

The Registered Manager (or suitably skilled staff member) will assess a person's medicines support needs as part of the overall assessment of their needs and preferences for care and treatment.

Clients will be encouraged and supported to manage their medicines independently, or as independently as possible, as per their initial assessment and on-going review.

We will engage with the person (and their family members or carers if this has been agreed with the person) when assessing their medicines support needs and consider:

- the person's needs and preferences, including their social, cultural, emotional, religious and spiritual needs
- the person's expectations for confidentiality and advance care planning
- the person's understanding of why they are taking their medicines
- what they are able to do and what support is needed, for example, reading medicine labels, using inhalers or applying creams
- how they currently manage their medicines, for example, how they order, store and take their medicines
- whether they have any problems taking their medicines, particularly if they are taking multiple medicines
- whether they have nutritional and hydration needs, including the need for nutritional supplements or parenteral nutrition
- who to contact about their medicines (ideally the person themselves, if they choose to and are able to, or a family member, carer or care coordinator)
- the time and resources likely to be needed.

Our staff will then record the discussions and decisions made about medicines support needs in the initial assessment and where appropriate, the following information will be recorded in the client's care plan:

- the client's needs and preferences
- the client's expectations for confidentiality and advance care planning
- how consent for decisions about medicines will be sought
- details of who to contact about their medicines (the client or a named contact)
- what support is needed for each medicine
- how the medicines support will be given

We will review the support detailed in the client's care plan regularly in line with our governance policy, or sooner if required, for example where something has changed. Information regarding a client's medicines support will only be shared with their consent and will be communicated in accordance with the GDPR Regulations and with the clients' own expectations of confidentiality.

If a client has cognitive decline or fluctuating capacity, we will ensure that the client and their family members or carers are actively involved in discussions and decision-making. We will record the client's views and preferences to help make decisions in the person's best interest if they lack capacity to make decisions in the future.

Working in partnership

Partnership working enables our service to provide high quality, joined up support which compliments the support our clients receive from other services and professionals. In order to ensure that our clients can benefit from effective partnership working we will:

- With consent, let the client's GP and Pharmacy know that we are supporting the client with their medicines and the level of support we have assessed as required.
- Where specific skills have been identified as needed, we will work with professionals to obtain this. For example, with Percutaneous Endoscopic Gastrostomy.

Communicating and Sharing Information

At initial assessment and again every 6 months or sooner as required, our team will confirm the person's expectations of confidentiality and review their consent to share information. This includes their preference on our communication with:

- the person and their family members or carers
- care workers and other social care practitioners
- health professionals, for example, the person's GP or supplying pharmacist
- other agencies, for example, when care is shared, or the person moves between care settings.
- The local authority health and social care professionals
- The Care Quality Commission

In order to ensure a smooth transition from our care to access alternative health and social care services, Health and Social Care Services and Professionals can be provided with direct access to our client's digital medicines records through our care planning software provider, birdie.

If a client experiences cognitive decline or fluctuating mental capacity, we will engage with their loved ones to support them and ensure they are able to contribute to discussions and decision making. These contributions, together with the views, wishes and preferences of the client, past and current, will help us to make best interest decisions if the client lacks capacity to do so in the future.

When a medicine is changed, stopped or a new medicine is introduced, confirmation will be sought by:

- Confirming the details on a new medicine prescription label
- Confirming in writing with the GP

An action will then be recorded on our care planning software which details who made the notification of the change, the details of the change and any instructions and the confirmation sought for the change. This action will be assigned to a named person for completion and a message will be sent to the clients visiting carers to notify them of a change.

When we are required to make a change to a client's medicines verbally to avoid delay, we will take these additional steps:

- record details of the requested change (including who requested the change, the date and time of the request, and who received the request)
- read back the information that has been recorded to the prescriber requesting the change to confirm it is correct (including spelling the name of the medicine)
- ask the prescriber requesting the change to repeat the request to someone else (for example, to the person and/or a family member or carer) whenever possible.
- Follow the request up in writing via email.

Medication Records

We are required, by law, to ensure that accurate and up to date records are kept on all medication related activities for our clients and that these records are accessible, in line with our client's expectations of confidentiality. (see Communicating and Sharing Information)

City Care Southwest uses a digital management system to support our clients with medicines. This provides staff with information on:

- The client's name and date of birth and where provided, their NHS number
- The name, formulation and strength of all medicines
- The frequency of the medicines
- Instructions on how the medicines are taken, and the correct route of administration
- The name of the client's GP
- Any allergies to medicines
- Any further relevant information or special instructions

This information is recorded by a suitably skilled, trained and competent person who has completed their training on the use of the system, and in medication administration.

