

# Medication Administration Training



## PARTICIPANT GUIDE

Developed by:  
University of Wisconsin – Green Bay

Approved by:  
Department of Health Services  
Division of Quality Assurance

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# Important Notes

Participants must successfully complete this 14-hour training, including a final test, to meet the requirements of Wisconsin Department of Health Services Administrative Code requirements for department-approved medication administration and management training. This class must be taught over at least two days. Maximum hours per day is eight hours. Class time must be at least 14-hours including skills and knowledge test, meal breaks do not count towards the 14-hour requirement. Larger classes may take longer than 14 hours to complete. Classes may not be larger than one instructor to ten participants.

This standardized training material is the only curriculum approved by the WI Department of Health Services to meet the requirements listed above. In addition, the training must be delivered by an instructor approved by the Wisconsin Community-Based Care and Treatment Training Registry, University of Wisconsin-Green Bay. To view the registry of approved instructors, go to: [www.uwgb.edu/registry](http://www.uwgb.edu/registry)

Participants who successfully complete this training will be added to a registry located at [www.uwgb.edu/registry](http://www.uwgb.edu/registry)

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In Wisconsin, various types of providers are regulated by the Department of Health Services (DHS) Division of Quality Assurance (DQA). The rules for these providers are outlined in state statute and more specifically defined in the Wisconsin Administrative Code, often called administrative rules. Since various types of settings use this training we will refer to all facilities or centers as providers or community settings. All clients, members, residents, or the people being cared for will be called residents in this training. All employees of a setting will be referred to as employees, staff, or caregivers.

Various chapters of the Wisconsin Administrative Code govern the different types of settings and providers. Several of them allow for this training to meet the Medication Administration training requirement. Employees should check with their supervisor to see which codes their setting operates under.

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# A Note to Participants

As part of this training, you will receive a copy of this participant guide. If the instructor is providing a digital copy, they must also provide a copy for you to look at during the class, provide paper for notes, and print the worksheet pages to be completed during the class. Use the guide to make notes, write questions and underline or highlight important material. The participant guide is yours to keep and can serve as an important resource when you return to your job.

At the end of this training, you will complete a written test and skills demonstration test. You will be allowed to use your participant guide to complete the tests. It's important that you pay close attention to the materials, take notes as needed and ask questions if you don't understand.

Your instructor will also provide information for you to complete an online evaluation of the training. Please respond to the survey within a day or two of completing the training.

The procedures outlined in this training are minimums. Your provider may have additional requirements. Providers are required to train staff on their policies during orientation.

## Training Topics

This training covers a wide range of topics, all designed to provide the information and skills necessary to properly administer medications to those in your care. Examples of topics include:

- Resident Rights
- Policies and Procedures
- Delegated Procedures
- Medication Management
- Medical Terms and Abbreviations
- Medication Packaging, Labeling and Storage
- Types of Medications
- Medication Administration

# SECTION I: INTRODUCTION TO MEDICATION ADMINISTRATION

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A study found that the average number of medications that residents in Assisted Living and Skilled Nursing Homes have dispensed every month is 12 prescriptions. Many residents in community settings require assistance with their medication administration and staff play a key role in the process of assuring they receive the medication correctly. Administration of medication is an important job. Some studies have shown that as much as 40% of medication is administered incorrectly in long-term care facilities. Learning how to administer medications correctly is a serious responsibility and the residents rely on staff to keep them safe.



When medication is not administered correctly, this is called a **Medication Error**. While many errors are minor, some are very serious and can lead to death. All errors are preventable and as participants go through this training, the focus will be on safe medication administration and the prevention of medication errors.

Medication errors happen, when one of the **Six “Rights” of Medication Administration** are not followed. The six “rights” are:

- Right resident - Is the person who was prescribed the medication the person who is receiving the medication?
- Right route – Route is how the medication gets into the person. Do they swallow it, is it an eye drop, a cream rubbed on their skin, etc.?
- Right drug – Does the medication match the medication that was ordered?
- Right dose – Dose is the amount of the medication that the person should take. Each medication will say how much of the medication is in it and identify how much of the medication to take.
- Right time – Did the resident receive their medication at the time the prescriber ordered it?
- Right documentation – Did the staff document that the medication was given correctly?

During the video segment, pay attention to what medication errors occurred. While watching, listen for what can happen as a result of a medication error and what “rights” were not followed. This video is about a nursing home, but staff should note that the same errors can occur in community settings during medication administration.

Watch this video as a class and then answer the questions.

<https://www.youtube.com/watch?v=V0uA6RCacwI> (2:43 Min)

List a few ways the residents were harmed because of the medication errors in the video:

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What “right(s)” were not followed in the examples on the video?

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As a small group, discuss why following the six “rights” of medication administration and preventing medication errors are important as a staff member who is responsible for medication administration. Can all medication errors be avoided?

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# What to Do When a Medication Error Occurs

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Regulations for many settings state that the setting shall document in the resident's record any error in the administration of prescription or over-the-counter medication, known adverse drug reactions or resident refusal to take medication. The setting shall report all errors in the administration of medication and any adverse drug reactions to a licensed practitioner, supervising nurse or pharmacist immediately.

The number one goal of the caregiver when there has been an error should be to make sure the resident is not adversely effected by the error. The prescriber, supervising nurse or pharmacist are the best resources to ensure the right steps are taken after an error has occurred.

## Honoring Resident Rights in Medication Administration

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State law guarantees residents of Community Settings certain rights related to their care and treatment, including administration of their medications.



Residents have the right to:

- Receive all prescribed medication in the dosage and intervals prescribed by a practitioner. This includes receiving the correct dose at the right time.
- Refuse medication, unless the medication has been ordered by a court.
- To be informed of the benefits, possible side-effects, and alternatives to the suggested medication.
- To be provided written, informed consent to medication and treatments, unless court ordered.
- Participate in the planning of care and treatment, in order to be fully informed of care and treatment options.
- Refuse any care and treatment, unless it has been court-ordered.
- Be free from chemical restraints. This includes medications that are used for discipline or convenience, and not required to treat medical symptoms.
- Make decisions relating to the care, activities, daily routines and other aspects of life to enhance the resident's self-reliance.



Sometimes a resident will have a guardian or an agent under an activated Power of Attorney who must be involved in the planning for the care and treatment of the resident. Even in those cases, the resident has a statutory right to be involved in the choice of whether to decline or accept the care or treatment. If the resident's wishes conflict with the decision-maker, it is recommended that the ombudsman, disability rights, managed care organization, or other advocacy group, as allowed by law, is consulted.

Residents deserve and have the right to be treated with courtesy and respect at all times. They also have the right to privacy when any sort of care is provided. This includes maintaining confidentiality of any health records and assuring that conversations about the resident's medication, health, or any other confidential subjects occur in private places. It also includes the right to receive care without others in their room, including family, unless the resident's permission gives permission for the person to be in the room. They also have the right to use grievance procedures. If residents state that they would like to file a grievance related to medication administration employees should assist them per the grievance policy.

### **Specific information for community settings that administer medications to minors.**

- Consent to medication
  - Youth under the age of 14 must have the parent or guardians' consent.
  - Youth 14 years old and older must have both the parent or guardian's and the minor's consent.
  - If there is a court order for the medication, the minor does not have to consent.

## **Resident Rights Scenario #1**

The scenario below reviews a situation where resident's rights are affected. Use the information you have learned thus far to determine the answers to the questions below.

Consider the following scenario:

Mrs. Green has just moved into your setting. She is 89 years old and uses a walker for getting around the setting and a wheelchair for longer distances. She is cognitively intact and fully oriented. She shares a room with Mrs. France, who is 78 years old, ambulatory and has mild dementia. Mrs. France needs supervision because she goes through other people's drawers, thinking they are her own.

At the time of admission, Mrs. Green tells the staff that she has taken her own medication for years and wishes to continue the routine she has established and works best for her, for as long as she can. She would like to be able to keep the medication in her room because that allows her to keep the routine she has established.



Staff are concerned because they fear that Mrs. France might go into Mrs. Green’s drawers and find her medication. Mrs. France is confused enough that she might ingest the medication, thinking it’s her own. For that reason, they feel that the community setting has the responsibility to control Mrs. Green’s medication, in spite of her wishes.

Write down your responses to the following questions:

Does Mrs. Green have the right to self-administer her drugs? Why or why not?

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Do the staff have the right to keep Mrs. Green from self-administering her own medication in this situation? Why or why not?

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What should be done to keep Mrs. Green’s medication safe and to prevent Mrs. France from accidentally taking the medication?

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## Resident Rights Scenario #2

Jason, age 14, has been admitted to a community setting for crisis stabilization. There is a court order for Jason to take medications to address his bi-polar and ADHD. When caregiver Barbara attempts to administer Jason's medications, he protests, stating "I'm not a child, I'm 14 and have the right to refuse medications whenever I want to. Ask my parents, they said I did not have to do anything I did not want to at this place other than obey the rules. Show me where it says you can dope me up and make me a zombie!" Caregiver Barbara is relatively new on the job and decided not to require Jason to take his meds if he didn't want to.



