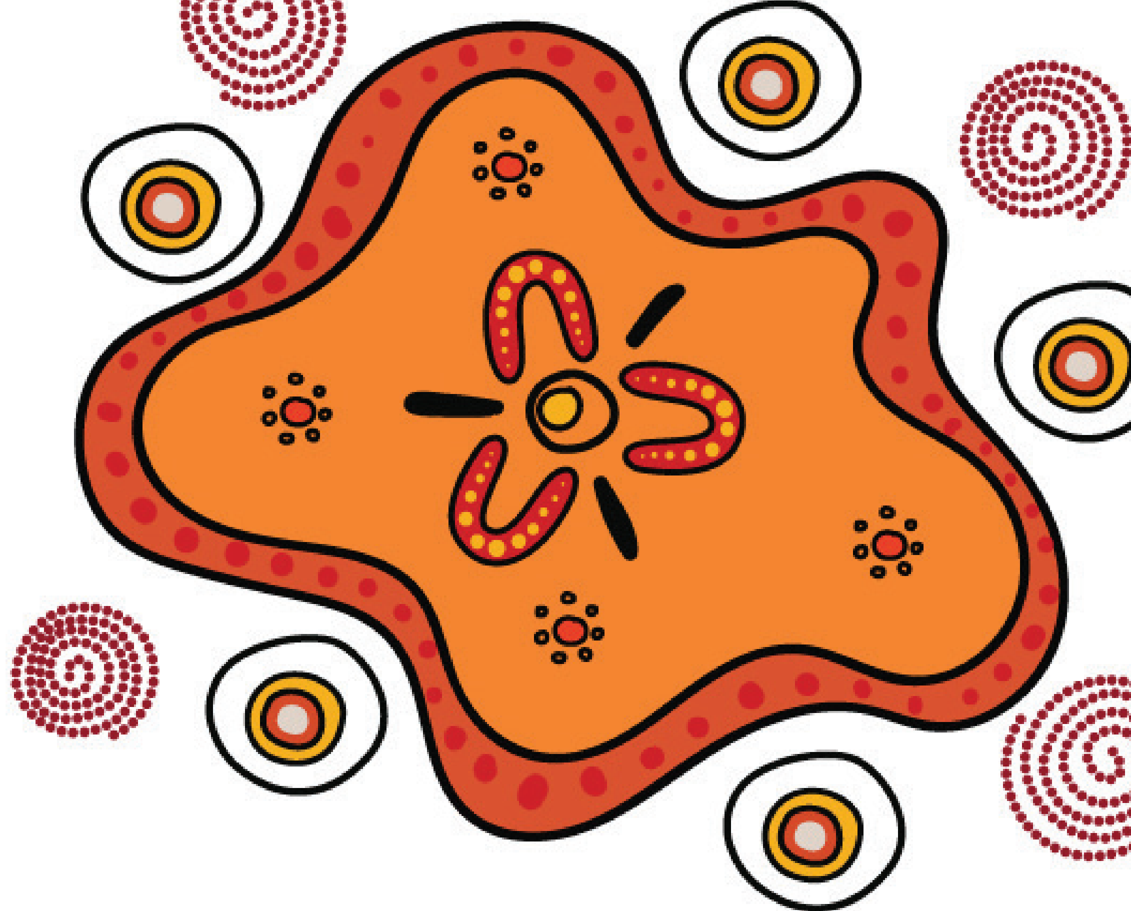
ASSOCIATION OF ALCOHOL AND
OTHER DRUG AGENCIES NT

Together we make a difference

Medication Management Handbook

For NT AOD Residential Services



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About AADANT

The Association of Alcohol and other Drug Agencies Northern Territory (AADANT) Incorporated is the peak body for Alcohol and other Drugs treatment services in the Northern Territory. As an independent, membership-driven, not-for-profit association, we work with our members to support, advocate, lead and strengthen Alcohol and Other Drugs (AOD) service sector delivery for people who experience harmful substance use in the Northern Territory. Our mission is to build and maintain a strong, sustainable and culturally diverse AOD sector that works together to reduce alcohol and other drug related harm across the Northern Territory.

