National Policy ☐ National Procedure ☒ National Protocol ☐ National Guideline ☐ National Clinical Guideline ☐

HSE Procedure for Completion of Paediatric Medication Prescription Administration Record (P-MPAR) for Children receiving a Paediatric Homecare Package

DOCUMENT GOVERNANCE [1]	
Document Owner name:	Paediatric Homecare Package for Children, Clinical Lead, Primary Care Access and Integration
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DOCUMENT MANAGEMENT [2]			
Date effective from:		01/09/2026	
Date set for next review:		01/09/2029	
Your Reference No: *(if applicable)*		Click or tap here to enter text.	
Current version no:	0	**Archived version no:**	*N/A*
Note: Original document is Version 0. First revision is Version 1. Second revision is Version 2, and so on.			
Note: HSE National 3PGs should be formally reviewed every 3 years, unless new legislative/regulatory or emerging issues/research/technology/audit etc. dictates sooner.			

[1] Records the governance and approval of the document.

[2] Records the control information about the document.

VERSION CONTROL UPDATE [3]		
Version No. (most recent version first)	**Date reviewed** (most recent date first)	**Comments** (1 sentence max, if required)
0	01/09/2026	Original Document. Using version of HSE PPPG template 2023 V7

PUBLICATION INFORMATION [4]
Topic:
Completion of the Paediatric-Medication Prescription Administration Record (P-MPAR) for Children in receipt of a Paediatric Homecare Package.
National Group:
Midwest RHA Paediatric Multi-disciplinary team & Paediatric Home Care Package Coordinators Nurse Practice Group
Short summary:
To provide guidance to prescribers and those administering medication to children receiving a Paediatric Homecare Package (PHCP) on the completion of the Paediatric Medication Prescription and Administration Record (P-MPAR)
Description:
The purpose of this procedure is to set out the requirements for medication prescribers and administrators in relation to the completion of the Paediatric Medication Prescription and Administration Record (P-MPAR) prior to the prescribing or administration of medication to children receiving a Paediatric Homecare Package (PHCP). It also outlines the roles and responsibilities of employees involved in prescribing and administering medication under a PHCP.

[3] Records details when a document is reviewed, even if no changes are made.

[4] Records the document information required for publication on the HSE National Central Repository.

Contents

1.0 Planning

1.1. Overview

The HSE is committed to providing high quality, safe care to infants and children receiving Paediatric Homecare Packages (PHCP) in the community and this includes medication management. This procedure, informed by relevant legislation, regulatory requirements and best practice, sets out the requirements for medication management in children receiving a PHCP.

The Paediatric Medication Prescription and Administration Record (P-MPAR) is the clinical record used to document all medications prescribed and administered to a child receiving a Paediatric Homecare Package (PHCP). All medications documented on the P-MPAR must be prescribed by a registered prescriber. All medications administered by registered nurses providing care to the child must be recorded on the P-MPAR.

1.2 Purpose

This HSE procedure has been developed to provide clear guidance to all medication prescribers and medication administrators when completing the Paediatric- Medication Prescription Record (P-MPAR).

This HSE procedure sets out the requirements for healthcare professionals prescribing and administering medication to children receiving a Paediatric Homecare Package (PHCP) using the Paediatric Medication Prescription and Administration Record (P-MPAR). The purpose is to ensure that all medication prescription and administration entries are completed accurately, legibly, and safely, to promote effective treatment and minimise the risk of medication errors.

This Procedure should be read in conjunction with NMBI Medication Management Guidelines and Medical Council's "A Guide to Ethical Conduct and Behaviour" (available online at www.medicalcouncil.ie) local or national relevant policies/protocols/procedures and guidelines that include the prescribing and administration of medications, reporting of adverse incidents in the community including the HSE Incident Management Framework (2020) , and any other relevant documents that incorporate best practice in the community for children with CCHN.

All prescribers/administrators of medication should complete the following HSE Land programmes; Medication without Harm' and 'Medication Management In Children'

1.2.1 Medication Management

Medication management for a child receiving a PHCP and being cared for by registered nurses in the home requires a structured, safety-focused approach. Children are a vulnerable population and require weight- and age-appropriate prescribing.

- Prescriptions must comply with relevant national legislation, professional standards, and local governance requirements.
- Medications must be administered in accordance with the standards and professional guidance set out by the Nursing and Midwifery Board of Ireland (NMBI)
- Clear, complete and legible documentation is essential to support the safe prescribing, administration and management of medications.

1.2.2 Medication Prescribing & Administration

Prescribing medication for children requires careful consideration of the child's age, weight, clinical condition, and the pharmacological properties of the medication to ensure safe and effective treatment.

Dosing may vary considerably depending on the child's weight, age and stage of development. Dosing in children should always be weight-based (mg/kg) and requires ongoing review as the child grows and develops.

The pharmacokinetics and pharmacodynamics of medications may be different in children, compared to adults, and may vary depending on the child's age and stage of development. Dosing may vary according to age (for example, the half-life of many medications is prolonged in young infants, compared to in older children).

Liquid and dispersible medicines require calculations to identify the correct volume to be administered.Children are particularly susceptible to adverse medication reactions and dosing errors, and this may also be complicated by the lack of paediatric labelling details and standardised concentrations for many commonly prescription medications. Standardised concentrations keep the strength of the medicine constant while allowing the dose to vary according to the child.

Children with complex healthcare needs frequently receive multiple medications simultaneously with individualized dosing, therefore increasing the risk of errors and adverse medication interactions.

Regular medication prescription review and effective multidisciplinary communication are vital to optimising treatment outcomes and minimising preventable harm in the home setting. Home care nurses play a critical role in accurate medication administration, dose verification, and monitoring for therapeutic response and adverse effects. In addition, nurses provide essential caregiver education and support, promoting continuity of care.

1.3 Scope

This procedure applies to all registered healthcare professionals authorised to prescribe or administer medication to children (0–18 years) receiving a Paediatric Homecare Package (PHCP) across community settings, including the home, school, and routine respite care.

Out of Scope:

- This procedure does not apply to other services outside the home, even if those services are funded wholly or in part by the HSE e.g., acute hospital services, Hospices, Day-care settings
- This procedure does not apply to parents who administer medication to their child.