Did Caregiver Barbara make the right decision? Discuss below

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# Resident Rights Scenario #3

Jessica , age 15, has been voluntarily admitted to a treatment setting to undergo a psychiatric evaluation and treatment of depression and anxiety. Jessica’s parents are leery about psychiatric medications due to bad experiences in the past when Jessica took them when struggling with an eating disorder. Jessica felt the medications were helpful. After the evaluation, the psychiatrist wrote an order for medications to address Jessica’s anxiety and depression. She told the nurse she was happy to take them and no matter what her parents thought, she has



the right to put or not put medication into her body or anything else she decides is appropriate. Her parents are not comfortable with a medication regimen right now and want their daughter to try psycho-social rehabilitation though group and individual counseling first. Jessica, feeling somewhat treatment savvy from her past treatment stays, stating that because she was over 14 she did not need her parent’s permission to take the medications.

Is Jessica right? Discuss below

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Ref. Wis. Stat. 51.61(1)(g)(4), Wis. Admin. Codes DHS 94.09(4) and 94.09(2) 86  
Wis. Stat. 51.61(1)(g), Wis. Admin. Code DHS 94.09 (4) 87 Wis. Stat. 51.61 (1)(g),  
Wis. Admin. Code DHS 94.09(4)

# Scope of Medication Administration Duties: Role of the Caregiver

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Non-licensed caregivers in Wisconsin community settings, sometimes referred to as resident assistants, are permitted to administer medication to residents under certain conditions upon successful completion of this department approved Medication Administration training course and after having been added to the Wisconsin Community-Based Care and Treatment Training Registry found at [www.uwgb.edu/registry](http://www.uwgb.edu/registry).



Medication administration requires knowledge on many levels, from identifying medications and understanding their purpose to recognizing abbreviations and medical terminology.

## Medication Administration Differences

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Some community settings have different rules for medication administration based on the type of professionals that are employed. For example in DHS 83 the rules for Community-Based Residential Facilities (CBRF) distinguishes between CBRFs that employ a registered nurse, practitioner, or pharmacist to coordinate and oversee the medication system and CBRFs that do not employ such an individual. The rules for medication administration vary depending on the type of supervision available. Employees should know which type of medication administration system their setting uses and what the regulations are for that setting.

# Reference Sources for Caregivers Who Administer Medications

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Every community setting must provide staff with written information on the purpose and side effects of medication. Staff should refer to the written order for the purpose on why the resident is taking the medication.

Drug handbooks are available in both written and electronic formats. Online resources are typically more up-to-date because of frequent changes within the medication world.

Pharmacy medication guides are another source of information. An example of one online guide published by the Federal Drug Administration (FDA) is located at:

<http://www.fda.gov/drugs/drugsafety/ucm085729.htm>

The provider may have other pharmacy medication guides available for reference.

In addition, settings should provide professional contacts to assist staff who are approved to administer medications.

Pharmacy staff are an excellent resource. If you are unsure about a prescription, its side effects, administration instructions, etc., call the pharmacist/pharmacy where the prescription was filled with any questions.

Phone an expert (registered nurse, pharmacist, practitioner) for questions. The provider should have contact numbers of professionals who can help, especially if an RN isn't employed by the provider or is not on duty at the time.

NOTE: If you are unfamiliar with any term used during this training, stop the instructor and ask for a definition.

## ***Prescriber or Practitioner:***

One term that will be consistently used throughout the training is “practitioner.” Although the terms “doctor” or “physician” might be more familiar, the word practitioner in this context is more appropriate. A practitioner is a person licensed in Wisconsin to prescribe and administer drugs or licensed in another state and recognized by this state as a person authorized to prescribe and administer drugs.

# Self-Administered

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Upon admission, the setting is required to conduct an assessment of each new resident. Competent residents retain the right to self-administer medications but may request in writing that the setting manage and administer their medications.

In some cases, the person being admitted to the setting will not be competent to handle or self-administer medications. Competency is

determined by the resident's physician. Both of these situations must be documented by the physician and placed in the resident's record.



When residents do self-administer medications, the medication should be in the control of the resident. The setting must provide a secure storage place for the medications in the resident's room. Examples may be a lock box or a locked cabinet where the resident can keep their medication safe.

Care settings must provide instruction to those residents who show the ability and desire to learn to self-administer medications. This helps residents to become as independent as possible.

## **Staff-Administered *with* Supervision**

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Some settings employ a registered nurse, pharmacist, or practitioner to supervise and oversee the medication administration system in a community setting. That person will participate in the resident's care planning and will help develop goals related to the person's medical condition and medications. The person providing supervision is allowed to remove medications from original containers and place the medications into other labeled containers for the caregiver to administer to residents.



## **Staff-Administered *without* Supervision**

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If there is no supervision by a registered nurse, practitioner or pharmacist, medications must be packaged in unit dose containers at the pharmacy. The only exception is over-the-counter medications which can be excluded from the unit dose requirement, unless the physician specifically orders unit dose.



# Legal Responsibilities

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Community settings, the services they provide, and the actions of their staff are regulated by statutes and administrative rules in Wisconsin. These regulations are enforced by the Department of Health Services/Division of Quality Assurance (DQA) and the Department of Safety and Professional Services (DSPS). Ask your supervisor which codes your setting must follow.

Penalties for community settings that violate the rules may include corrective action plans, monetary fines and even suspension or revocation of the provider's license. Penalties also exist for individuals working in community settings. Licensed staff (registered nurses, licensed practical nurses, occupational and speech therapists, etc.) are governed by the Wisconsin DSPS. Penalties for professional misconduct can include suspension, license termination and in severe cases, criminal prosecution.

## ***State Administrative Code***

DHS writes rules for various types of community settings in Wisconsin. The link to those regulations can be found at this link: [https://docs.legis.wisconsin.gov/code/admin\\_code/dhs/030](https://docs.legis.wisconsin.gov/code/admin_code/dhs/030)

Both licensed and non-licensed individuals, such as direct caregivers, are regulated by Wisconsin's Caregiver Law. Caregivers found to have abused or neglected a resident or misappropriated the property (including medications) of a resident may be barred from future employment in Wisconsin long-term care facilities. Illegal acts may also be prosecuted criminally.

The setting's policies and procedures must contain the written guidelines necessary for the legal operation of all aspects of the setting. For example, the setting must have policies and procedures related to medication management. Examples of these can include:

- Infection control
- Storage of medication, including Schedule II medications
- Medication errors
- Procedures for notifying the doctor or practitioner and receiving orders
- Documentation

These policies guide the process that must be followed as a caregiver who will be administering medications. Therefore, it's critically important to understand the policies and know where to locate the written procedures at any time. Other types of community settings also have regulations guiding them. Ask your administrator which type of setting you work for and what regulations you must follow.

# Nurse Delegation

Wisconsin statutes allow registered nurses (RNs) only (not LPNs) to delegate actions if they do the following:

- Delegate tasks equal to the education and demonstrated abilities of the person supervised
- Provide direction and assistance to those supervised
- Observe and monitor the activities of those supervised
- Evaluate the effectiveness of acts performed under supervision



Some community settings permit non-licensed caregivers to administer certain forms of medication **only** when delegated and supervised by a registered nurse as outlined above. Those forms include injectables, nebulizers, stomal and enteral medications as well as medications, treatments or preparations delivered vaginally or rectally. **This training does not teach caregivers how to complete delegated tasks.** The RN who is delegating the tasks must teach these tasks.

In other words, a caregiver approved to administer medications in settings such as CBRFs may only administer the following medications as described when delegated and supervised by an RN:

Medication Administration Procedure (delegated and supervised by RN)	Description
Injection	Medication administered using a needle. The most common injectable medication in community settings is insulin, prescribed for persons with diabetes.
Rectal or Vaginal	Medication inserted into the rectum or vagina.
Nebulizer	Medication that is inhaled in a vapor form from a machine. Often used to treat emphysema or asthma.
Stomal	Medication is administered through a stoma, an artificial opening usually in the abdomen.
Enteral	Medication is administered through an enteral or “feeding” tube commonly used to provide nutrition to residents unable to swallow.

# Training and Supervision Related to Delegated Tasks

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Any time an RN delegates a task to a caregiver, that person must provide the necessary training before the caregiver can perform the task. The caregiver might assume that once they learn how to give an injection, they can then deliver all injections. This is not the case. Caregivers are only permitted to perform nurse delegated-tasks that are EXACTLY the same and have been specifically delegated to them.

If the RN changes at your community setting, the new RN must delegate the task to the caregiver. Delegation is not transferable among RNs. Delegation is a relationship between a specific nurse and a specific caregiver where they are allowing the caregiver to perform a task under their license. If the caregiver has never met the nurse or has not been trained by the nurse, they should not accept the delegated task.