Acknowledgement To Country

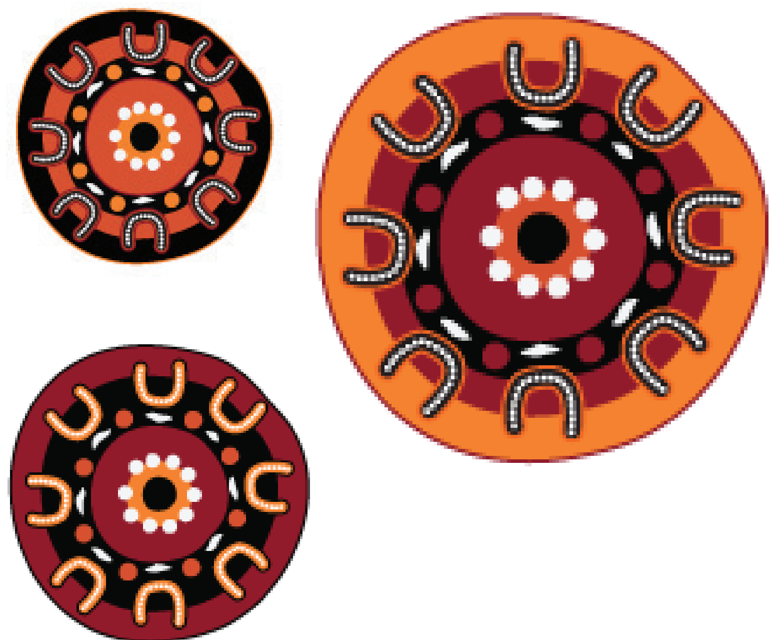
AADANT proudly acknowledges the Larrakia people as the Traditional Custodians of the land on which our office stands and the waterways we view. We extend this acknowledgement to all Aboriginal and Torres Strait Islander people across Australia and pay our respects to Elders past, present and future.

About this handbook

This Medication Management Handbook provides essential guidance on safe medication practices for Alcohol and Other Drug (AOD) residential services in the Northern Territory (NT). It aims to enhance client safety by promoting consistent medication administration procedures, improving staff knowledge, and supporting compliance with legal and regulatory requirements.

Primarily designed for non-clinical staff who assist clients with their medications, the handbook is also relevant to clinical staff, including Registered Nurses and Aboriginal Health Workers with medication administration training. It focuses on common scenarios in AOD medication management and complements rather than replaces critical thinking and familiarity with relevant state and federal legislation.

We would like to acknowledge our member services for their valuable feedback and acknowledge Dr Molly Garton, Registered Nurses Madeleine Huggins and Valerie Higginson and GenU Training for conducting the clinical review of this document. Special thanks to DASA and BushMob for providing photographs featured throughout the handbook. This project has been funded by Northern Territory Primary Health Network (NT PHN). Supporting materials and additional resources can be found on the AADANT website at aadant.org.au.



Guidelines for Supporting Medication in AOD Settings

Core Responsibilities & Safe Practices in AOD Settings

Staff in residential Alcohol and Other Drug (AOD) services play a vital role in supporting clients with their medication needs, ensuring client safety, autonomy, and legislative compliance. AOD workers in the Northern Territory must be aware of specific legislation, including the Alcohol and Other Drugs Act (NT), and understand the legal framework that governs medication assistance and delegations to ensure compliance with state-specific requirements. In this handbook, 'medication administration' includes both direct administration (by authorised staff) and supervision of client self-administration.

Roles of AOD Workers

AOD workers must:

- Follow workplace policies, legislation, and duty of care obligations.
- Support clients by reminding them to take prescribed medications, helping with packaging, documenting intake, and recognising adverse reactions.
- Never prescribe or directly administer medications unless they are a registered nurse or otherwise authorised.
- Only support clients in self-administering medications.

Delegation & Care Plans

Medication assistance must always:

- Be guided by a client's care plan, which outlines the level of support required.
- Occur under delegation from a registered healthcare professional.
- Be clearly communicated to avoid errors or legal issues.

Role of Aboriginal Health Workers

Aboriginal Health Workers are integral to community healthcare and may administer some medications, such as vaccines and antibiotics, if they hold the required qualifications (e.g., Certificate IV in Aboriginal and/or Torres Strait Islander Primary Health Care Practice). They must also be authorised under NT health regulations.

Key Safety Steps

Before assisting with medication, AOD workers should:

1. Check at least two forms of ID to ensure the correct client is receiving the medication.
2. Verify the client's prescription details.
3. Document all actions taken.
4. Seek clarification if there is any uncertainty.

By following these steps, staff ensure safe practice, protect client autonomy, and comply with NT regulations.

Guide to Medication Knowledge and Terminology

In residential rehabilitation settings, staff play a crucial role in ensuring clients receive medication safely and appropriately. To do this effectively, AOD workers must understand basic medication terminology, the different forms of medications, commonly prescribed medications and the legal requirements that govern their use.