Carers will record every instance where support is provided to take or manage medicines, and where we have responsibilities for reminding the client to take their medicine, or we administer their medicine, an entry will be recorded on the clients digital MAR (Medication Administration Record) Chart.

When we are notified of a change to our client's medication, the notified person creates an action in our care management system to ensure it is updated promptly. Written confirmation of the change is requested from the client's pharmacist or doctor. (See Communicating and sharing information)

Where a client's medicine is given by a family member or friend, for example, whilst on an outing, confirmation will be sought from them to ensure the status of the medicine is logged.

Managing concerns about Medication

In order to ensure the safety of our clients, and to minimise harm and guide future care it is vital that all those involved in our service are able to raise concerns effectively and easily.

Our clients and their loved ones are able to raise concerns about the management of their medicines during a care visit, by speaking to their carer, at their care review, or by email or phone. Feedback is encouraged at every opportunity.

Carers are able to report concerns regarding medication in a number of ways too. Whilst logged into the care management system, staff can create an alert which notifies managers of the service and creates a task in the dashboard. Where there is a concern, but the carer is not at the relevant visit, they will call and report their concern to the Registered Manager without delay. Concerns can also be raised during one-to-one supervision, appraisal or team meetings.

Carers are advised to report all concerns so that they can be investigated. Concerns may include:

- A client declining or refusing to take a medicine
- Medicines that are not being taken according to the prescriber's instructions
- Adverse effects from a new or existing medicine
- A large build-up or stock of medication
- Any type or medicine error or near miss
- Any misuse of medicine
- Any suspected changes to a client's mental capacity to make decisions about their medicines
- Any changes to the client's physical or mental health

When a concern is reported, the Registered Manager or a suitably skilled, trained and competent member of the team will review the concern and where appropriate, refer the concern to a health care professional, preferably the client's own GP.

Any adverse effects from medication that our clients experience will be reported to the Medicines & Healthcare Products Regulatory Agency through their yellow card scheme here: Yellow Card | Making medicines and medical devices safer (mhra.gov.uk)

All concerns raised are logged in the client's digital file, investigated and have an outcome recorded by the Registered Manager. Any learnings are communicated with the whole team as a way of improving our service.

Supporting People to take their Medicines

Supporting our clients to take their medicines may involve helping them to take their medicines themselves, (self-administration), reminding them to take their medicines at the right time, (Prompting) or giving our clients their medicines (administration).

Carers are trained to only provide the medicines support that is detailed in the client's care plan, only undertake medicines tasks for which they have been trained and assessed as competent for and to observe the 7 Rights of Medication Administration. These are:

1. Right Person
2. Right Medicine
3. Right Dose
4. Right Route
5. Right Time
6. Right to Refuse
7. Right Documentation

There are three defined levels of support within our service, these are:

Level 1 Assist

This is when a client can select the correct medication and understand the instructions and dosage of their medicines but requires "mechanical" type support. It is important that staff do not assume that all clients need assistance.

This could be pressing tablets from the packaging when a client has indicated which ones to press, loosening the lid on a bottle, or bringing the client a drink to take their medicines. The responsibility for taking the correct medicines at the correct times lies with **the client.**
Information regarding this type of support will be recorded in the client's journal.

Level 2 Prompt
This is when a client can select the correct medication and understands the instructions and dosage of their medicines but may not remember consistently to take them at the right time. The responsibility for taking the correct medicines lies with **the client** and the responsibility for taking them at the right time lies with **the Carer**.

Information regarding this type of support will be recorded on the e-MAR or digital MAR Chart.

Level 3 Administer
This is when a carer is asked to select the correct medication, understand the instructions and dosage of their clients' medicines, and support them understand and to take it at the right time.

The responsibility for taking the correct medicines at the correct times lies with **the carer.**

Information regarding this type of support will be recorded on the e-MAR or digital MAR Chart.

NB. The client may ask to be supported in a way which supports them to manage their medicines independently despite being assessed at any one level, for example, after leaving hospital with a new prescription.

In these cases, the Registered Manager will review the best way to achieve this with assessor and the client and a clear plan to achieve independence with this will be included in the client's care plan.