Each resident and each medication may be different. You may need training each time. For example, someone who receives a Vitamin B12 shot gets that injection in a different place on the body than someone who receives insulin. Make no assumptions and always ensure that you have the supervising RN's permission to administer medication using any of the methods described in the charts on the prior page.

Residents must also be stable and have a predictable condition for delegation to occur. For example, if a resident has diabetes and their blood sugar is not controlled (meaning the blood sugar may be high at one moment and then drop dangerously low the next), then the insulin injections may not to be delegated.



# Activity: Delegated Tasks

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Consider the following scenario:

Oakgrove, in Acorn City, has 16 residents - all of them elderly. The administrator (Sue) is an RN, who oversees the medication administration system for the provider. Sue routinely delegates tasks to her caregiver staff who performs medication administration tasks.

Resident A has diabetes and receives the same unit dose of insulin by injection every day. Sue has trained the caregiver staff to administer the injection in all appropriate locations on Resident A's body.

For which of the following new residents would the caregivers need additional training? Check all that apply.

- Resident B moves in, and has the same diagnosis and also receives an identical insulin injection daily.
- Resident C moves in, has a diabetes diagnosis, but the dose varies daily because her treatment is different.
- Resident D moves in and gets a routine shot of Vitamin B.

## SECTION II: THE FACTS ABOUT MEDICATIONS

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In this section of the training we will cover the following:

- Recognizing the different types and forms of medications
- Understanding what factors can affect medications
- Distinguishing among classes of medications
- Understanding pain management systems

# Dosage Forms

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A dosage form is the physical form of the chemical compound used as a medication. Common dosage forms that you *are* allowed to administer after successfully completing this training are listed below:

**Tablets (or Pills)** are a mixture of substances that are pressed or



compacted into a solid. Tablets (or pills) are the most common dosage form in use today by the general population. Tablets are typically given by mouth (orally). On occasion, a tablet is placed under the tongue (sublingually). Tablets vary widely in color and size. Some have numbers, letters or other markings on the tablet's surface to help distinguish them from other tablets.

Carefully follow instructions that come with tablets. For example, some must be crushed and mixed with food. Others should never be crushed and should only be given as a whole tablet. Tablets must be given whole unless you are specifically directed otherwise in writing by a practitioner or pharmacist.

**Capsules** are medication(s) placed into a relatively stable shell. They are taken



orally. There are two types of capsules: hard-shelled and soft-shelled. The hard-shelled capsules are normally used for dry, powdered ingredients. Some cold medications may come in hard-shelled capsules. Soft-shelled capsules are used for oils and active ingredients that are dissolved or suspended in oil. Fish oil capsules are an example of soft-shelled capsules, which have a liquid inside.

Some people prefer capsules over pills and some medications are available in both forms. If you note that a resident is having difficulty swallowing one form of medication, notify the pharmacist or practitioner in case an alternate form is available.

Sometimes the practitioner's order or the pharmacy label will tell you to remove the contents of the capsule and mix it with food or liquid. Be careful to follow the instructions carefully. Capsules should be given whole if there are no specific instructions to remove the contents.

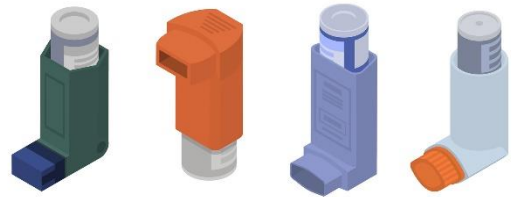
**Liquids** are medications that are administered orally in liquid form. A common liquid medication is cough syrup. Other medications may be ordered as a liquid, if that option is available, for people who have difficulty swallowing tablets or capsules.



**Powders** are loose compounds that are usually mixed with liquid or food. Supplements often come in powder form.



**Aerosols or Inhalers** are dispensing systems that create an aerosol mist of liquid particles, including the prescribed medication. The medication is ingested or inhaled into the lungs. You will most often see these types of medications used with people who have asthma or other lung disorders.



**Transdermal Patches** are applied to the skin. The medication is absorbed through the skin and into the blood stream. Patches are often used to deliver medication for smoking cessation, motion sickness, and pain. A patch lasts for several days, and the medication is released over time.



**Drops** are liquid medications that are dispensed by the drop. The size of the drop varies and is controlled by the dispenser that comes with the medication. Drops are most often used to dispense eye, ear and nasal medications.



**Ointments/Salves/Sprays** are medications that are applied to the skin. Ointments and salves are cream-like and sprays are aerosol-based. Most treat skin conditions.



# Dosage Forms Delegated by a Registered Nurse

Listed below are some additional forms of medications. You may only administer drugs in these dosage forms when delegated to you by a registered nurse as discussed previously.

**Injectables** are liquid medications injected into the body using a hypodermic needle.



**Suppositories** are medications shaped in an easily melted cone of material and placed in the rectum or vagina. The medication is then absorbed into the system.



**Enemas** are fluids flushed into the rectum for cleansing or treatment.



Name some medications or supplements found at your pharmacy.

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# Medication Form Practice Activity

Next to each picture, list the type of form of the medication shown.



1.

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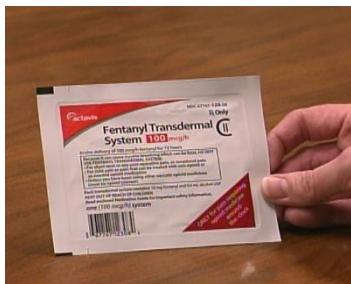
2.

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3.

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4.

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# Purpose and Effects of Medications - Medication Terminology

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Medications are prescribed for some of the following reasons:

- To promote health (vitamins or other nutritional supplements)
- To eliminate illness (antibiotics for infections)
- To control a disease (insulin for diabetes, Fosamax® for osteoporosis)
- To reduce symptoms related to an illness (cough syrup for bronchitis, acetaminophen for pain)

Part of your responsibility, in addition to administering medications, is to observe, document and report the effects of medication on a resident. Your observations determine whether the medication is having the desired therapeutic (helpful) effect or a negative effect.

In order to effectively carry out medication administration tasks, you must have knowledge of the following terms and an understanding of them as they relate to each medication that you administer: *medication indication, medication effects and actions, side effects, drug allergies and special administration information*. Let's review each of these terms:

**Medication indication** means the condition for which the drug is used. For example, osteoporosis (the condition), is an indication for Boniva® (the drug). Many drug classifications covered in this section treat several conditions. When a practitioner prescribes a medication for a condition different than the list of approved conditions that it was developed for, the prescription is considered off label. This means that the medication is used for a condition other than the ones the FDA approved. An example would be Benadryl, which was developed and approved as an antihistamine to treat allergy symptoms. Using Benadryl to help someone sleep is off label use of the drug.



**Medication effect or action** means the desired effect that a medication has on the body. The desired effect is the beneficial effect we want the drug to accomplish. Be aware that, at times, the practitioner may prescribe combinations of medications because of the therapeutic drug interactions they produce together.

Observe, document and report the effects of the medication. Your observations are the major resource for the practitioner to know if the medication is working. Keep in mind that the effects produced by some drugs are critical to the continued health of the resident. Here's an example of a resident where the medication did not have the effect the practitioner desired.

Mrs. Gaston is a 78-year-old woman diagnosed with an urinary tract infection (UTI). Dr. Samson ordered Augmentin. Two days later Mrs. Gaston continues to have all of the symptoms of the UTI and now she has a 101.1 degree temperature.

What steps should the caregiver take in the above scenario?

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**Side effect** means any drug effect or action other than what is therapeutically intended. Many side effects can be minor, but others are quite harmful.

For example, some cold medicines list drowsiness as a side effect and warn not to drink alcohol or drive while taking the medication. An elderly person in your care may not be drinking or driving, but the drowsiness can result in unsteadiness and an increased risk of falling.

Side effects that are unexpected and result in temporary or permanent harm are called "adverse effects." Adverse drug reactions occur more frequently among the elderly and may be mistaken for other conditions.

The information that comes with the medication will outline potential side effects. Common examples include nausea, diarrhea, unsteadiness, confusion or upset stomach. All medications have the potential to cause side effects. It is the caregiver's responsibility to review the side effects and drug information when a new medication is prescribed for a resident. Prior to giving the resident the medication, caregivers should always review the medication information. The medication information can be found in a Physician's Drug Reference book (PDR), an online drug reference book, some eMar (electronic medication records), or the information sheets that many pharmacies send with the medication.

Some side effects, balanced against the drug's effectiveness, may be justified. For example, if the medication is improving a resident's condition but causes temporary unsteadiness, the practitioner may determine that the benefit of taking the medication outweighs the risks (side effects). This is referred to as a risk-benefit analysis. If a resident is taking a medication that can cause a side effect such as unsteadiness, the community setting needs to add additional approaches or services to the individual service plan (ISP) to help protect the resident from the side effects.