Basic Medication Terminology

Key terms include:

Dose – The amount of medication a client should take at one time.

Route of administration – The way a medication is taken (e.g. oral, sublingual, topical, inhaled)

Side effects – Unintended effects of a medication (e.g. drowsiness, nausea).

Contraindications – Conditions or factors that make a medication unsafe or not allowed for a particular client.

PRN (pro re nata) – A Latin term meaning "as needed," often used for medications such as pain relief and anxiety treatment. In AOD, these would always be given in accordance with the prescribing doctor's instructions.

Forms of Medication

Medications come in various forms, each designed for specific uses and absorption rates.

Common medication forms include:

Tablets and capsules – The most common form of oral medication, designed to be swallowed whole. Some may be chewable or dissolvable.

Liquids (syrups and suspensions) – Used when clients have difficulty swallowing tablets, often requiring precise measurement.

Injections – Administered via a syringe, either intramuscularly (into muscle) or subcutaneously (under the skin). Common in opioid dependence treatment (e.g., depot buprenorphine).

Topical medications – Creams, gels, or patches applied directly to the skin for localised or systemic effects.

Sublingual or buccal tablets – Placed under the tongue or inside the cheek to dissolve and absorb quickly (e.g., buprenorphine for opioid dependence).

Inhalers and nasal sprays – Used for respiratory conditions and some emergency medications (e.g., naloxone nasal spray for opioid overdose).

Suppositories – Inserted into the rectum or vagina for direct absorption into the bloodstream.

Extended release – These medications, sometimes called modified release, are designed to be slowly absorbed over a longer time. The majority of these tablets and capsules can not be halved, crushed or chewed.

Note: It is crucial to understand the amount of medication that a patient receives i.e. dose, varies significantly according to the way it is given. This is because of the physiology of how a medicine travels through the body (i.e. Intramuscular (IM) vs Intravenous (IV)) AND because the liver causes many medicines to change, often reduced in dose.

Medication Knowledge and Terminology

Medications for Withdrawal and Dependence

Dependence – When the body or mind becomes used to a substance and relies on it to feel or function "normally." Without it, a person may experience withdrawal symptoms such as restlessness, anxiety, or discomfort.

Withdrawal – The body's physical and emotional reaction when a person stops or reduces a substance they depend on. This can include a range of signs and symptoms that vary in intensity depending on the substance and level of dependence.

In AOD residential rehabilitation settings, clients may be prescribed various medications to manage withdrawal symptoms, mental health conditions or chronic illnesses. Some commonly used medications include:

Methadone – A long-acting opioid used in opioid substitution therapy.

Buprenorphine (Suboxone, Subutex) – Used for opioid dependence; comes in sublingual and depot (long-acting injection) forms.

Diazepam (Valium) and Lorazepam – A benzodiazepine used for alcohol withdrawal and anxiety management.

Clonidine – Helps reduce withdrawal symptoms such as sweating, agitation, and anxiety.

Medications for Mental Health Conditions

SSRIs (e.g., sertraline, fluoxetine) – Used for depression and anxiety disorders.

Antipsychotics (e.g., olanzapine, quetiapine) – Prescribed for schizophrenia, bipolar disorder and severe anxiety.

Mood stabilizers (e.g., lithium, sodium valproate) – Used for bipolar disorder and mood regulation.

Other Common Medications

Naltrexone – Blocks the effects of opioids and alcohol to reduce cravings.

Naloxone (Narcan) – A life-saving medication that reverses opioid overdoses; available as an injection or nasal spray.

Antibiotics – Used to treat infections, which may be more common in clients with compromised immune systems.

Pain relief medications (e.g. paracetamol, ibuprofen) – Used for general pain management.

Key Legal and Regulartory Considerations

Medication management in NT residential rehab settings must comply with legal and regulatory frameworks to ensure safety, proper documentation, and ethical practice. Key considerations include:

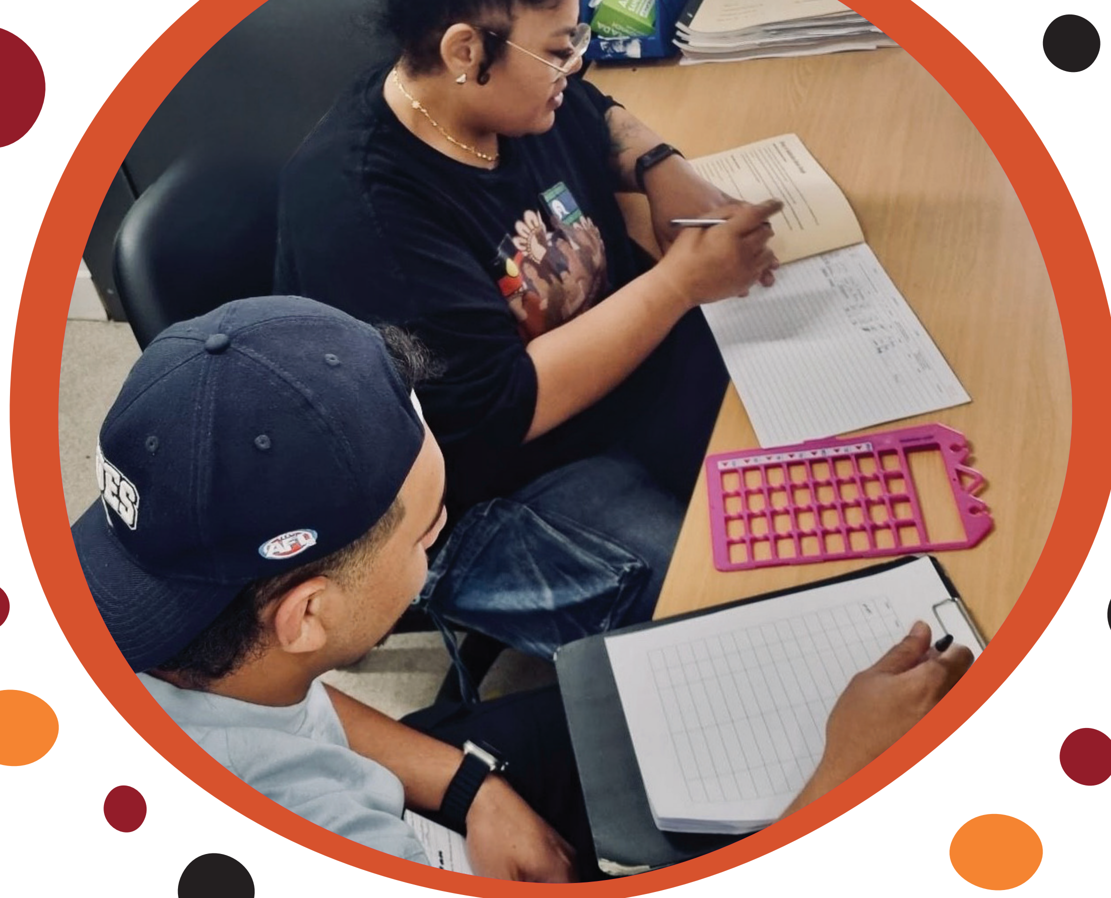
Controlled Substances Regulations: Certain medications, such as opioids and benzodiazepines, are classified as controlled substances and require strict handling, storage, and documentation. Only authorised personnel (e.g., nurses, pharmacists) can administer Schedule 8 (S8) medications like methadone and buprenorphine.

Medication Administration Authority: Non-clinical staff must follow delegation protocols and only administer medications they are trained and authorised to handle. PRN (as-needed) medications must be given based on documented medical instructions.

Client Consent and Rights: Clients have the right to understand their medications, refuse treatment, and be informed about side effects and alternatives. Informed consent is required before administering any medication.

Documentation and Record-Keeping: All medication administrations must be recorded accurately, including time, dose, route and any client reactions. Incident reporting is required for any medication errors, missed doses or adverse effects.

Storage and Security: Medications must be stored in locked cabinets, with controlled substances requiring additional security measures. Stock levels should be regularly checked to ensure no missing or expired medications.



The Medication Administration Process

Client Supervision & Assistance Levels

Clients in residential AOD settings vary in their independence with medication. Some may need direct supervision, while others only require reminders or physical assistance. The level of support should always align with the client's care plan and be delivered in a way that promotes understanding, safety, and respect for autonomy. Proper supervision helps reduce errors and supports medication adherence.

The Seven Rights of Medication Administration

AOD staff must consistently apply the Seven Rights of Medication Administration to ensure safe practice. These rights safeguard clients and staff, promote critical thinking, uphold client autonomy, and provide a clear framework for checking and documenting every stage of the process. Any discrepancies between a prescription and available medication must always be reported before administration.

The following flowchart outlines the essential checks for safe medication administration:

Medication Management Flowchart

Right Client:

Check at least two forms of ID to ensure the correct client is receiving the charted medication.

Right Drug/Medication:

Ensure the medication matches the charted order and is within expiry date.