Administration routes

There are many medications available in the UK and the efficacy of each one is dependent on a range of factors including the time it is taken, whether it is taken with food or drink, and the route by which it is taken.

City Care Southwest Ltd's training for medication ensures that staff can support with the following types of medication:

- Oral Medicines – Such as tablets, capsules, and liquids.
- Topical Medicines – Such as creams and ointments.
- Eye, Ear, or Nose drops/sprays.
- Sublingual Medicines– designed to be administered under the tongue such as Glyceryl Tri-Nitrate Spray.
- Transdermal Medicines – where the medicine is absorbed through the skin such as nicotine or pain patches.
- Inhalers – Where the medicine is breathed into the lungs or inhaled.

Some medicines are considered "Specialist" and will not be administered by staff without additional training specific to the medicine. Staff will not routinely be trained to administer these types of medicine. This could be:

- Medicine administered via Percutaneous Endoscopic Gastrostomy (PEG)
- Medicine administered via Naso Gastric Tubes
- Midazolam medicine administered buccally for treatment of Epilepsy.
- Nebulisers

Some routes of administration should only be supported by trained medical professionals and are not permitted at all for City Care Southwest Staff. These are:

- Injections or medicines delivered intravenously,
- Medicines administered into the vagina or rectum.

Medication Administration Procedures

Errors and Omissions

There may be occasions when an error is made, by a carer or by a client or family member, with a client's medication. All medication errors will be responded to promptly by staff in the following way:

1. Inform the client that an error has been made.
2. Apologise to the client for the error,
3. Advise the client that you will need to check with their GP to find out the best course of action to take now. Reassure the client that you will be able to help.
4. With the client's consent, report the error to the GP and request further advice.
5. Inform the client of the advice provided and support them to follow any instructions given by the GP.
6. Call and report the error to the duty manager so that any further directions can be included in the client's care plan.

Clients who may lack capacity to understand or retain information related to a medication error should still be advised of an error, and it may also be appropriate to contact a friend or relative to inform them. The Registered Manager will be informed as soon as possible and will advise carers on the appropriate course of action.

Refusal

Individuals in our care are always assumed to have capacity to give their consent to support with medication and to withdraw their consent at any time.

If a client has refused to take a particular medication, staff will ensure that the client has made an informed decision. This is done by:

- Using the patient information leaflet to explain what the medicine is for.
- Using the patient information leaflet to explain what the manufacturer details in relation to stopping the medicine.
- Asking the client why they have chosen not to take the medicine.
- Advising the client that they have the right to refuse their medicine, but under the duty of care placed upon them, this will need to be reported to their manager and the GP.

Staff will not coerce the client in any way, for example by highlighting significant but unlikely consequences which may cause fear, to encourage them to take the medicine.

The Registered Manager will arrange for the client to have a Medication Review so that records can be updated to reflect any changes as required. This could include person centred measures which will support the client to make an informed decision. Where it is suspected that a client may lack capacity to make an informed decision to refuse a medicine, the Registered Manager will report the concern to the client's GP.

Covert Medication

Covert administration of medicines is when medicines are given in a disguised form without the knowledge or consent of the person receiving them.

Where it is suspected that a client may lack capacity to make a specific decision to take a medicine, the Registered Manager will:

1. Report the concern immediately to the client's GP, safeguarding team or other relevant professional
2. Request an assessment of capacity with a suitably skilled and qualified professional.
3. Participate in a best interest meeting and record:
    a. The individuals present at the meeting
    b. The reason for the meeting
    c. The decision that needs to be made ie. To give medicine covertly
    d. Details of what was considered including any alternative options, such as stopping the medicine or offering it in an alternative form (Led by the prescriber)
    e. The final decision made, and who was involved in making that decision
    f. The plan to give medicines covertly including the medicine, dose, frequency and times, where the decision record will be kept, how carers will administer the medicine and any specific instructions. It should also include what to do if medicine can't be given for any reason.
    g. The Pharmacist or Prescriber should give clear instructions on how to do this, especially if the medicine is to be given with food or drink.
    h. The date when the decision will be reviewed
4. Update the client's care plan to include the specific instructions on how to administer the medicine to the client.
5. Review the Carer Training Records to ensure they are suitably skilled and competent to administer medicines covertly

Carers must not give, or make the decision to give, medicines by covert administration, unless there is clear authorisation and instructions to do this in the clients care plan, in line with the Mental Capacity Act 2005.