Observing, documenting and reporting side effects become even more important when a new medication or change in dosage is ordered for a resident. For example, suppose that a resident has just begun taking a new medication which is causing diarrhea and vomiting. Failing to observe, document or report those symptoms could quickly lead to dehydration.



**Review this devastating case study of a caregiver who did not recognize side effects:**

Mrs. Halstead was prescribed a new medication that had a listed side effect of causing renal (kidney) failure. Over a period of two days, while caregiver Susan was working, Mrs. Halstead experienced a significant change of condition including vomiting, abdominal pain, nausea, disorientation, cold and clammy skin and a significant drop in blood pressure.

Three days later, when the pain, nausea, disorientation and other symptoms continued, she notified Mrs. Halstead's practitioner. Per the doctor's order, Mrs. Halstead was admitted to the hospital. She was diagnosed with septic shock, peritonitis secondary to acute inflammation or infection of the gallbladder and acute renal failure. She required extensive medical management and surgery but remained in poor condition and died in the hospital four days later.

Caregiver Susan later stated that she never connected the change in Mrs. Halstead's condition with the side effects of the new medication.

When Mrs. Halstead was prescribed the new medication, what should caregiver Susan have done first?

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When should the prescriber have been notified of the possible side effects to the new drug?

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**Drug allergies** are a group of symptoms caused by an allergic reaction to a medication. Typical symptoms consist of a rash or itching. Any time a resident exhibits an allergic reaction, notify the supervisor and prescribing practitioner as soon as possible. A severe allergic reaction consists of throat swelling and breathing difficulty. This is a life threatening emergency.

Watch this video with participants before moving forward with the training and then have participants answer the questions in small groups or pairs. Drug Allergies video: 3:14 min. [https://www.youtube.com/watch?time\\_continue=176&v=kwKBGig88\\_0](https://www.youtube.com/watch?time_continue=176&v=kwKBGig88_0)

What is the difference between a drug allergy and a drug intolerance?

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List an example of an immediate drug allergy.

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List an example of a non-immediate drug allergy.

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What should a caregiver do if they notice a drug allergy?

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**Specific administration information** refers to information found on the prescription label itself or separate instructions included with the prescription. On the label, you will most likely find specific directions for administering the medication. The information and instructions will vary with each medication. Follow the instructions closely. Do not vary the administration technique unless directed by a practitioner.

**Common instructions include:**

- Crush
- Do not crush
- Take with food
- Take on an empty stomach
- Take with a full glass of water
- Remain lying down for 30 minutes after taking
- Do NOT lie down for 30 minutes after taking
- Take one tablet daily
- Take 3 times per day



As you can see, instructions vary widely. Failing to follow administration instructions can impact the effectiveness of the drug. For example, time-release medications are intended to release small amounts of a drug over time. Crushing a time-release medication releases the entire drug immediately.

Although you are not permitted to vary the administration technique, you should report concerns about techniques to your supervisor, the practitioner or pharmacist. If, for example, you observe that a resident has difficulty swallowing a large tablet, inform the appropriate practitioner or pharmacist who can determine whether an alternative dosage form or administration technique is permitted.

# IMPORTANT

**Special Note:** At times, the administration instructions may require or allow mixing the medication with food or a beverage. However, you are never allowed to mix medications with the intent to hide the medication from the resident. Residents have the right to:

- a) know what medications they are taking
- b) refuse medications

Therefore, hiding medications from residents is a violation of resident rights. In rare circumstances, medications may be administered to a resident without his/her knowledge if ordered by the court. Please note that neither a guardian or an agent under an activated power of attorney for health care can direct employees to hide medication in food or drinks without a court order.

**Consider the below example of a caregiver who misread or ignored the administration instructions:**

Mrs. Cassata just returned to the setting from having hip surgery. Her physician prescribed pain medication. The physician's order allowed her to have 1-2 tablets every 3-4 hours as needed. During her second night home, Mrs. Cassata requested pain medication at 2:30 a.m. When she asked for 2 pills, Caregiver Brenda responded that she could only have one. At 5:30 a.m., Mrs. Cassata complained of continued pain, but was told she couldn't have another pill until 6:00 a.m. Brenda documented that Mrs. Cassata was in a lot of pain and that the medication wasn't working.

What should Brenda have done when Mrs. Cassata requested 2 pills? Why?

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# Introduction to Medication Review

What is the definition of a side effect?

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Which medication administration procedures must have nurse delegation before a caregiver can administer the task?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

The RN quit at Sally's setting. Can she continue to administer insulin without having a new RN delegating the administration to Sally?

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What is a medication error?

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Can staff hide medication from a resident in food or a beverage? Why or why not?

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# Factors that Impact Medication Effectiveness

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## Age

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Some community settings have residents that are elderly. As people age, changes in their bodies occur that may affect the way medications are metabolized. The added presence of a chronic illness will likely worsen the body's ability to distribute and clear the medication. The result is a higher risk of adverse reactions and toxic effects. Elderly people often take many different medications for a variety of health conditions.

## Drug Interactions

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When a resident takes two or more drugs at one time, the drugs may interact with each other. The chance for interaction is greater as more medications are added. Each medication has side effects that can reduce or intensify the effect of another. Each medical provider with whom the resident interacts – doctors, dentists, chiropractors, etc. must have access to a complete list of the resident's medications, vitamins and supplements. Every time a resident goes to a health care provider, the setting should send a list of medications with the resident. When a new medication is prescribed, the primary healthcare provider should be made aware of the medication if they did not prescribe the medication.



While it is up to the prescriber to be aware of possible drug interactions, you must be aware that drug interactions can occur. If you believe that a prescriber may be unaware of a resident's complete medication history or you believe you are seeing a potential drug interaction, contact your supervisor or the practitioner.

# Fluids

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Medications may be less effective when a person is not well-hydrated. Encourage residents to drink fluids as they take their oral medications, as well as throughout the day unless otherwise directed. Maintaining fluid intake can prevent dehydration, which is a serious condition resulting from inadequate fluid in the body. Diuretics can cause elderly people to lose fluid. Other medications, such as Benadryl®, can have a side effect of dry mouth.

# Kidney Function

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Many drugs are excreted through the kidneys. If the kidneys are not functioning well, a high blood level of the drug can develop. The amount of the drug rises to a toxic level and the resident can become seriously ill. Other medications can directly damage the kidneys. Persons taking certain medications may require regular lab monitoring of their kidney function or blood levels.



# Activity: Medication Effects

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Why might the prescription label include an instruction to crush the medication?

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Should you crush a pill if there is no specific instruction/order? Why or why not? What if the person has trouble swallowing the pill? Is it okay then?

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A resident begins having diarrhea after starting a new medication. What should you do and why?

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A resident is receiving a pain reliever for frequent headaches. After giving the medication for two days, it does not seem to be working. What should you do now? What should you have been doing over the past two days?

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# SECTION III: MEDICATION MANAGEMENT

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This section provides information about the required Medication Administration System including medication orders, storage, labeling, documentation, and medication errors.

## Medication Administration System Policies and Procedures

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The community setting should have written policies and procedures in place to provide consistent application of the medication administration system. This training will review best practices and specific regulations that apply to all community settings. In general, it is recommended that the setting have detailed policies for the following topics specific to medication administration:

- Medication orders and how orders are taken and processed
- Medication packaging and the process used in the setting
- Medication administration by staff including specific procedures and documentation
- Monitoring for side effects
- Medication errors
- Medication storage, including storage and accountability for controlled substances
- Medication disposal



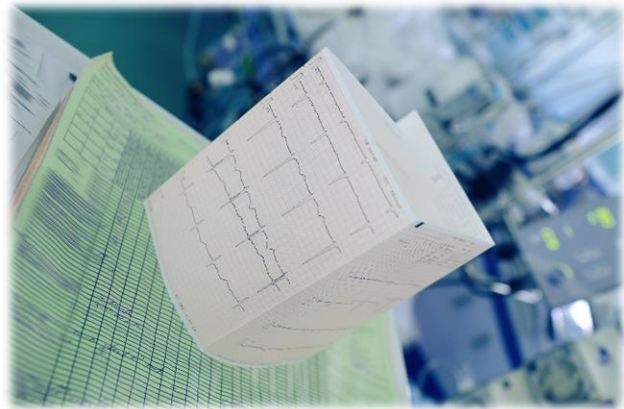
# Medication Administration Records

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The community setting must keep a written medication record (often referred to as a MAR) for each resident. The MAR needs to contain every prescription or over-the-counter medication or dietary supplement taken by the resident. The MAR must be kept current at all times and is the place where documentation of medication administration occurs.

There are two types of MARs. One is a paper MAR which is either handwritten or typed by the pharmacy and the second type is called an electronic MAR (eMAR for short). An eMar is a computerized MAR that is often associated with a software program for electronic charting.