Right Dose:

Confirm the prescribed dose matches packaging and documentation.
Pay close attention to units (e.g. mg vs. mcg).
ALWAYS DOUBLE-CHECK BEFORE GIVING.

Right Date:

Check the medication expiry date to ensure it is still valid.

Right Time:

Ensure the medication is given at the prescribed time and that the correct interval has passed since the last dose.

Right Route:

Ensure the medication is being given via the correct route (oral, topical, inhaler, etc.) as specified in the medication order.

Right Reason:

Confirm the right reason for administering the medication. Understand why the client is taking it and ensure there are no contraindications (e.g. do not give sedating medication to an already drowsy client).

Right to Refuse:

Voluntary clients have the right to refuse medication. Refusals must be respected and recorded.

Congratulations, you are now safe to give the medication.

The final step is documentation. Record all medications given (or refused) including the client, medication, dose, route, time and date.

Client Preparation for Medication Management

Detailed Application of the Seven Rights For each "Right," staff must consider:

1. Right Client

In shared or busy environments, take extra care, as some clients may have similar names. Be especially careful when working with Aboriginal and Torres Strait Islander clients, as names may differ between hospital and community records. Some communities seldom use their given 'english' name (like Yolngu East Arnhem land) and may not even respond to that name initially.

Client records and medication charts must be carefully checked to avoid errors and to identify any allergies or past adverse reactions before assisting with medication.

2. Right Medication

Staff must cross-check the medication label with the client's prescription or medication chart to ensure it matches. If multiple medications are prescribed, each must be verified individually. Expiry dates must always be checked: an expired medication is not the correct medication.

3. Right Dose

The prescribed dose must be checked against packaging and documentation. Measuring devices (e.g., oral syringes, measuring spoons) should be used for accuracy. Staff must be alert to unit differences such as milligrams (mg) vs micrograms (mcg), as mistakes can be dangerous. If there are any concerns about the dose, staff must not proceed and must immediately consult a healthcare professional.

4. Right Time

Medications must be taken at the prescribed times to maintain their effectiveness and avoid interactions with other substances or incorrect dosing. Some medications have specific timing requirements, such as those taken with food, on an empty stomach, or at bedtime. Staff must document missed or delayed doses according to service protocols and notify healthcare professionals if medication timing is disrupted.

Client Preparation for Medication Management

5. Right Route

Medications must be administered via the prescribed route (e.g., oral tablets, topical creams, or inhalers).

AOD workers must be trained to administer medications safely and know when to seek remote support or advice if necessary. If staff are unsure, always ask for clarification.

6. Right Reason

AOD staff must be aware of the reason a medication is given in order to provide safe care and assist clients to understand their medication regimen. Staff must also be aware of reasons a medication should not be given, for example, administering a sedating medication to an already drowsy client. This is especially important for PRN (“as needed”) medications. If staff do not understand the reason a medication has been prescribed, they cannot safely assist clients to recognise when PRN medications should be taken.

7. Right to Refuse

Clients who are of sound mind and not under guardianship orders always have the right to refuse their medication. Staff must respect a refusal and must not coerce or attempt to bargain with the client. Any refusal must be documented, including date and time, and followed up according to service protocols.

Supervision & Client Support During Administration

Supervising medication administration ensures that clients take their medication safely and as prescribed. Best practice includes:

- Observing the client to confirm they take their medication as directed.
- Providing clear, simple instructions about how to take the medication.
- Respecting client choice; if a client refuses, follow service protocols, document the refusal, and notify a healthcare professional.
- Supporting clients with limited health literacy by explaining why the medication is important and how it assists recovery.
- Observing whether the medication is achieving its intended therapeutic effect (e.g., reducing cravings or withdrawal symptoms).

Guidelines for Recognising and Managing Medication Risks

Recognising and Addressing Risks

Medication errors, allergies, drug interactions, and overdose are significant risks in AOD residential rehabilitation settings. Staff must be trained to identify early warning signs of adverse effects, respond appropriately and follow service protocols to protect client safety.

Types of Risks

Medication Errors

Common mistakes include:

- Incorrect doses
- Missed doses
- Medication given at the wrong time

These can lead to ineffective treatment, side effects or overdose. Applying the Seven Rights of Medication Administration helps minimise errors.

Adverse Drug Reactions (ADRs)

ADRs are unexpected or harmful reactions that can range from mild to severe.

- More likely when multiple medications or substances are used
- Know common side effects and when to escalate concerns
- Be alert for contraindications (medications that are unsafe or not allowed for certain clients)

Drug Interactions

Interactions can happen when clients take:

- Multiple prescribed medications
- Alcohol, illicit drugs or over-the-counter products (vitamins, supplements)

These may reduce medication effectiveness or increase harm, especially for clients on opioid substitution therapy or other high-risk medications.