1.3.1Target users

This HSE Procedure applies to all registered health professionals who prescribe or administer medication to children receiving a PHCP.

1.3.2 Target population

Children with complex healthcare needs (Children 0-18 years) whose paediatric home

care package are funded by HSE Regional Health Area's (RHA).

1.4. Objectives

- To provide standardised instructions that support accurate and comprehensive use of P-MPAR.
- To ensure accurate and complete documentation of all medications prescribed and administered, including dose, route, time, frequency, details of prescriber, and administrator.
- To promote patient safety by reducing medication errors through clear standardised recording practices.
- To ensure compliance with legal and regulatory requirements related to medication prescribing and administration using a P-MPAR.
- To minimise omissions, transcription errors and misinterpretation when using a P-MPAR.

1.5 Outcome

There will be a standardised procedure for use of P-MPAR in all RHA's

1.6. Disclosure of interest

No conflicts of interest are declared

1.7. Rationale / alignment with HSE national priorities

This procedure was developed to standardise the approach to prescribing and administering medication to children with complex healthcare needs (CCHN) receiving a HSE funded PHCP nursing service at home. Caring for children close to home is a key priority for Irish healthcare policy (Government of Ireland, 2018, HSE 2018a, HSE 2017). Sláinte care (Government of Ireland, 2018) & Sláinte care Action Plan (2023) identifies the need to transfer care from acute to community settings (including homecare) and outlines a strategy to expand community- based healthcare in order to achieve the delivery of care closer to home. This model of care is also supported by the HSE Strategic Plan for 2019 (HSE 2018a), Leading the Way; A National Strategy for the Future of Children's Nursing in Ireland 2021-2031 and the National Model of Care for Paediatric Healthcare Services in Ireland (HSE 2017).

1.8. Supporting evidence

- Health Information and Quality Authority (2014) *Guidance for Health and Social Care Providers: Principles of Good Practice in Medication Reconciliation*
- Health Information and Quality Authority (2015) *Medicines Management Guidance*
- Health Information and Quality Authority (2016) Supporting Peoples Autonomy: a Guidance Document
- Health Information and Quality Authority (2024) National Standards for Safer Better Healthcare.
- Health Services Executive (2011) Standards and Recommended Practices for Healthcare Records Management
- Health Services Executive (2019b) Data Protection Policy
- Health Service Executive (2020) National Nurse and Midwife Medicinal Product Prescribing Guideline
- Health Service Executive (2020) Incident Management Framework and Guidance

- Health Service Executive (2020b) Incident Management Framework
- Health Service Executive (2020) Completion of the Medicines Request and Administration Record for Public Health Nursing Services Procedure
- Health Service Executive (2021) National Framework for Medicines Management in Disability Services
- Health Service Executive (2021) National Quality Assurance Initiative
- Health Service Executive (2023) How to develop HSE National Policies, Procedures, Protocols and Guidelines: A Practical Guide
- Health Service Executive (2024) National Consent Policy
- Health Service Executive (2025) Open Disclosure Policy
- National Medicines Information Centre (2023) Use of Medicines in Children (Vol 29(1))
- National Institute of Clinical Excellence (NICE) (2015) Medication Optimisation: the Safe and Effective Use of Medicines to Enable Best Possible Outcomes
- Nursing and Midwifery Board of Ireland (2019) Practice Standards and Guidance for Nurses and Midwives with Prescriptive Authority
- Nursing and Midwifery Board of Ireland (2020) Guidance for Registered Nurses and Midwives on Medication Administration
- Nursing and Midwifery Board of Ireland (2025) Code of Professional Conduct and Ethics for Registered Nurses and Registered Midwives incorporating the Scope of Practice and Professional Guidance.

Legislative Documents

- Child Care Act (1991)
- Children First Act (2015)
- Data Protection Acts (1988, 2003)
- General Data Protection Regulation (2016) European Commission
- Government of Ireland (1947) Health Act. www.irishstatutebook.ie
- Government of Ireland (1970) Health Care Act. www.irishstatutebook.ie
- Government of Ireland Freedom of Information Acts 1997 and 2003.
- Government of Ireland (2003) Medicinal Products (Prescription and Control of Supply) Regulations 2003, as amended
- Government of Ireland (2006) The Irish Medicines Board Act (Miscellaneous Provisions) Act, 2006 (No. 3 of 2006)
- Government of Ireland Health Act (2007).
- Safety Health and Welfare at Work Act (General Application) Regulations (2007) Dublin: Government of Ireland, Stationery Office, Dublin.
- Government of Ireland Pharmacy Act (2007).
- Government of Ireland (2011) Nurses and Midwives Act. www.irishstatutebook.ie
- Government of Ireland (2017) Misuse of Medications Regulations 2017, as amended
- Safety Health and Welfare at Work Act (2005) Dublin: Government of Ireland, Stationery Office, Dublin.
- Patient Safety (Notifiable Incidents and Open Disclosure) Act (2023)

2.0 Methodology

2.1. List of key questions this National 3PG will answer

What is the procedure for documenting information on a P-MPAR when prescribing or administering medication?

2.2. Describe and document the evidence search

The PHCP Coordinators Nurse Practice Group undertook a review of the relevant literature for the period from 2007 to date. The objective of the literature review was to establish current evidence and best practice, and seek new and emerging evidence, in relation to risk when completing documentation when prescribing and administering medication to children in a community setting who are in receipt of a PHCP.

Based on the key question defined above a literature search strategy was developed. The main database used was CINAHL (Cumulative Index to Nursing and Allied Health). A search was performed using the following search terms "*community nursing**", "*medication administration*", "*medication chart*", "*children **", "*home/domiciliary*", "*safe**", "*incidents*" and "*documentation*" using And or Not Boolean combinations to source articles of relevance. Only English language publications and articles published after 2010 were included. Several articles specific to acute hospital inpatient medication management identified in the search process were excluded for the purpose of this procedure, as were articles specific to medical conditions or treatments. The search also included library searches of clinical books and online relevant statutory reports. Samples of local and national HSE procedural documentation/guidelines on medication management were sourced and reviewed specifically in relation to documentation in community setting. Sample international guidelines were reviewed from the community nursing service in the UK however; the focus was on Irish literature to align with Irish legislation. In addition, a search of relevant websites in both Ireland and the United Kingdom was undertaken. The following websites were accessed in January 2026 to identify publications and guidelines that related to the subject area; Nursing Midwifery Board of Ireland; Health Information Quality Authority, Ireland; Health Service Executive, Ireland, and the NICE guidelines website UK.