The MAR must be legible. It needs to clearly indicate the name of each medication, the dose, the route (how it is administered) if other than by mouth, and the day and time the medication is to be given. A new MAR is required each month. The MAR must contain the month and year.



Immediately after giving a medication, the person administering it needs to write his or her initials in blue or black ink or sign electronically in the appropriate place indicated. On a paper MAR, employees must document a corresponding signature to identify their initials. An eMar system will identify the signature of the person administering the medication by the login to the system.

As we move forward in the training, you will learn more about the information contained in the medication administration record. You will also learn more about requirements for documentation in that record.

# Medication Orders

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Regulations require a practitioner's order in each resident's chart or record for all prescription or over-the-counter medications.

Over-the-counter medications are often thought of as safe because they can be bought without a prescription, but all medications have potential side effects.



Watch the following video on over-the-counter medications (2:57 min):

<https://www.youtube.com/watch?v=IFJtlm5gpvs>

After watching the video, why do you think an order is required for over-the-counter medications, vitamins or supplements?

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There are several acceptable ways that a medication order may be documented in the resident's record. They include:

- A written order from the practitioner that is faxed, mailed, or hand-delivered
- A MAR signed by the practitioner that is faxed, mailed, or hand-delivered
- A copy of a prescription from the pharmacist that is faxed, mailed, or hand-delivered. (Pharmacists have specific regulations that pertain to the provision of a copy of a prescription to a patient.)
- A MAR signed by the pharmacist, based on prescription orders signed by the physician that the pharmacist has on file
- An electronic order that is directly transmitted electronically to the community setting's electronic health record (computer-to-computer transmission)
- A printed copy of the electronic order contained in the practitioner's electronic health record that indicates the practitioner electronically signed the order (This printed copy is provided directly to the setting from the provider.)
- A printed copy of the electronic order from the pharmacy with evidence of signature

The provider shall obtain one of the order types noted previously within two business days. While waiting for an order, a provider can follow the instructions on the prescription label. This should happen only in situations where the pharmacy or physicians are unavailable to provide the written order.

NOTE: MARs, printed electronic orders, and discharge summaries provided by the practitioner to the provider may not always be compliant for pharmacy prescription laws.

For these reasons, pharmacists will need to contact the practitioner to obtain legal orders. When contact is made between the pharmacist and the practitioner, orders may, in some cases, be changed to avoid delays in the availability of the medication. Community Settings and pharmacists will need to communicate these changes and delays so that the provider has the current orders and the direction to delay administration of the medication until available.

For more information, refer to DHS Publication: Physician Orders and Medications (P-01905, 09/2017)

Changes to orders contained in a medication administration record may be entered by authorized staff, but a written practitioner's order must document that change.

On occasion, an order may have a future start date. Note the future start date on the medication administration record so the medication is not administered early.

- An example would be if a resident was prescribed amoxicillin prior to dental work. The appointment may be on May 22<sup>nd</sup> and the orders may have been given on May 1<sup>st</sup>. Caregivers would need to assure that the medication is available on May 22<sup>nd</sup> so that the resident could take the medication before their appointment.
- Another example would be eye drops before cataract surgery. The order may say to start taking the drops the day before the surgery and to continue for ten days.

It is important to read the entire order to look for the start date and the end date (the date to stop taking the medication).

Once a medication is ordered, refills should be automatically delivered by the pharmacy on a pre-determined and routine basis. Bulk medications such as drops, topical creams, etc. should be re-ordered by the setting as needed. Typically they are re-ordered when there is a 3-5 day supply remaining.

If a resident leaves the community setting or dies, the pharmacy should be notified immediately to discontinue the order.



# Medication Reconciliation

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When a resident is admitted, returns from the hospital, or another care setting, it is important that their medication is reconciled. Medication reconciliation is the process of making sure all medication lists match (those from the hospital, for various doctors, or settings.) Having multiple medication lists often leads to significant medication errors for residents. Taking time to reconcile medication lists can keep residents safe.

Successful medication reconciliation starts with good communication from the setting to the providers who take care of the residents. Each time a resident is transferred from one location to another, an up to date medication list should be sent with them. While the resident is being treated at the hospital or nursing home, staff should continue to monitor changes and communicate with the temporary location. Prior to returning back, the resident should be assessed. The prior medication list and the new medication list should be compared to assure that all medications are accounted for.

Residents often see many prescribers and those prescribers do not always know who is seeing the resident. It is the staff's job to ensure all prescribers are aware of the current medications the resident is taking.

Settings should also educate residents, their families, and responsible parties on what medication reconciliation is and how they can help by making sure they always take the current medication list with them when they go to a provider. They should also be taught how important it is that all paperwork from the provider, hospital, or nursing home be returned with the resident to your setting.

If staff discover discrepancies, the prescriber or pharmacist should be contacted. The resident's pharmacy is a great resource to help with medication questions or reconciliation.

# Transcription of Orders

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It is recommended that each provider have a written policy regarding medication orders and what to do with prescriber's orders. Here are some general things to remember.

Transcribing is the process of entering the practitioner's medication order onto the medication administration record. The written order must be legible and accurate.

An order may be transcribed into the record when:

- New medication is ordered
- Medication is discontinued
- The dosage is changed, time is changed, etc.

Orders transcribed to the record must include the following information:

- Name of the resident
- Name of the medication (Check the practitioner's order or the label on the medication. Remember to check the spelling carefully.)
- Dosage
- Time(s) the medication is to be given
- Specific administration information given by the practitioner or the pharmacist

## ***Dose:***

The dose is the total amount of the medication that the resident should receive. Sometimes this is all in one pill and sometimes it may take multiple pills to get the ordered amount of the medication.

## ***Strength:***

The amount of the medication in a specific pill, capsule, etc.

# Steps for Transcribing Orders

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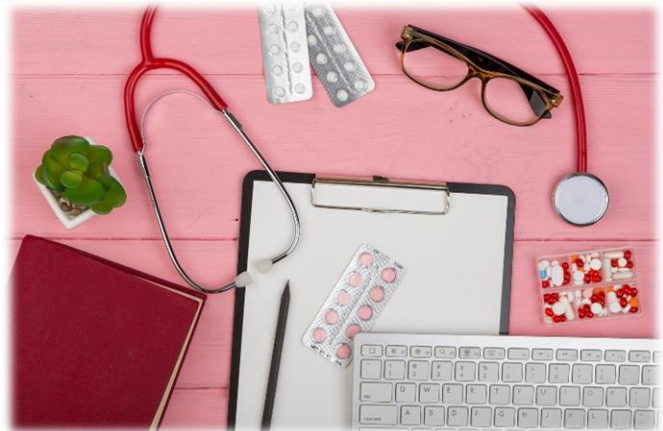
1. Review the order
  - a. Are you able to read and understand the order? If not, contact the prescriber for clarification of the order.
  - b. Who is the order for?
  - c. What is the name of the medication?
  - d. What is the dosage?
  - e. When should it be given?
  - f. What are the specific directions for administration?
2. Transcribe the order
  - a. Check that you are on the correct MAR
  - b. Write clearly
  - c. Copy the information exactly how the order is written, making sure to follow the correct time of day and any specific directions for administration
  - d. Mark the start date and end date as needed in the MAR
3. Review the transcription
  - a. Does the MAR match the order?
4. When the medication arrives from the pharmacy, check that the label and the MAR match.

## Changing or Discontinuing the Medication on a MAR

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At times the dose, timing, or type of medication may be changed or discontinued. When this happens the medication needs to be removed from the MAR and re-written to match the new order. This can be done by writing the end date on the MAR and yellowing out the MAR. In an eMAR system, there will be a way to add the discontinuation date and the system will mark the medication as discontinued.

When discontinuing medications on a MAR, the medication should never be blacked out, whited out, or scribbled out. By adding the end date and yellowing out the medication on the MAR, the administration history is maintained.



# Common Challenges for Transcribing Medication Orders

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## Staff cannot read the order

If staff cannot read the order or do not understand it, stop and do not transcribe the order. A medication error can occur if staff do not properly transcribe a medication. Staff who do not understand the order should check with their supervisor, the prescriber, or the pharmacist for assistance with the order.



Sally came back to the setting with a new order for an antibiotic for a foot infection. Jane, the caregiver, could not read the order. She figured that the staff members who would arrive at 2pm would be able to read the order better than she could. The day was busy and by 2pm when shift change occurred, Jane had forgotten about Sally's new order. The order ended up buried in a pile of papers and was not found for a week. During that week, Sally's foot became more infected to the point she could not walk on it and needed hospitalization.

What should Jane have done when she could not read the order?

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## Directions are unclear

If staff do not understand the directions for use, they should reach out to their supervisor, the prescriber, or the pharmacist for clarification. Sometimes a medication may start at a lower dose and then move up in dosage. In some cases it can start at a higher dose and then decrease the dose. These types of orders can be confusing for caregivers to understand.