Ordering Medicines

Clients who need support to keep their medicines "in-stock" at home, will have this detailed in their care plan and it will include the name and contact details of the person(s) who provide this support.

Where Carers will be responsible for ordering medicines for our clients, The Registered Manager will ensure that a regular task is created within our care management software to prompt carers to check the number of medicines which are remaining, and an indication of when to order further doses.
Carers will place an order in accordance with the client's care plan, and record the name, strength and quantity of medicine ordered and the date and time at which this was completed.

Carers collecting or receiving an order will check for any discrepancies and record the name, strength and quantity of medicines delivered/collected and the date and time at which this was completed.

Any discrepancies will be reported to the Registered Manager so that these can be rectified with the supplying pharmacy or the client's GP.

Medication Nevers

Never	**Always**
Never give medicines from an unlabelled box or container	Always check the packaging and labelled box matches the contents
Never give medicines from a compliance aid or dossett box which was not prepared and sealed by a pharmacist	Always check any pharmacy issued compliance aids are sealed and have not been tampered with
Never give a client medicine which has been contaminated, eg dropped on the floor	Always Re-issue a new dose and safely dispose of the contaminated medicine, recording this in the client's MAR
Never give a medicine to a client which you have not been trained and assessed as competent to administer	Always check the client's care plan for details on how the medicine should be administered and report concerns to the Registered Manager

PRN Medication and Leaving Medication for a client to take later

There may be times when a client is prescribed a medication that is taken only when they experience a particular problem or symptom, pain for example.

For carers to be able to support with this medicine, instructions must be provided by the GP so that the care plan can include the following information:

- The reason that the medicine is required.
- Details of the medicine, dose, frequency, and times required.
- Signs and symptoms to look for if the client is unable to tell staff when they need it

Carers will always check for the timing of the last dose of PRN medication to avoid any errors. PRN Medication is recorded on the MAR chart when administered.

Staff are not permitted to leave medicine out for a client to take at a later time or date, however City Care Southwest Ltd recognises that in certain circumstances, doing so will support a client in a person-centred way, to manage their medicines independently and will always support the client's right to do this.

Though this practice will not routinely be offered, when it is requested by a client the Registered Manager will ensure that a risk assessment is completed which considers the potential for harm, and weighs this with the benefit of providing the client with this support. If the benefit is found to outweigh the risk, and the client is capacitated and able, this practice will be included in the client's care plan with a clear protocol which includes:

- The reason that medicines need to be left out and the procedure for doing so,
- Details of the medicine, dose, frequency, and times required,
- The appropriate action to take when the time of the previous dose cannot be confirmed.

Controlled Drugs

Controlled drugs (CDs) are prescription only medicines which are controlled by the Misuse of Drugs Act 1971 and the Misuse of Drugs Regulations 2001. These controls are in place to prevent the medicines from being obtained illegally, from being misused or causing harm.

Staff will take additional care when working with Controlled Drugs to ensure they are managed safely for our clients.

Where a client has accumulated or stockpiled a large number of medicines which are controlled drugs, or any controlled drugs have passed their expiry date this will be reported to the Registered Manager. With the client's consent, Carers are permitted to return items to the pharmacy but must:

- Report the details to the Registered Manager
- Take a photograph of the medicine to be returned and include it in the client's visit notes
- Return any controlled drugs immediately after the visit, (they should not be left in the carers vehicle at any time)
- Obtain a signed receipt from the pharmacist to which the medicines were returned and send a copy of the receipt to the Registered Manager.

Over the Counter Medicines and Homeopathic Remedies

Clients are within their rights to purchase any over the counter medicines or remedies they feel are necessary for the treatment of symptoms they may be experiencing. City Care Southwest supports clients to exercise this right. Homeopathic Remedies could include vitamins, supplements, or alternative medicines.

Care should be taken in cases where clients choose to do this however, as they can sometimes impact the efficacy of prescribed medication when taken together. Staff will support clients to make an informed decision by obtaining relevant information from the GP.

The action staff will take will depend on the situation, and the client's care plan.

Situation	Action
The client takes their medicines independently and purchases the medicine or remedy independently	Staff will record details in the client's notes
The client asks staff to purchase over the counter medicine or homeopathic remedies on their behalf	Staff will request consent to contact the client's GP to check for any contra-indications. Without the advice of the GP, staff are not permitted to purchase.