The following is a summary of the supporting evidence from the literature for this Procedure. Legislative frameworks, government regulations and professional regulations govern medicines management practices in Ireland (Gov. of Ireland, 2003). The literature sourced indicates that documentation is an essential component of safe medication management in all healthcare settings. Medication documentation refers to the process of recording information about medicines prescribed and administered to patients (HSE, 2021). Accurate and timely documentation ensures that patients receive the correct medication and supports effective communication among healthcare professionals (Quinn et al, 2024). In Ireland, medication documentation is governed by national standards and professional guidance issued by organisations such as the Nursing and Midwifery Board of Ireland (NMBI, 2025), the Health Service Executive (HSE, 2020), and the Health Information and Quality Authority (2024). These organisations provide policies and standards that guide nurses and other healthcare professionals in the safe documentation and management of medicines.

Doctors and nurses have a professional responsibility to ensure that all medication prescribing, and administration are accurately documented as part of safe medicines management. Documentation must be clear, accurate, and completed in a timely fashion. There are clear standards of what the minimum requirements are for completion of medication documentation as well as the administration, of medication. These standards help to reduce medication errors and ensure that patient care is delivered safely and effectively (HSE, 2020, PSI, 2023).

Patient safety is a central focus of medication documentation practices. The Health Information and Quality Authority sets national standards to improve healthcare quality and safety, including standards for medication systems (HIQA, 2015). These standards require healthcare organisations to ensure that medication records contain key patient identifiers, details of the prescribed medicine, and information about the healthcare professional responsible for prescribing and administering the medication. Effective medication documentation therefore remains a key professional responsibility and an essential component of high-quality healthcare delivery. The prescribing of medication is the most common form of medical intervention and medication error is the most common type of error affecting patient/service-user safety. This is the single most preventable cause of adverse events in patients within the Irish health service (National Medicines Information Centre STJH, 2021).

Children with Complex Healthcare (CCHN) needs are on five times more medication than their peers (Elias, 2012, Reidy et al, 2025). All medications have the potential for adverse effects, and the use of multiple medications increases the risk of medication interactions and errors (Horace & Ahmed, 2015). In the home setting, medication is administered by a variety of personnel including parents, family members and nursing staff. Maintaining updated medication lists for the nursing staff with clear dosing regimens is essential; these must be maintained in the home. This action facilitates timely refills, reduces risks of medication errors, and allows health care providers to regularly monitor for and address potential medication interactions (Zanin et al, 2024: Morden, et al, 2012).

2.3. Describe the method of screening and evidence appraisal

There was a wide variety of research-based literature specifically addressing medication management to children and in a community setting. Several key policy and legislative documents from the Irish and UK health services as well as best practice research support the provision of the P-MPAR to manage medication for children receiving a PHCP. The development groups reviewed these publications and, drawing on both the evidence, finding from the pilot in HSE Mid-West and their clinical expertise, formulated this procedure.

2.4. Attach any copyright or permissions sought

None Sought

3.0 Procedure

The Paediatric Medication Prescription Administration Record (MPAR) is a HSE clinical document used to prescribe , record and monitor medication given to infants, children, and adolescents cared for at home and in receipt of a PHCP. It serves as the official record that guides healthcare professionals in prescribing, dispensing, administering, and documenting medications safely for this group of paediatric patients.

Note;

- ***Parents are responsible for maintaining the P-MPAR including getting the chart updated /rewritten by GP or Consultants in a timely manner.***
- ***GP, Consultants, Medical Doctors or Nurse Prescribers are responsible for prescribing medications required by documenting in the P-MPAR.***
- ***Homecare nurses are responsible for documenting administration of medication in the M-PAR.***
- ***Parents are responsible for communicating any changes made to their child's prescription to the nursing staff.***
- ***The P-MPAR is for use in services in the community including homecare, respite, day care, preschool and school. It is not for use when a child is an in-patient in hospital***
- ***The chart should follow the child to hospital for reference by the medical team to assist in the medication reconciliation process.***
- ***Nursing & Midwifery Board of Ireland (NMBI) guidelines are used in conjunction with this document.***

The Paediatric Medication Administration Record (P-MPAR) has five sections:

- Patient Information,
- Regular Prescriptions
- PRN/As required Prescriptions
- Short Term Antimicrobial Prescriptions.
- Prescriber/Administrator Information

Each individual prescription entry includes sections for Name of Medicine, Dose, Route, Frequency, Start Date, Comments, Prescriber Details, and Discontinue Information. It facilitates recording of the medication administration for each day and time.
Nurses are responsible for accurately documenting all medications administered.
The P-MPAR may be used in the following settings; the child's home, respite, day-care, preschool, and school.

It is <u>not to be used</u> when child is an in-patient in hospital as a prescription but can be used as an information reference to support medication reconciliation.

Child's Name:
Date of Birth:

REGULAR PRESCRIPTIONS ONLY

Name of Medicine		Dose	Date/ Time															
Route	Frequency	Start Date	07:00															
Comments																		
Prescriber's Signature and Registration Number			14:00															
Discontinued Date																		
Prescriber's Signature and Registration Number																		
			22:00															

3.1 B*efore Completing the P-MPAR*

Parent brings the P-MPAR to the prescriber to be completed and the prescriber**;**

- Confirms the child's identity using at least two identifiers (e.g., full name and date of birth). &
- Reviews current medications to avoid duplication, interactions, or inappropriate polypharmacy.