Overdose Risks

Overdose is a major concern in AOD settings.

- Risk increases when medications are combined with other substances
- Stay alert for early warning signs
- Be prepared to respond immediately

Recognising Signs and Symptoms

Mild Reactions:

Dizziness, nausea, rashes, or stomach upset. Fatigue, sleepiness, anxiety, or mild tremor. These usually don’t need urgent medical help but should be closely monitored and documented.

Moderate Reactions:

Difficulty breathing, swelling, or confusion. Severe anxiety, high blood pressure, or strong tremors.These reactions require immediate medical review and activation of the service’s emergency protocols.

Severe Reactions:

Anaphylaxis (severe allergic reaction). Severe breathing difficulty, loss of consciousness, or cardiac arrest. These are medical emergencies. Call 000 and follow emergency response procedures immediately.

Guidelines for Recognising and Managing Medication Risks

Staff Response to Risks

Immediate Steps

If a client experiences a reaction or appears unwell after medication:

- Stop medication administration (if safe to do so).
- Assess the client's condition.
- Contact the prescribing doctor, a local healthcare provider or a telehealth service for advice.
- Activate emergency protocols for severe reactions, including calling emergency services, providing first aid (e.g. CPR if needed) and notifying a healthcare professional.

Assessing the Client

A quick, structured approach can help staff identify changes early.

Ask: "How are you feeling?" – Listen for distress, confusion, or sedation.

Look: Observe for visible signs such as anxiety, drowsiness, sweating, shaking, or restlessness.

Do: Take basic observations – blood pressure, heart rate, and check for tremor.

If available, use standard tools such as the Alcohol Withdrawal Scale (AWS) to support your assessment.

Documentation and Reporting

All incidents must be recorded, including:

- Medication details and dosage
- Client's response and staff observations
- Actions taken and people notified

Reports should be completed in line with service protocols and submitted within required timeframes to support safety, accountability and continuous quality improvement.

Managing Adverse Reactions

Common reactions in AOD settings may include:

- Drowsiness or dizziness (e.g. from opioid substitution therapy)
- Nausea or vomiting (common with withdrawal medications)
- Allergic responses (rash, swelling, difficulty breathing)
- Increased anxiety or agitation

Steps to Manage

1. **Assess severity** – Monitor mild symptoms; treat moderate or severe reactions as emergencies.
2. **Seek medical help** – Contact emergency services for severe reactions and follow service protocols.
3. **Record the incident** – Document symptoms, time of onset, actions taken, and outcomes.
4. **Review medication** – If drug interactions or contraindications are suspected, escalate to a healthcare provider.

By monitoring clients closely after medication administration and responding promptly, staff can detect early warning signs and act quickly to prevent complications.

Building a trusting therapeutic relationship is key - clients are more likely to share how they're feeling, helping staff identify and prevent risks early.

Managing Medication Errors

Medication errors can occur due to miscommunication, distractions, or incorrect documentation. Errors may involve giving the wrong medication or dose, missing a scheduled dose, administering to the wrong client, or using the incorrect route (e.g., oral instead of sublingual). If a medication error occurs, staff should:

1. Ensure client safety: Check the client for any immediate adverse effects and provide first aid if needed.

2. Report immediately: Follow service protocols for incident reporting.

3. Document the event: Record the type of error, time, client response, and actions taken.

4. Notify a healthcare professional: A nurse or doctor should assess whether further medical intervention is required.

Addressing Changes in Client Condition & Preventing Inconsistencies

Clients in AOD rehabilitation may experience physical or mental health changes that affect their medication needs. Staff must also be prepared to identify and manage inconsistencies in medication administration.

Causes of Changes & Inconsistencies:

Withdrawal symptoms: May worsen or improve, requiring adjustment to medication timing or dosage.

New health conditions: Diagnosed illnesses (e.g., infections, diabetes) may require new medications or alter existing regimens.

Changes in weight, diet, or hydration: These can affect how medications are absorbed and metabolised.

Mental health fluctuations: Increased anxiety, depression, or psychosis may require medication review.

Substance use or relapse: Alcohol, illicit drugs, or over-the-counter products can alter medication effects and increase risks.

Prescription changes not updated: Medication charts or electronic records not adjusted when a doctor changes the order.

Incomplete or incorrect documentation: Missed signatures, unclear notes, or delays in recording create confusion.

Client errors: Clients forgetting, refusing, or attempting to take medication outside scheduled times.