Bob was having issues with his hand shaking. His doctor prescribed Mysoline to help with the tremors. The directions stated to take ½ pill daily for one week, ½ pill twice a day for one week, 1 pill daily for one week, 1 pill twice daily for one week, 2 pills twice daily for one week, 3 pills twice daily for one week. Stop increasing at the dose that prevents tremors. Jane has never seen an order like this and is not sure of what to do.

What should Jane do?

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## **Pharmacy label does not match the MAR**

Sometimes the medication that comes from the pharmacy does not match what has been transcribed in the MAR. If this happens, staff should check with the pharmacist to see why it does not match before administering the medication. Some of the common reasons why a medication may not match are:

1. The name on the label might be generic and the name in the MAR is the brand name
2. The resident's insurance may not have approved the medication that was prescribed and the pharmacist may contact the prescriber for a new order
3. The pharmacy may not have had that medication and to make sure that the resident received the medication timely, the pharmacist may have gotten a new order for a similar medication that they had in stock.

Always make sure that you have a matching order before administering a medication.

## **Generic vs. Trade Name Drugs**

“Generic” refers to the name assigned to a new drug by the manufacturer who first developed it. An example is “acetaminophen.” “Trade Name” or “brand name” refers to a name that is trademarked by the manufacturer. For example, Tylenol® is a trade name for acetaminophen.

The pharmacist must use the version of the drug specified in the order by the practitioner. Generic may be substituted for a trade/brand name if permitted by the practitioner.

# PRN Medications

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PRN is the abbreviation of a Latin phrase meaning “as needed.” A medication order or a prescription label that indicates PRN must also specify maximum amounts that can be given over a set period of time (for example, 1-2 tablets every 3-4 hours). In settings such as a CBRF, this also includes over-the-counter medications requested by the resident.

If the PRN medication is written with a refill order, the number of times a refill dose may be filled and administered must be clear. If refills are ordered, the pharmacy will not automatically send those medications to the provider. Staff must reorder the medication from the pharmacy when it is becoming low or it expires. If the allowed number of refills runs out or the prescriptions expire, a new prescription will be needed before the medication can be refilled at the pharmacy.

When a medication is ordered as PRN and scheduled, a prescriber will give parameters on how the two medications may be used together. Some medications have maximum doses that are safe for a person in a day. The total dose given to the resident in a day includes the scheduled medications AND the PRN doses given. When administering a PRN medication, staff should make sure that the dose is not more than the total amount per day that is prescribed for the resident.

Drugs that are frequently administered PRN (as needed) may include, but are not limited to the following:

- Analgesics (medications used for pain – for example Oxycodone, Vicodin® and Tylenol® or acetaminophen)
- Anti-inflammatory drugs (medications used for inflammation and pain – for example ibuprofen, Advil® or Aleve®)
- Sedatives or hypnotics (medications used for sleep – for example Lorazepam, Ambien® or Zolpidem)
- Antipsychotic medications (medications used for behaviors – for example Zyprexa® or Risperdal)
- Respiratory tract drugs (medications used for breathing problems – for example Albuterol or Proventil®)
- Gastrointestinal tract drugs (medications used for heartburn, constipation, etc. – for example Senna or Pepcid®)

**NOTE:** Antipsychotic medications are given to treat various psychoses, such as schizophrenia, bipolar disorder and other conditions. Anytime an antipsychotic medication is used on a PRN basis, the resident’s individual service plan (ISP) must include the reason for the medication. The ISP must also include a detailed description of the behaviors that indicate the need for the medication. Additional training will be provided on PRN antipsychotic use later in this class.

# Transcription Practice

For Jane Smith Date 6/13/19  
DOB 5/21/1935 Sex Female  
Address 25 5<sup>th</sup> Ave, Anytown, WI 54311

**Rx** *Glucophage 1000 mg twice a day by mouth*

LABEL Yes  No   
REFILL UT DICT  
1  2  3  4  5  TIMES  
P.R.N.  NON REP.   
REFILLED

*Dr Sally Smith*  
Substitution permitted  Dispense as written   
DEA No. \_\_\_\_\_ ITEM #52943

## Finding the Dose and Strength

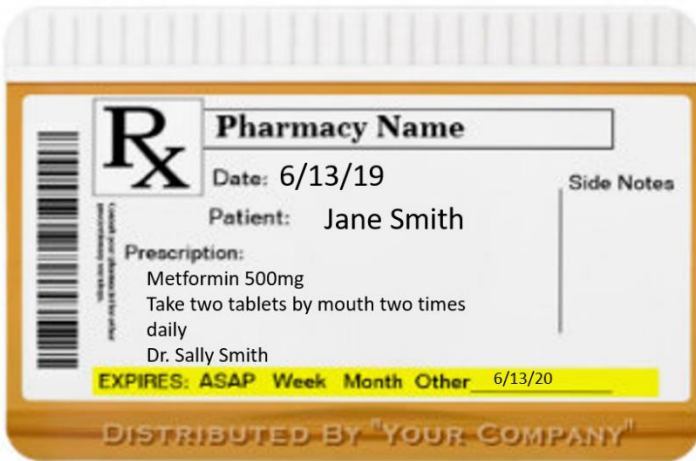
What is the dose:  
\_\_\_\_\_

Practice transcribing the order in the box below.

What is the strength of the medication?  
\_\_\_\_\_

What is the daily dose of the medication?  
\_\_\_\_\_

Note that Metformin is the generic form of Glucophage. Now that the medication has been dispensed, transcribe the order to match the label.





For Bob Smith Date 6/13/19  
DOB 5/21/1935 Sex Male  
Address 25 5<sup>th</sup> Ave, Anytown, WI 54311



Mysoline 250mg

Take ½ pill daily for one week, ½ pill twice a day for one week, 1 pill daily for one week, 1 pill twice daily for one week, 2 pills twice daily for one week, 3 pills twice daily for one week. Stop increasing at the dose that prevents tremors.

LABEL	Yes <input type="checkbox"/>	No <input type="checkbox"/>
REFILL UT DICT		
1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>
TIMES		
PRN <input type="checkbox"/>	NON REP <input type="checkbox"/>	
REFILLED		

*Dr Sally Smith*

Substitution permitted

Dispense as written

DEA No. \_\_\_\_\_

ITEM #52943

What is the strength of the medication? \_\_\_\_\_

Week one: What is the dose of the medication? \_\_\_\_\_

What is the dose of the medication on week six? \_\_\_\_\_

Is it possible for Bob not to get to the week six dose? If so, why?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Using the sample MAR provided, practice transcribing this order onto the MAR.

Bob's doctor decided to stop this medication and discontinue the medication. On the MAR, practice how to discontinue the medication.



# Medication Packaging Requirements

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In community settings, medications may be packaged in either unit dose (single dose) or multi-dose containers, depending on the type of supervision.

Every setting must have a written policy identifying the medication packaging system used by the community setting. Residents may only select pharmacies capable of meeting the packaging requirements. This does not apply to residents who self-administer medications.

## Unit Dose Packaging

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In community settings without licensed supervision, medications must be packaged in unit doses by the pharmacy. Unit doses are usually packaged in a “blister pack” or similar container, based on the dosage instructions.

For example, if a prescription calls for two 50 mg tablets to be given at 8:00 a.m., the blister pack for that dose may contain both pills. Such medication will usually come from the pharmacy as a large sheet of blister packs with specific labels.

Some medications cannot easily be packaged in unit doses. It would not be practical, for example, to put a single eye drop or one “dab” of cream in a unit dose package. In these instances, the pharmacy will send the prescription in a bottle, tube or similar container, with precise instructions for administration.

Over-the-counter medications do not have to be unit dosed, unless the prescriber has ordered the use of unit dosing or the provider decides to have them unit dosed.

NOTE: In settings *with* supervision by an RN or another practitioner, medications may be packaged in single containers, like prescription bottles.

# Labeling

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Prescription medications must come from a licensed pharmacy or a physician with a label permanently attached to the outside of the container. A resident's medications may not be shared with others.

Watch this video before proceeding to the next section. Prescription Medicine Labels (3:18):

[https://www.youtube.com/watch?time\\_continue=7&v=mvj9IOApL88](https://www.youtube.com/watch?time_continue=7&v=mvj9IOApL88)

## Label Requirements

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At a minimum, a prescription label must include:


- The resident's name
- The name of the medication
- The name of the practitioner who ordered the medication
- The date of the prescription and the expiration date
- The strength of the medication, or dose
- Instructions for use of the prescribed drug or device, as written in the practitioner's order
- The symptom or purpose for which the drug is being prescribed when a doctor's or practitioner's order includes that information

A medication label that includes the phrase "use as directed" should point to more precise administration instructions. Look for additional instructions on the MAR or in the resident's chart.

# Label Reading Activity

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Review the label below and then answer the questions based on the information provided on the label.