3.2 Completing the Patients Details on P-MPAR (Front Page)

Ensure the following are clearly documented:

- Child's full name
- Date of birth
- Address
- Medical record or patient identification number if applicable
- Confirm recent photo of child (within previous 6 months) is affixed to the front of the MPAR

- Child's weight (in kilograms) and height (in cm) should be measured and recorded at least once in every 6-month period and the date of each measurement recorded.
- Known Allergies/Adverse Reaction or Contraindications
- If there are no known allergies, please tick the relevant box. Sign, date and include registration number
- If there are known allergies, please record the medication or other item (e.g., peanuts) and nature of reaction. Sign, date and include registration number
- If a medicine is contraindicated (e.g., due to reduced renal function), record the medication and reason. Sign, date and include registration number
- Details of child's GP, pharmacy, dietician, and consultants can be included to ensure ease of access for this information

3.3 P-MPAR Medication Prescribers Guidance

For each medication prescribed, the prescriber must ensure the following:

- Sign and print name clearly.
- Include professional registration number
- All entries in P-MPAR should be written in BLOCK CAPITALS and black indelible ink.
- Write legibly.
- Never abbreviate a medication name
- Use generic medication names where appropriate**, to reduce the potential for confusion and error
- Do not use abbreviations for measurements – write units and micrograms in full
- Circle time medicine to be administered
- Use a zero before the decimal point e.g., 0.5mg and ensure decimal points are clear
- Write the dose and the frequency of which the medication is to be administered legibly in the required data entry fields
- Clearly state route of administration (PO/PEG/PEJ/NG/NJ/ inhaled, topical).
- Specify the **dose**, calculated according to age and/or weight.
- Indicate the **frequency and timing** of doses (e.g., twice daily, every 8 hours).
- Clearly document the **start date** and, where appropriate, the **stop or review date**.
- State any specific instructions e.g., if the medicine is to be crushed or cannot be administered with foods use prompts on page 2
- All prescriptions must be signed by the prescriber and include professional registration number
- The authorised prescriber must complete a full assessment of the patient prior to prescribing a particular medication
- Please record prescriber's details once on back page of the P-MPAR
- When the medication is discontinued, a line must be clearly placed through the remaining prescription. The blue discontinued section of the prescription is completed by the prescriber discontinuing the prescription
- Never alter a prescription. If changes are necessary, discontinue and re-write in a new prescription

3.3.1 P-MPAR Sections Prescribers Guidance

The P-MPAR is divided into specific sections related to type of medication, frequency or duration of administration. The following guidance is offered for each section;

3.3.1.2 Section 1-Regular

This section is to be used for prescribing regular medications

- See General Instructions at beginning of this advice guide.
- Prescriptions should be rewritten when the P-MPAR is full.
- Clearly indicate with numbers on the front of the P-MPAR that it is 1 of 2 etc

Note: Regular prescriptions will be valid up to a maximum of 12 months (DOH 2024)
https://www.irishstatutebook.ie/eli/2024/si/73/made/en/print

After the 12-month period, the indication for the medication is reviewed and a decision is made on whether to continue the administration of the medication or to discontinue. If the treatment is to continue, a new prescription must be completed.

Please note the validity of prescriptions for Schedule 2 or 3 Controlled Medications is unchanged.

3.3.1.3 Section 2 - PRN/As Required Prescriptions

This section is used to prescribe medicines to be administered PRN or 'as required' basis

- The indication for the PRN medicine and maximum dose to be administered in 24 hours should be included for each prescription
- Prescriptions for PRN medicines should consider any regular doses of the same medication prescribed for that patient. The maximum dose to be administered in 24 hours should include all doses of the medicine
- The administration record for 'PRN' medicines should be reviewed regularly. If the medicine is being given on a regular basis, it may be appropriate to consider re-writing a prescription in the regular section
-

3.3.1.4 *Section 3 Antimicrobial Prescriptions*

This section is to be used for prescribing antimicrobials

- Record allergies in red box
- Verify current weight before prescribing
- Only use antimicrobial therapy were indicated
- Where antimicrobial therapy is indicated, use optimal dose for shortest possible duration
- Refer to antimicrobial prescribing guidelines for primary care – www.antibioticprescribing.ie

- It is recommended to use hourly (known as interval) frequencies (e.g., every 8 hours) rather than scheduled frequencies (e.g., TDS), when prescribing antimicrobial therapies. The 'other' section can be used to record scheduled frequencies
- Duration of treatment must be specified. Once treatment duration, as specified, is complete, the treatment must stop. If treatment is to recommence, a new prescription must be rewritten.
- The clinical indication for antimicrobial treatment must be specified.

** *Use of the generic name when prescribing reduces the potential for confusion and error.*

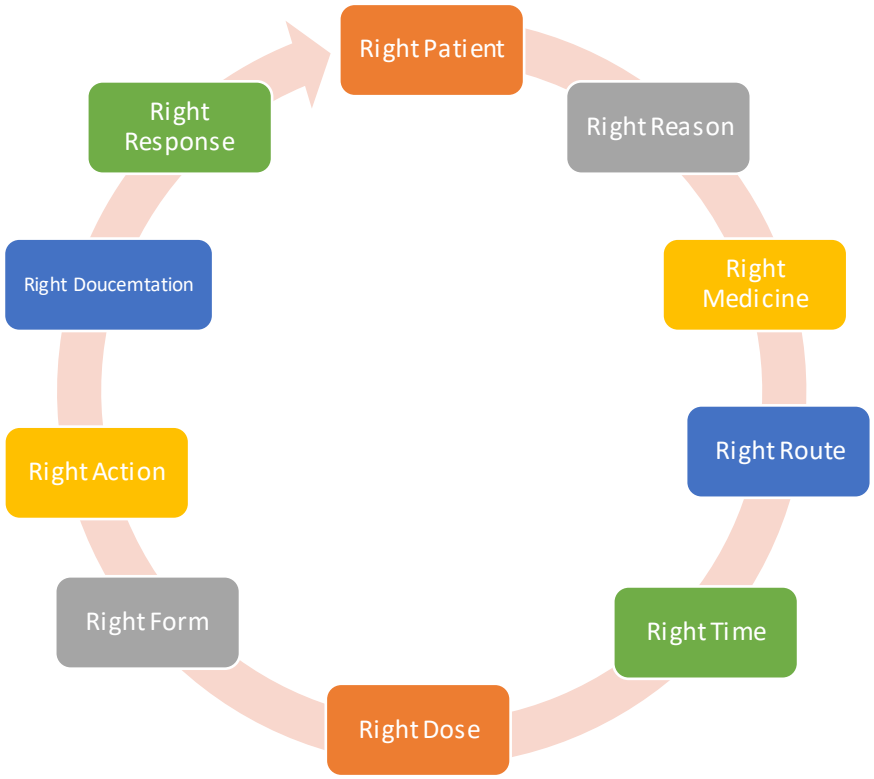
The following medications however should be prescribed by brand name:

- *Combination products e.g. Frumil*
- *Narrow therapeutic index medications where changing brand might affect medication levels, e.g. modified-release theophylline, lithium, anti-epileptic medication, immunosuppressant medications (e.g. ciclosporin or mycophenolate)*
- *Certain modified release preparations, e.g. diltiazem*
- *Controlled medication opiates, e.g. OxyContin or BuTrans*
- *Insulins*
- *Medication of biological origin, e.g. etanercept, pegfilgrastim, erythropoietins*

3.4 P-MPAR Medication Administrators Guidance

Please read the section on 'How to Administer My Medicines' in the P-MPAR prior to administering medicines.