Staff miscommunication: Errors at shift handover or when instructions are unclear.

Storage or stock problems: Using expired medication, incorrect stock rotation, or miscounting controlled substances.

Managing Medication Errors

Best Practices for Management & Prevention:

Observe and document: Monitor for changes in mood, behaviour, physical health, or response to medication. Even small changes (e.g., increased drowsiness, reduced appetite) should be recorded.

Communicate with healthcare providers: Report concerns promptly so doctors or nurses can reassess treatment. Never make changes without medical direction.

Educate clients: Explain how health changes (e.g., poor hydration, changes in eating, or relapse) can impact medication and recovery. Encourage clients to share how they are feeling.

Adjust supervision levels: If a client's condition changes, increase observation and support.

Promote regular health checks: Encourage clients to attend medical reviews, blood tests, and mental health assessments to support safe prescribing.

Anticipate higher-risk periods: Be particularly vigilant during withdrawal, detox, or after significant medication changes, as risks are highest at these times.

Strengthen communication: Use structured handover processes at shift changes and confirm details if unsure.

Encourage a no-blame culture: Staff should feel safe reporting near-misses and inconsistencies so services can learn and improve.

Medication Handling, Storage, and Disposal

In AOD residential rehabilitation settings, safe and effective medication management is essential for client safety, compliance with regulations, and maintaining an organised healthcare environment. Staff must follow best practices for medication handling, storage, disposal, and infection control.

Replenishing Medication Supplies

Running out of necessary medications places clients at risk of withdrawal symptoms, treatment disruptions and serious harm. Staff should ensure that medication supplies are maintained, organised and stored safely.

Check stock regularly: Monitor inventory levels to identify low supplies early.

Order in advance: Place orders before supplies run out to avoid treatment gaps.

Check expiry dates: Remove expired medications and arrange safe disposal.

Organise storage clearly: Arrange medications in a systematic way to prevent confusion or mistakes.

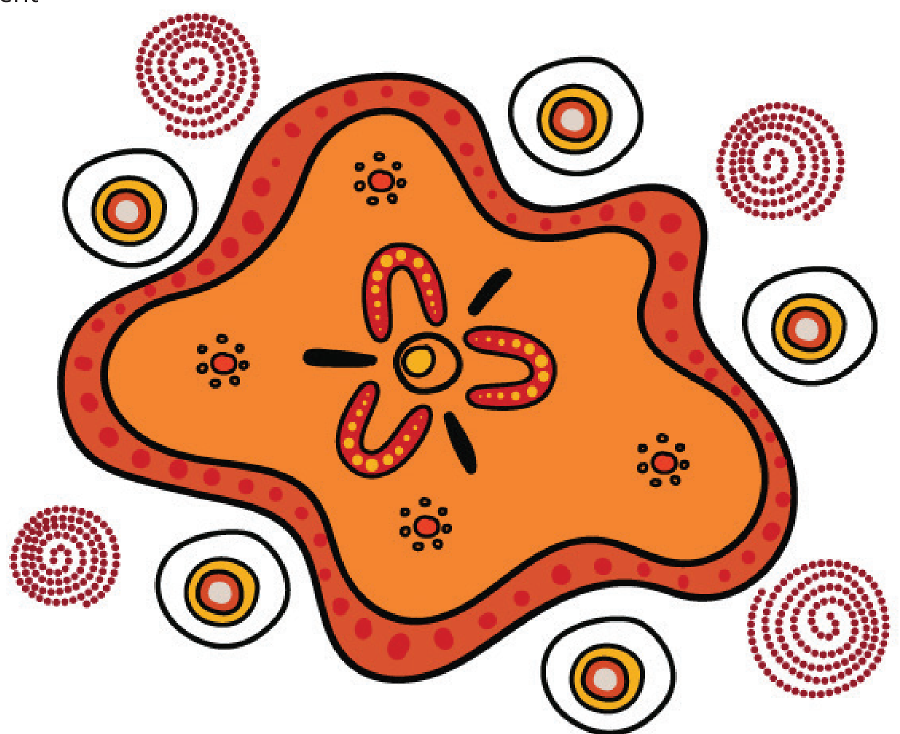
Secure Storage

Medications must be stored in locked cabinets, with controlled substances requiring additional security measures. Stock levels should be regularly checked to ensure no missing or expired medications.

Maintain correct storage conditions: Ensure medications are stored at the required temperature (e.g., refrigeration or room temperature).

Keep medications secure: Store all medications in locked cabinets with access limited to authorised staff.