The client receives assistance, prompts or has their medicine administered and will need the same help with this over-the-counter medicine or remedy	Staff will report this to the Registered Manager and confirmation will be sought from the GP that the medicine is safe for the client to take This will be confirmed in writing and detailed in the clients care plan. Over the counter medicines or homeopathic remedies will not be supported with until confirmation from the GP is received.

Collection, Return and Disposal of Medicines

Carers are permitted to collect and return medicines from the pharmacy on behalf of their clients. If medicines are contaminated or unused and unable to be used, Carers should return them to the pharmacy for safe disposal.

When returning medicines to the pharmacy, Carers will obtain consent from the client and record this in their journal.

When returning controlled drugs, staff will take additional steps to return them safely. (See Controlled Drugs)

In cases where a client is unable to give consent, or refuses to give consent, for unused medicines to be returned to the pharmacy, this should be reported to the Registered Manager.

Storage of Medicines

Instructions for the safe storage of all medicines are detailed on the Patient Information Leaflets which accompany them. Staff will follow these instructions at all times.

Where a client prefers to store their medicines in a place which is not in accordance with the patient information leaflet, staff will seek advice from the client's GP or pharmacist and record this information in the client's care plan.

Secure Storage

Where there is an assessed risk to the client from having access to their medicines, the Registered Manager will discuss the need for secure storage with the client and if appropriate, their loved ones. This could be a lockable cupboard, a safe, or a lockable container or box. The decision to secure medicines will be reviewed regularly.

Warfarin Administration

Warfarin is an anticoagulant medicine which means it reduces the ability of the blood to clot (coagulate). This medicine is used when there is a risk that blood clotting could lead to conditions such as stroke or heart attack.

Clients who are prescribed Warfarin will have their blood tested weekly to determine their dose, in what is called an INR test.

Clients who are prescribed Warfarin and require support, will have a Warfarin MAR Chart, in which the weekly dose can be transcribed. The weekly dose should be confirmed over the phone with a second person to ensure accuracy.

Administration Requirements

1. Carers will only administer medicines
    a. That they have been trained and assessed as competent to administer,
    b. When the 7 Rights of Administration has been met and;
    c. Where there is clear instruction and authorisation to give the medicine on the prescription label, e-MAR Chart and in the client's care plan.
2. Carers will check with the client, and check the e-MAR, to confirm that the medicine to be administered has not yet been taken.
3. Carers will then ask the client if they are ready to take their medicine before removing it from the packaging, unless this has been agreed as part of the client's care plan.
4. Carers will give medicines directly from the containers which they are supplied in and never leave doses out for a client to take later.
5. When a client declines to take a medicine, carers will wait a short while before offering again and consider any additional factors such as pain, or discomfort which may be affecting the client's decision to decline. If on the second occasion, a client declines to take their medicine, Carers will follow the guidance in this policy on refusal. (See Refusal)

Administration Procedure

1. Carers will read the medication section of the client's care plan carefully to identify any instructions, guidance or changes to the client's medicines regime.
2. Carers will compare the prescription label of the medicine to the client's care plan and e-MAR and confirm that:
    a. It has not already been recorded as administered
    b. It matches the client's care plan
    c. It matches the client's e-MAR
3. Carers will then confirm with the client that the medicine has not already been taken and ask if they are ready to take their medicine.
4. Carers will ensure that the client is comfortable, and in an appropriate position to take their medicine, bringing a drink if required for example.
5. Carers will wash their hands and apply PPE as required.
6. Carers will then explain what the medicine is for, check the client is happy to take it and dispense the medicine from the container it was supplied in.
7. Carers will observe to ensure the medicine is taken as prescribed
8. Carers will then remove PPE, wash their hands and record the administration on the e-MAR.

Prompt Procedure

1. Staff will read the client's care plan carefully to identify any medication L2 Prompt tasks and/or changes prior to providing medication support.
2. At the appropriate time, staff will ask the client if they are ready to take their medication.

3. If the client has already taken their medication, staff will ask the client what time they did this so they can record this appropriately on the MAR chart.
    a. If the client cannot remember when the medicine was taken, the time should be recorded as the time asked to ensure an appropriately safe gap can be maintained between doses where possible.
4. If the client hasn't taken their medicine, staff will prompt the client to do so and record this on the MAR Chart.