Nurses should adhere to the principles of the 10 rights of medication administration when administrating medications to patients (NMBI, 2020).



- All entries should be written in BLOCK CAPITALS in black indelible ink
- On the P-MPAR, ensure you record or log both your full signature and initials with your NMBI PIN number in the signature bank. Include practitioner's role or title, such as Registered General Nurse (RGN) or Clinical Midwife Specialist (CMS)
- If you have any doubt about the details of a prescription, check with the prescriber before administration.
- Only use your initials in the appropriate box when administering a medicine.
- If any part of the request is unclear the medication should not be administered by the registered nurse/midwife and the prescriber must be contacted to rewrite the request.
- Always check allergy/adverse reaction/contraindications prior to administering any medicine
- Check each section of the P-MPAR to avoid omissions
- In the event of non-administration, enter the relevant code in the box and document reason in clinical record. Codes are listed on front cover of the booklet. Where code **7** is used, the detail should be clearly and concisely recorded in the clinical record
- When measuring liquid medicines, use an oral syringe or medicine spoon provided by pharmacy

- Duration of treatment must be specified. Once treatment duration, as specified, is complete, the treatment must stop. If treatment is to recommence, a new prescription must be rewritten
- PRN medication should not be offered more frequently than prescribed. Therefore, it is important to note the frequency and maximum dose in 24 hours.
- Check Regular Prescription section as PRN medicine may also be prescribed regularly. Prescriptions for PRN medicines should consider any regular doses of the same medication prescribed for that patient. The maximum dose administered in 24 hours should include all doses of the medicine
- The administration record for 'PRN' medicines should be reviewed regularly.
- P-MPAR when no longer in use should be stored in the child's HSE health record.

Parent
- Parent brings P-MPAR to prescriber to be completed
- P-MPAR to be rewritten every 12 months.

Child
- Name, DOB and Address to be recorded
- Record Allergies/Adverse Reaction or Contraindications
- Weight (in kgs) and height (in cms) is measured and recorded at least once in every 6 months.

Prescriber
- All entries should be written by the prescriber in BLOCK CAPITALS in black indelible ink
- Please record prescriber's details once on back page of the booklet.
- Signed by the prescriber, specifying registration number

Prescription
- Do not use abbreviations, ensure decimal points are clear using a zero before single numbers
- Dose, frequency, route & time of the medication are stated legibly in the required data entry fields.
- Circle time medicine to be administered
- Clearly document the start date and, where appropriate, the stop or review date.

Administration
- All entries should be written in BLOCK CAPITALS in black indelible ink
- If you have any doubt about the details of a prescription, check with the prescriber BEFORE administration
- Always check allergy/adverse reaction/contraindications prior to administering any medicine
- Check each section of the P-MPAR to avoid omissions
- Record all medication admistration with initials
- Record administrator's details once on signature bank.

3.5 Specific roles and responsibilities

3.5.1 Regional Executive Officer

The REO's have lead responsibility for regional implementation to ensure this procedure, is adopted and implemented throughout HSE RHA

3.5.2 RHA CCHN Governance Groups

The Regional Health Area (RHA) Paediatric Home Care Package (PHCP) Governance Group is responsible for ensuring that all healthcare staff involved in any aspect of a child's home nursing care have read, signed, implemented, and adhered to this procedure within the scope of their role and professional practice.

The RHA PHCP Governance Group will oversee the implementation and monitoring of this procedure to ensure compliance with the National Quality Assurance Initiative (NQAI) recommendations (HSE, 2021) and the HSE Paediatric Home Care Package Standard Operating Procedure (2025). This includes promoting quality and safety, supporting a positive service user experience, and ensuring the delivery of safe, high-quality care.

3.5.3 HSE PHCP Coordinator

Under the leadership of the RHA PHCP governance group, the HSE PHCP Coordinator will be responsible for providing guidance on planning and safeguarding, risk management, monitoring and audit of P-MPAR practice.

3.5.4 Medication Prescriber

Medicinal products legislation authorises the registered medical practitioner to prescribe medication through the Medicinal Products (Prescription and Control of Supply) Regulations, 2003 (Statutory Instrument (SI) 540 of 2003) and Medicinal Products (Prescription & Control of Supply) (Amendment) Regulations 2020. The nurse prescriber is authorised to prescribe under the Irish Medicines Board Act (Miscellaneous Provisions) Act, 2006 (No. 3 of 2006), and the Medicinal Products (Prescription and Control of Supply) (Amendment), Regulations 2007 (SI 201 of 2007). All medication prescribers are legally and professionally responsible for ensuring the prescription is safe, appropriate, and necessary for the patient. They must assess the patient, ensure proper dosing, provide clear instructions, and document prescriptions legibly.

3.5.5 Medication Administrator

All medications must be administered in accordance with the standards and professional guidance set out by the Nursing and Midwifery Board of Ireland (2020). The individual registered nurse is responsible for undertaking relevant continuing professional development and education in order to develop and maintain their knowledge, skills, and competency in medication administration (NMBI, 2020). The medication administrator is responsible for the safe and accurate preparation, administration, and recording of medication prescribed in the P-MPAR and the monitoring of outcomes.

4.0 Consultation

4.1. Child Safeguarding Considerations

The safety and welfare of the child must remain paramount when managing medication in a community setting. All healthcare professionals, homecare providers involved in supporting a child with complex healthcare needs have a responsibility to remain vigilant to safeguarding risks and to act in accordance with Children First: National Guidance for the Protection and Welfare of Children and HSE Child Protection and Welfare Policy.