 10004 S. 152nd St Omaha, NE 68138  
For refills call: (888) 370-1724

Rx # 0010140712 Filled: 02/07/2018  
Use By: 2/7/2019


**Jane Doe**

**Tacrolimus 1mg Cap (ACC)**  
Mfg: ACCORD HEALTHCARE  
Generic for: Prograf

**Take 1 capsule by mouth in the morning and  
2 capsules in the evening**

Qty: 90 Physician: Test Doctor  
Orig Rx: 02/07/2018 Refills: 7 Before 12/03/2018

CAUTION: Federal Law PROHIBITS the transfer of this drug to  
any person other than the patient for whom it was prescribed. Pharmacist  
Kelli Wyant



1. Who is the medication for? \_\_\_\_\_
2. What pharmacy filled the prescription? \_\_\_\_\_
3. What is the medication that was prescribed? \_\_\_\_\_
4. What is the strength of the medication? \_\_\_\_\_
5. What is the directions for use? \_\_\_\_\_
6. How many capsules are in the bottle? \_\_\_\_\_
7. Can this medication be refilled? Yes or No (circle one) How many times, if yes? \_\_\_\_
8. When does this prescription expire? \_\_\_\_\_

# Medication Transfers

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It is very common for people who live at home to transfer their medications from a prescription bottle to other daily or weekly pill containers, often called “medication planners.” These containers serve as reminders to take their medications at the right time or on the right day.

In a community setting, only certain individuals may transfer medications to a different container. They

include:

- A resident who self-administers medication
- A practitioner, RN or pharmacist
- Another person to whom the practitioner, RN or pharmacist has delegated the task
- A caregiver who has successfully completed this training may transfer single doses (only) of medication into a package for the resident to use during unplanned or non-routine events. It is highly recommended that all providers consult with a pharmacist for alternative packaging solutions for planned or routine events.

Whenever medication is transferred to a different container, such as a medication planner, the container must be labeled with (at a minimum) the resident’s name, medication name, dosage and instructions for use. The provider must retain the original container until the supply of transferred medication is exhausted.


Transfer of medication from the original container to another container for later administration is discouraged because of the risk for errors. Providers should consult with a pharmacist for alternative packaging solutions if medication transfer is being considered.

# Expiration Dates

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Expiration dates are the dates after which medications should no longer be used. Just like some perishable foods we purchase, prescription and over-the-counter medications display expiration dates on the labels. Administering expired medications may reduce the intended effects of the drug. Do not administer expired medications.

Check medication expiration dates, especially for drugs such as creams, drops or medications that are given only as needed (PRN). If an expiration date includes only a month and year, the actual expiration date is the last day of that month.

 10004 S. 152nd St Omaha, NE 68138  
For refills call: (888) 370-1724

Rx # 0010140712 Filled: 02/07/2018  
Use By: 2/7/2019

**Jane Doe**

**Tacrolimus 1mg Cap (ACC)**


Mfg: ACCORD HEALTHCARE  
Generic for: Prograf

**Take 1 capsule by mouth in the morning and  
2 capsules in the evening**

Qty: 90 Physician: Test Doctor

Orig Rx: 02/07/2018 Refills: 7 Before 12/03/2018

CAUTION: Federal Law PROHIBITS the transfer of this drug to  
any person other than the patient for whom it was prescribed. Pharmacist  
Kelli Wyant

8780309%1632533 

Instead of being called the expiration date, what is it listed as? \_\_\_\_\_

What is the expiration date of this medication? \_\_\_\_\_

Can staff still give the resident the medication after the expiration date? \_\_\_\_\_

Why would it be a bad idea for the staff to still give the medication after the expiration date?

\_\_\_\_\_

\_\_\_\_\_

# Activity: Review of Medication Packaging and Labeling

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Please respond to the following questions:

Who can transfer prescription medications from one container to another?

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When must medications be packaged in unit doses?

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What information *must* be included on a prescription label?

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# Medication Procedures and Documentation

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Caregivers who administer medication must promptly *document* in the resident's record all of the following:

- Name of the scheduled or PRN medication, along with the dosage, date and time of administration
- Any time a medication was intentionally not given, given earlier than the usual administration time or given later than the usual administration time. The reason must be included in the documentation
- Treatments
- Effects or side effects observed by the caregiver
- Symptoms reported by the resident
- The need for PRN medications and the resident's response (within 30 minutes of administering the medication)
- Refusal by the resident to take medication
- Omissions of medication
- Medication errors
- Drug reactions

Orders for blood pressure monitoring, lab tests or other activities may be ordered and must also be documented in the chart upon completion.

# Other Reporting and Documentation

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Document and report all of the additional situations:

**Abnormal signs, symptoms or behaviors** even when you are unsure they are related to medication. Pay particular attention to the side effects of new medications.

**Resident comments** related to medications or side effects. These comments help practitioners make decisions on whether to continue or change a medication.

**A change in condition** may indicate a reaction to medication. Changes might include breathing problems, increased confusion, loss of ambulatory skills, vomiting, diarrhea, etc. **NOTE:** If the resident experiences any adverse drug reactions, report this immediately to the licensed practitioner, the supervising nurse or the pharmacist.

**Refusing medication** can seriously affect a resident's condition. When documenting a refusal, document the reason (if known) for the resident's refusal. **NOTE:** If the resident has refused the same medication for two consecutive days, you are required to report this immediately to a licensed practitioner, the supervising nurse or the pharmacist.



## Tips for handling refusals:

- Always reapproach the resident after a refusal. Do not take “no” one time and then count it as refused. Wait 10-15 minutes and then reapproach the resident.
- Check the ISP (Individual Service Plan) to see if there are approaches listed for medication refusals.
- Ask the resident why they do not want to take the medication.
- Report refusals to your supervisor per policy.
- If the medication is life sustaining such as insulin, report the refusal immediately and monitor the resident's condition.
- Remember a resident should not be forced to take a medication. They have the right to refuse medication unless the medication is court ordered.

# Scheduled and PRN Documentation Examples

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## Medication Documentation Practice

Transcribe the following orders onto the sample MAR.

- Furosemide 40 mg by mouth twice a day.
- Amoxicillin 250 mg by mouth every 8 hours for 10 days.
- Prednisone 40 mg by mouth daily for 2 days, 20 mg by mouth daily for two days.
- Maalox 30 ml by mouth every 4-6 hours as needed for upset stomach or heart burn.

After transcribing the medications onto the MAR, practice the following items:

- Document that a medication was administered
- Document a refusal of a medication
- Document how to discontinue the Prednisone after 4 days



# Special Documentation Requirements for PRN Psychotropic Medications

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The resident's individual service plan shall include the rationale for use and a detailed description of the behaviors which indicate the need for administration of PRN psychotropic medications.

The administrator or designee must monitor and document the use of the PRN psychotropic medication at least once a month.

## *Psychotropic Medication*

"Psychotropic medication" means a prescription drug, as given in s. 450.01 (20), Stats., that is used to treat or manage a psychiatric symptom or challenging behavior.

The administrator or designee is required to ensure that PRN psychotropic medications are:

- Administered only when the resident exhibits the behaviors identified by the prescribing practitioner and documented in the resident's record
- Not being used to discipline or punish a resident for a particular behavior
- Not used for staff convenience, e.g., merely to sedate a resident or make up for staffing shortages. **Note:** use of a psychotropic medication for discipline or convenience is known as a chemical restraint and is prohibited
- Reviewed for significant adverse side effects

Additional documentation for PRN psychotropic medications must include:

- The rationale for use
- The description of the behaviors requiring the PRN psychotropic medication
- The effectiveness of the medication
- The presence of any side effects
- Monitoring for inappropriate use of each psychotropic medication given PRN

## Example

Sally has been experiencing anxiety. Her doctor ordered her a PRN antianxiety medication to use when she shows signs of anxiety or verbalizes that she is feeling anxious. When staff administer the medication they must document the following:

1. Rationale for use: Why is Sally being given the medication? An example would be that Sally stated that she was feeling anxious and requested the medication.
2. The description of the behaviors requiring the PRN psychotropic medication. An example could be that Sally was wringing her hands and verbalizing anxiety.
3. The effectiveness of the medication. Staff should check on Sally in 30 minutes and see if the medication helped. This would be the effectiveness.
4. The presence of any side effects. During the follow-up, did staff notice any side effects? To be able to know if she was having side effects, staff must read about the medication to know which side effects are possible. Later in this training you will have an opportunity to learn how to do this.
5. Monitor for inappropriate use of the psychotropic medication. Monthly, the administrator or designee must check to make sure the medication is being used for what it was ordered for and not as a chemical restraint.

## Practice

Jim is on hospice and has COPD. This condition causes him to have difficulty breathing and he becomes anxious when he experiences shortness of breath. While hospice has worked to place him on oxygen and keep his condition under control, sometimes he still experiences shortness of breath and his anxiety causes him to panic. The panic causes him to have even more difficulty breathing. Because of this his doctor has ordered a PRN antianxiety medication.