Separate high-risk medications: Store controlled substances separately and ensure extra security measures are in place.



Medication Handling, Storage, and Disposal

Safe Disposal of Medication & Equipment

Proper disposal of expired, discontinued, or unused medications and equipment (e.g., syringes, blister packs) is essential to prevent misuse, accidental ingestion, or environmental harm. Safe disposal is a shared responsibility and must follow service policies and health regulations.

Follow disposal guidelines: Return medications to a pharmacy or place them in designated disposal bins.

Never flush medications: Flushing causes environmental contamination. Medications must never be flushed down toilets or sinks.

Prevent unauthorised access: Use locked disposal bins to prevent diversion or accidental ingestion.

Sharps disposal: Place used needles or syringes immediately into approved sharps containers.

Secure packaging disposal: Dispose of empty blister packs and packaging securely to avoid confusion or reuse.

Clean reusable equipment: Wash dosing cups, inhalers, or other reusable items according to infection control procedures.

Separate controlled substances: Schedule 8 (S8) and other controlled drugs must be recorded and disposed of under strict supervision, with two authorised staff members witnessing the process.

Secure transport: When medications are being returned to a pharmacy, they must be transported in a sealed, locked container to prevent diversion.

Infection Control in Medication Management

Infection control is critical in medication administration. Improper handling can cause contamination and spread infections.

Key infection control practices include:

Hand hygiene
Wash hands thoroughly before and after medication administration.

Use gloves when required
Wear gloves for topical creams, patches, or injections, and dispose of them immediately after use.

Clean preparation areas
Regularly disinfect benches and storage spaces.

Avoid cross-contamination
Medications must never be shared between clients, and single-use items must be disposed of correctly

Comprehensive Documentation and Communication

Clear communication and accurate reporting are essential for safe and effective medication management in AOD residential rehabilitation settings. Staff must use verbal, written, and collaborative skills to support clients, ensure continuity of care, and meet legal requirements.

Importance & Principles of Documentation

Accurate and timely documentation is fundamental for legal compliance, continuity of care, client safety, and quality improvement. It ensures accountability, supports corrective action, and reduces risks of errors and gaps in care.

What & How to Document

Staff should record all aspects of medication administration accurately and maintain records securely.

Record every medication given: Include the date, time, dose, route, and any client observations (e.g., side effects, therapeutic effect).

Document any changes or deviations: Clearly note missed doses, refusals, or adverse reactions.

Recording format: Ensure records are accurate, complete, and legible. Avoid leaving blanks or using unclear abbreviations.

Secure Records & Electronic Systems & Audits

Keep records secure: Ensure charts and digital systems are accessible only to authorised staff.

Use electronic systems where available: Digital systems reduce errors and provide clearer tracking of medication histories.

Conduct regular record audits: Review documentation to identify errors or gaps and address them promptly.

Complete regular stock audits: Confirm medication counts, especially for controlled substances, to confirm accuracy and compliance.

Comprehensive Documentation and Communication

Incident & Adverse Event Reporting

- All incidents, such as medication errors, missed doses, or adverse reactions, must be reported quickly and in detail.
- Reports should describe what happened, when it occurred, who was involved, and the outcome.
- In NT AOD residential rehabilitation settings, staff must comply with the Medicines, Poisons and Therapeutic Goods Act 2012, which mandates reporting and documentation of medication-related incidents.
- This ensures client safety, supports corrective action, and maintains compliance with regulations.

Key Elements of Effective Communication

Verbal and Written Communication: Staff should communicate clearly, both verbally and in writing, to ensure information is understood. This includes giving clients clear instructions, explaining procedures, and answering treatment questions. When reporting to healthcare professionals, information should be concise, relevant, and focused on changes in client behaviour, medication administration, and any adverse reactions.

Active Listening: Involves giving full attention, understanding the message, responding thoughtfully, and remembering what was said. This helps staff recognise client concerns, preferences, and symptoms, which can inform care plans and medication decisions. Staff should also show empathy and patience, especially when clients are experiencing withdrawal or emotional distress, to build trust and maintain a therapeutic relationship.

Timely and Accurate Reporting: Staff must document medication administration accurately and promptly. Inaccurate or incomplete reporting increases the risk of errors, gaps in care, and harm to clients.

Collaborative Communication: Collaboration among staff, healthcare professionals, and clients is vital for holistic care. Staff should communicate effectively with doctors, nurses, pharmacists, and mental health specialists to share relevant client information and discuss treatment plans. Multidisciplinary teams work best when roles and responsibilities are clear, and updates are communicated regularly to track client progress.

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