Potential safeguarding concerns when prescribing or administering medication may include, but are not limited to:

- Inadequate supervision of the child.
- Failure to maintain appropriate staffing levels or support arrangements.
- Breaches of the child's privacy, dignity, or confidentiality.
- Concerns regarding the conduct, behaviour, or suitability of individuals involved in the child's care.
- Failure to respond appropriately to changes in the child's health status or care needs.

Where a safeguarding concern is identified, the registered nurse must:

- Take immediate action to ensure the child's safety where required.
- Report concerns in accordance with Children First and HSE safeguarding procedures.
- Inform the relevant line manager and designated safeguarding personnel as appropriate.
- Document the concern, actions taken, and outcomes in accordance with local and national policy.
- Participate in any subsequent safeguarding assessment, investigation, or review process.

4.2. Stakeholder involvement

The Paediatric –Medication Prescription Administration Record (P-MPAR) was originally developed by multi-disciplinary staff in the Mid-West RHA for use in children with complex healthcare needs cared for by nurses in the child's home.

- Consultation workshop with P-MPAR development group Midwest to inform and agree Procedure for completion of P-MPAR.
- National consultation with HSE PHCP Coordinator group to inform and agree Procedure for completion of P-MPAR.
- Consultation with acute services pharmacy and nurse specialist's services.
- Consultation with PHN and CCHN services within primary care

All feedback received was reviewed and agreed by the development group. Agreement was reached on the whether to accept or reject the feedback. The Procedure was developed following this and all feedback received is retained by Margaret O'Meara.

4.3. External review

The OMNSD Nurse Practice Development Coordinator reviewed the Procedure.

5.0 National implementation plan

5.1. Resource implications

It is necessary for all Health Region has to have a Regional PHCP Clinical and Corporate Governance Group and for each IHA to have a IHA PHCP Operational Governance Group and a HSE PHCP coordinator for CCHN identified. RHA will disseminate the Procedure to all relevant staff via the Health Region CCHN Governance Groups.

The procedure will be available to staff on The HSE National PPPG Central Repository.
The M-PAR will be available to order from 'Copy That' Henry St, Limerick V94 W316

5.2. Describe the structure and governance of the national implementation team.

HSE management has approved this procedure

5.3. List tools and resources developed to support local implementation of the National 3PG.

Paediatric Medication Prescription Administration Record

5.4. Expected date of full implementation

01/09/2026

6.0 Governance and approval

The Procedure is commissioned by the HSE to support delivery of PHCP services. Following development of the Procedure, a checklist was used in assessing that the Procedure met the standards outlined in How to Develop HSE National PPPGs – A Practical Guide and signed and dated by the Chairperson of the Development Group.

The PHCP Coordinators Nurse Practice Group recommended the Procedure to HSE management with a signed and dated copy of the checklist and submitted the final document and checklist to for sign off by National Director of Access and Integration.

Once approved, the final version was converted to a PDF document to ensure the integrity of the Procedure and uploaded to the HSE National Central Repository. A signed and dated copy of the checklist was attached to the master copy, which is retained in Primary Care Access and Integration.

7.0 Communication and dissemination plan

This Procedure will be issued through the RHA governance structures for dissemination to IHA PHCP Operational Governance Groups.
The Procedure will also be issued to each of the approved service providers.
The document can be accessed only on the HSE National Central Repository, which is the single trusted source for accessing storage and document control for National 3PGs. No duplicate copies of the procedure should be accessible in any secondary electronic locations, only the link to the document on the Repository should be used on other locations. This link will automatically update in all locations if changed on the Repository. It is the responsibility of each RHA PHCP Clinical & Corporate governance group to implement the procedure in each IHA outlining actions required, specific roles, responsibilities, etc.

8.0 Sustainability

8.1 Describe the plan for national monitoring and audit

It is the responsibility of each Regional PHCP Clinical and Corporate Governance Group and IHA PHCP Operational Governance Group to outline actions required, specific roles and responsibilities, and timelines etc. As part of the implementation it is essential there is a Regional PHCP Clinical and Corporate Governance Group and IHA PHCP Operational Governance Group.A barrier to the implementation of this procedure is the absence of active PHCP Governance groups.

PHCP Governance groups will ensure that the implementation of this procedure is monitored and audited within their area of responsibility using the Audit Checklist in Appendix 4 and maintain evidence of same

9.0 Review / update

9.1. Next review date

This procedure will be reviewed in 3 years unless there is a change in best practice or legislation

- Method for amending procedure if new evidence emerges.

If new evidence emerges, the Paediatric Home Care Package Coordinators Nurse Practice Group will be reconvened, and the new evidence will be considered for integration into the procedure.

10.0 References

- Elias, E and Murphy, N (2012) Home Care of Children and Youth with Complex Health Care Needs and Technology Dependencies Paediatrics. Vol 129: Issue 5
- Feinstein, J.A., et al. (2023) 'Making polypharmacy safer for children with medical complexity', Paediatrics. Available at: https://pubmed.ncbi.nlm.nih.gov/36252865/ (Accessed: 11January 2026).
- Government of Ireland. (2003). S.I. No. 98/2020 - Medicinal Products (Prescription and Control of Supply) (Amendment) Regulations 2020 (SI 98/2020) Health Information and Quality Authority (HIQA) (2019) National standards for information management in health and social care. Dublin: HIQA.
- HIQA. Medicines Management Guidance. October 2015
- Horace, A & Ahmed, F. (2015) Polypharmacy in pediatric patients and opportunities for pharmacists' involvement Integrated Pharmacy and Research Practice. 2015; 4: 113–126
- HSE, (2021) Guidance on the completion of the medicines request and administration record for public health nursing services. Dublin: HSE.
- HSE National Framework for Medicines Management in Disability Services (July 2018)
- Health Service Executive *Medication Record Templates for Acute Hospitals (https://www2.healthservice.hse.ie/organisation/qps-improvement/national-medication-safety-programme-safermeds/medication-record-templates-for-adult-acute-hospitals/)*
- Irish Medical Council and Pharmaceutical Society of Ireland (2026) *Safe Prescribing and Dispensing of Controlled Drugs*
- Min, E.E., et al. (2023) 'Medication management strategies by family caregivers of children with special healthcare needs', Journal of Pediatric Nursing. Available at: https://pubmed.ncbi.nlm.nih.gov/36779227/ (Accessed: 11January 2026).
- Morden et al, Pediatric Polypharmacy: Time to lock the medicine cabinet? Archives of Pediatrics and Adolescent 2012:166(1)91-92
- National Patient Safety Agency (2007) Safety in Doses: Medication Safety Incidents in the NHS. http://www.nrls.npsa.nhs.uk/resources/patient-safety-topics/medication-safety/?p=2 (Last accessed 11th January 2026)
- National Medicines Information Centre (2023) *Use of Medicines in Children (Vol 29 No 1)*

- Nursing & Midwifery Board of Ireland (2020) Guidance to Nurses and Midwives on Medication Administration. Dublin.
- Nursing & Midwifery Board of Ireland (2015). Recording Clinical Practice Guidance. November 2015
- NMBI Practice Standards and Guidelines for Nurses and Midwives with Prescriptive Authority 4th Edition (2019)
- NMBI (2025) The Code of Conduct and Ethics incorporating Scope of Practice
- Pharmaceutical Society of Ireland (PSI) (2023) Advice on Medication Error Management. Dublin: PSI. Available at: www.psi.ie (Accessed: 15 March 2026).
- Quinn, J., et al. (2024) 'Medication management through collaborative practice for children with medical complexity', Journal of Pediatric Health Care. Available at: https://pubmed.ncbi.nlm.nih.gov/38596413/ (Accessed: 1st March 2026).
- Reedy, J., et al. (2025) 'Challenges of managing pediatric polypharmacy in a pediatric complex care program', Journal of Pediatric Nursing. Available at: https://pubmed.ncbi.nlm.nih.gov/40127839 (Accessed: 11 January 2026).
- World Health Organisation (2017) Medication Without Harm: WHO Global Patient Safety Challenge
- World Health Organisation (2019) Medication Safety in Transitions of Care Technical Report Medication Without Harm: Global Patient Safety Challenge.
- World Health Organisation (2019) Medication Safety in High-Risk Situations Technical Report Medication Without Harm: Global Patient Safety Challenge.
- World Health Organisation (2019) Medication Safety in Polypharmacy Technical Report Medication Without Harm: Global Patient Safety Challenge
- Zanin, A., et al. (2024) 'Polypharmacy in children with medical complexity: a cross-sectional study', Children. Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC11274911/ (Accessed: 11 January 2026).

10.0 Abbreviations & Glossary of Terms

11.1 Abbreviations

GP – General Practitioner

HSE –Health Service Executive

HIQA – Health Information & Quality Authority

NG – Nasogastric Tube

NJ – Naso-jejunal Tube

P-MPAR- Paediatric Medication Prescribing Administration Record

PO – Oral administration

PEG – Percutaneous Endoscopic Gastrostomy

PEJ- Percutaneous Endoscopic Jejunostomy

11.2 Glossary

Administration of medication	the administration to a patient or by a patient of a medicinal product (medication) onto or into their body for therapeutic, diagnostic, prophylactic or research purposes. (NMBI,2020)
CCHN ; Children with Complex Healthcare Needs	Children with Complex Healthcare Needs have substantial medical healthcare needs as a result of one or more congenital, acquired or chronic conditions, with functional limitations that often requires technology assistance and ongoing nursing care primarily to support their parent(s) to care for them at home thereby preventing hospital readmission, in some instances to avert death and in others to provide palliative and end of life care. A home care package is required when a child has nursing needs that cannot be met by existing HSE and Children's Disability services. (Elias E et al, 2012)
HSE PHCP Coordinator	This term applies to the HSE case coordinator for CCHN who has responsibility for managing PHCP's.
Health region (RHA)	Regional Health Area. The Health Service Executive (HSE) new structures to commence in 2024 delivers health services in the community through 6 Regional Health Areas in Ireland.
IHA PHCP Operational Governance Group	The Integrated Health Area (IHA) Paediatric Homecare Packages (PHCP) Operational Governance Group provides operational management and coordination of PHCP for Children with Complex Healthcare Needs (CCHN) within the designated Integrated Health Area (IHA).
Medicines Management	Medicines management covers a number of tasks including prescribing, ordering, dispensing, receiving/transporting, storing, assessing, preparing, assisting, administering, disposing and reviewing individuals with their medicines (HIQA 2015)
NQAI	HSE National Quality Assurance Initiative (2021) was commissioned by the HSE to determine planning, development and delivery models nationally and to inform the development of a national standard service framework for Children with Complex healthcare needs.
PHCP Paediatric Home Care Package	is a home nursing service provided by HSE when a child has healthcare and/or nursing needs that cannot be met by existing HSE and social care services.
P-MPAR	Paediatric Medication Prescription Administration Record is the record for prescribing and administering medication to children in receipt of a PHCP.
Prescribe	To authorise in writing the dispensing, supply and administration of a named medicinal product (typically a prescription–only medicine, but may include over-the-counter medications) for a specific patient/service-user.
Prescription	A prescription issued by a registered medical practitioner for the medical treatment of an individual, by a registered dentist for the dental treatment of an individual, or by a registered veterinary surgeon for the purposes of animal treatment or a registered nurse for the medical

	treatment of an individual subject to Article 3A of the Regulations (Misuse of Drugs (Amendment) Regulations, 2007).
REO's	Regional Executive Officers who are accountable and responsible for the HSE operational service delivery within their respective regions
RHA PHCP Clinical & Corporate Governance Group	The Regional PHCP Clinical and Corporate Governance Group is a governance management group whose role is directly concerned with establishing, developing and implementing RHA wide quality and safety structures, processes, standards and oversight across the PHCP service which promote compliance with NQAI recommendations and standards, service user experience and safety.
Service/Private Provider	Is a company commissioned by the HSE to administer a Paediatric homecare Package to Children with Complex Healthcare Needs and a service arrangement is drawn up. The Private Healthcare Provider is responsible for providing staff with the relevant skills/competencies for the child as identified. The reporting relationship will be to the service provider nurse manager on professional and clinical matters. Clinical Governance for care of the Child remains with the service provider.

12.0 Appendices

Appendix 1: Membership of Development Group
Appendix 2: Membership of Approval Governance Group
Appendix 3: Sample implementation plan template
Appendix 4: Paediatric Medication Prescription Administration Record National Audit Tool
Appendix 5: Signature sheet

Appendix 1: Membership of Development Group

Membership of PHCP Practice Development Group	
Name	**Role and position**
Margaret O'Meara (Chair)	PHCP Clinical Lead Primary Care Access & Integration
Breeda O Farrell	HSE PHCP Coordinator
Monica Corcran	HSE PHCP Coordinator
Nora Quinn	Director of Public Health Nursing
Hillary Noonan	ANP Paediatric Neurodisability UHL
Louisa Power	Chief II Pharmacist – Pharmacy Services UHL
Mary Breen	PHCP Co-ordinator

The development group would like to acknowledge the kind assistance of Shirley Armitage MPSI, Senior Antimicrobial Pharmacist HSE Mid-West, for her specialist knowledge, expertise and guidance.

Appendix 2: Membership of Governance/Steering Group

Membership of PHCP Governance/Steering Group	
Name	**Role and position**
TJ Dunford	Assistant National Director, Primary; Care Access and Integration
Maeve Raeside	General Manager Primary Care Access and Integration
Margaret O'Meara	PHCP Clinical Lead Primary Care Access & Integration
Nora Quinn	DPHN Mid-West RHA

Sign-off by Chair of Approval Governance Group

HSE National Procedure for Completion of Paediatric Medication Prescription Administration Record for Children in receipt of a Paediatric Homecare Package was formally ratified and recorded in the minutes of the Approval Governance Group on 01/09/2026

Name: (print)	TJ Dunford
Title:	Assistant National Director, Primary Care Access and Integration
Signature: **(e-signatures accepted)**	
Registration number: **(if applicable)**	n/a

Appendix 3: Sample implementation plan template

National Document Title: HSE National Procedure for Completion of Paediatric Medication Prescription Administration Record
Expected date of full implementation (refer to 5.4): 01/09/2026

IMPLEMENTATION ACTION	Implementation barriers / enablers	List of tasks to implement the action	Lead responsibility for delivery of the action	Expected completion date	Expected outcomes
PHCP Memo circulated to RHAs	SOP with integrated PPPGs circulated to RHA's	Notice	National Director Access and Integration		Implement Procedure
HSE PHCP Coordinators group	Notice to all HSE PHCP Coordinators	Notice	PHCP Clinical Lead		Implement Procedure
Private Providers	Notice To all Private Providers	Notice	PHCP Clinical Lead		For Information
Dissemination and action of Health Region staff	No Governance Group	Roll Out	REO		Implement Procedure

Describe the structure and governance of your implementation team. See HSE PHCP SOP and P-MPAR

Education / training required to implement the National document: *This Procedure should be read in conjunction with NMBI Medication Management Guidelines and Medical Council's "A Guide to Ethical Conduct and Behaviour" (available online at www.medicalcouncil.ie) local or national relevant policies/protocols/procedures and guidelines that include the prescribing and administration of medications, reporting of adverse incidents in the community including the HSE Incident Management Framework (2020) , and any other relevant documents that incorporate best practice in the community for children with CCHN. All prescribers/administrators of medication should complete the following HSE Land programmes; Medication without Harm' and 'Medication Management In Children'*

Adapted from National Clinical Effectiveness Committee (NCEC) Implementation Guide and Toolkit (Department of Health 2018)

Appendix 4:

Paediatric Medication Prescription Administration Record National Audit Tool

Methodology
Population: A sample of target users
Sampling: A total of 10% or 10 target users, whichever is greater, should be selected. (Sample size should be sufficient to give a strong confidence and reduced margin of error).
Frequency: To be determined locally at least annually.
Method: Record **Y** for **Yes**, if the criteria are met. Record **N** for **No**, if criteria are not met or **N/A** for **Not applicable**.
Compliance requirement:
[Should have a 100% compliance requirement unless your national document allows flexibility – compliance levels should be set].

Is standard/criteria being met for the following statements: (if one element not present then the question is marked as "No") The Development Group should identify the core statements that should be audited at least annually.	**Yes**	**No**	**N/A**	**Evidence**
Statement 1 Registered prescribers have prescribed all medication				
Statement 2 Are prescriber details, signatures, and registration numbers documented correctly?				
Statement 3 Are all medication entries written legibly in BLOCK CAPITALS and in indelible ink?				
Statement 4 Are the child's current weight recorded and reviewed within the required timeframe?				
Statement 5 Are allergies/adverse reactions clearly documented, signed, and dated?				
Statement 6 Are generic medication names used as appropriate?				
Statement 7 Are medication doses fully documented on P-MPAR entries?				
Statement 8 Are medication routes fully documented on P-MPAR entries?				
Statement 19 Are medication frequencies, fully documented on P-MPAR entries?				
Statement 10 Are medication administration times fully documented on P-MPAR entries?				
Statement 11 Are decimal points, units documented safely, and correctly (e.g., no abbreviations for micrograms or units)?				

Statement 12 Are discontinued medications appropriately crossed through and signed by the prescriber?				
Statement 13 Is there evidence that altered prescriptions are rewritten rather than amended?				
Statement 14 Are antimicrobial prescriptions documented with indication, duration, and weight verification?				
Statement 15 Are PRN prescriptions documented with indication, duration, and weight verification?				
Statement 16 Is each administered medication signed/initialled appropriately by the nurse administrator.				
Statement 17 Are non-administration codes used?				
Statement 18 Are non-administration codes supported by documentation in the clinical record?				
Date of Audit: Audited by (name/title): Compliance Rate %:				
Calculation of Compliance Rate %: The score, expressed as a percentage, is calculated by dividing the number of "yes" and "no" answers. "Not applicable" answers are excluded from the calculation of the percentage score. **Example:** If there are 6 "yes" and 2 "no" answers, the score is calculated as follows: 6 (yes answers) divided by 8 (total of yes and no answers) multiplied by 100 = 75%				

Note;

If the auditor identifies an unintended or unexpected observation of patient harm or safety risk/s during routine audit, this must be reported as per HSE Direction.

Appendix 5: Signature sheet

I have read understand and agree to adhere to this Procedure
Document Title: HSE Procedure for completion of Paediatric Medication Prescription Administration Record for children receiving a paediatric homecare package

Print Name	Signature	Job Title	Date