1. What is the rationale for use?

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2. What are the behaviors (symptoms) the medication can be used for?

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3. What is a question you could ask Jim to determine if the medication is working?

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4. Looking at Jim, how would you know the medication was working?

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## Medication Storage

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Regulations require that medications are secured in accordance with laws and regulations to prevent access by unauthorized persons. Controlled substances must be stored and secured according to state and federal laws and regulations to prevent diversion.

Appropriate storage is important for several reasons:

- Improper storage may reduce the effects of the medication
- Improper storage may increase the potential for medication errors
- Unsecured medications may be ingested accidentally by other residents or diverted by others for non-medical use

## Storage of Staff-Administered Medication

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Staff-administered medications must be locked in a room or cabinet. Storage areas should guard against exposure to direct sunlight, extreme temperatures or high humidity.

Keys to storage areas must be limited to staff whose job duties require access. The provider must designate, in writing, the names or job descriptions of employees with access.



# Storage of Self-Administered Medication

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When a resident self-administers medication, (prescribed, over-the-counter or dietary supplements) they remain under the control of the resident. The provider must provide a secure place for the storage of medications in the resident's room.

However, medications that are under the control of the resident may pose risks to other residents or provide an opportunity for misappropriation by other residents, visitors or staff.

Storage of self-administered medications must promote both the independence of the resident and the safety of other residents. Storage should also limit access by unauthorized users. Whatever the solution, it is the provider's responsibility to balance the safety of all residents with the rights of any individual resident. Employees are encouraged to contact the ombudsman, disability rights, or other advocacy agency to discuss how to balance individual rights with overall safety.

## Refrigeration

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Best practice is to have a separate refrigerator to store medications requiring refrigeration. The medication must be kept locked and there should be a thermometer to monitor the temperature inside the refrigerator. Refrigerated medications that share space with food must be labeled and placed in a locked container. This requirement is intended to protect residents and staff from accidental ingestion of medication and prevent medication diversion.



## Proximity to Chemicals

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The provider may not store prescription or over-the-counter medications or dietary supplements next to chemicals or other contaminants.

Spilled chemicals or leaking containers might contaminate the drug, posing a risk to the resident. Examples of chemicals found in community settings include solutions such as ammonia, bleach and other cleaning supplies.



# Internal and External Separation

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Medication storage areas must physically separate medications for internal consumption from medications for external application.

Storing external and internal medications separately helps to prevent a resident from accidentally ingesting an external medication. It also helps to avoid leakage or transfer of one medication onto another.

Although regulations do not require separation by route of administration, when a resident is receiving items that appear similar in packaging like ear drops or eye drops, separating these medications can prevent medication errors.

## Controlled Substances

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Controlled substances must be stored in a separate, locked and securely fastened box or drawer or in a permanently fixed compartment within the locked medication area.

Because of the risks associated with Schedule II drugs, extra security is required. Controlled substances must be locked in containers that are not easily moved or carried out of the setting.

### ***Controlled Substances***

Prescription medications can further be broken down into two sub-categories: controlled and non-controlled.

Controlled substances are medications that can cause physical and mental dependence, and have restrictions on how they can be filled and refilled. They are regulated and classified by the DEA (Drug Enforcement Administration) based on how likely they are to cause dependence.

# Record and Auditing for Schedule II Drugs

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The provider must maintain a proof-of-use record for Schedule II drugs, subject to 21 USC 812 (c), and Wisconsin's Uniform Controlled Substances Act, ch. 961, Stats. The record must contain:

- Date and time administered
- Resident's name
- Practitioner's name
- Dose
- Signature of the person administering the dose
- Remaining balance of the drug

The administrator or designee must audit, sign and date the proof-of-use records on a daily basis. While the law does not require it, it is a good practice to audit the proof-of-use log at the change of each shift and to have two people complete the audit together. Some providers may require employees to complete shift-to-shift audits.

On the controlled drug proof sample on the next page, transcribe the following order. Dr. Ben Smith orders: Oxycodone Hydrochloride Extended-Release, 5mg twice a day for Sally Jones. Using the sample given, list the starting quantity. Then pretend a dose has been administered and practice documenting counting the remaining medication.



The administrator or designee shall audit, sign and date the proof-of-use records on a daily basis. The number remaining must match the front side of the form. If there are any discrepancies, report to supervisor immediately.

Month \_\_\_\_\_ Year \_\_\_\_\_

Day of Month	Count	Administrator or designee	2 <sup>nd</sup> auditor (best practice)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
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# Destruction and Disposal of Medications

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Medications are discontinued for a variety of reasons. When a resident is discharged, the resident's medications are sent with the resident. This assures continuity of the medication regimen and discourages waste. If a resident is moving to another provider or returning home, a copy of the medication administration record should also accompany the medication. At times, the new setting will not accept a resident's medication to be transferred. If this occurs, staff should see if the pharmacy would allow the return of the medications

or follow proper destruction methods. Current standards for Wisconsin can be found at this website for healthcare waste: <https://dnr.wi.gov/topic/healthwaste/>

In other circumstances, the provider must develop and implement a policy for disposing of unused, discontinued, outdated or recalled medications in compliance with federal, state and local standards or laws.

Medications that cannot be returned to the pharmacy must be separated from other medication in current use in the setting and stored in a locked area. Access must be limited to the administrator or designee. The administrator or designee and one other employee must witness, sign, and date the record of destruction. The record must include the medication name, strength and amount.

Witnessing and signing a record of medication destruction is a responsibility not to be taken lightly!

Note: The provider may retain a resident's discontinued medication for no more than 30 days, unless ordered in writing by a practitioner or pharmacist. Orders to retain a medication must be reissued every 30 days.

Using the medication destruction method that the instructor provides, practice destroying sample medications and then document the destruction on the next page or another form provided by the instructor.



# **Activity: Medication Storage and Disposal**

Answer the following questions:

What is the primary reason for keeping medications in their original containers?

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Where and how should all medication administered by staff be stored?

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Why are medications that are swallowed stored separately from those that are applied externally?

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How do storage requirements for controlled substances differ from those for other medications?

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How long is a provider allowed to retain medications that are no longer being administered? What are some of the rules for disposing of medications?

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# Review and Monitoring Responsibilities

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The provider is required to conduct additional reviews and monitor the medication administration system to ensure the effectiveness of each resident's medication regimen.

## Medication Regimen Review

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If medications are staff-administered, the provider must arrange for a pharmacist or a physician to review each resident's medication regimen. This review must occur:

- Within 30 days before or 30 days after the resident's admission
- Whenever there is a significant change in medication
- At least every 12 months

The provider must send a copy of the report to any prescribing practitioner when irregularities are found in their patient's medication regimen. The practitioner may assist the provider in addressing problems or improving the regimen.

## Medication Review for Scheduled Psychotropic Medication

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If a resident is taking regularly scheduled psychotropic medications, there are additional requirements for oversight:

- The resident must be reassessed by a pharmacist, practitioner, or a registered nurse, as needed, but at least quarterly for the desired responses and possible side effects of the medication
- The results of the assessments must be documented in the resident's record
- The provider must ensure all resident care staff understand the potential benefits and side effects of the medication

Documentation in the resident's record will assist the reviewer by providing information such as the frequency of behaviors targeted by the medication and any observed side effects.



# Annual Review Requirements

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At least annually, there must be an on-site review of the community setting's medication administration and storage systems. The review may be completed by a physician, pharmacist or registered nurse. The purpose is to ensure the effectiveness of the entire medication administration system.



The reviewer must submit a written report to the provider that includes the findings. The provider must respond to any irregularities, suggestions or other information included in the report.

## Other Monitoring

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The managers in your setting have primary responsibility for oversight of the medication program. In addition, the pharmacist can also provide some additional assistance.

**Management:** The supervisor(s) plays a role in the overall medication management program. This can include:

- Staff training and orientation
- Policy and procedure development
- Supervision of staff
- Performing audits of the medication system and observing staff performing medication passes

**Pharmacist:** Consultant pharmacists can be incorporated into the medication management process in community settings to help ensure safe and accurate administration of medications. A consultant pharmacist can:

- Provide listings or descriptions of recommended doses, medication interactions and medications that pose the most significant risks
- Assist providers with the development and implementation of policies and procedures related to medication management
- Provide in-service training to new and existing staff members on medication-related issues
- Observe medication administration by staff and provide feedback to administration and to the staff
- Establish procedures to ensure security of controlled substances and conduct periodic audits to identify system weaknesses or evidence of diversion or theft
- Provide information to the provider for monitoring residents for side effects, appropriate laboratory test results and potential adverse consequences of the medication regimen
- Review the resident's medication regimen for positive outcomes and appropriate medication administration
- Increase awareness of polypharmacy (too many forms of a medication) or unnecessary medications which may result from orders from multiple practitioners

Watch the video on the role of a pharmacist and then answer the questions below. (1:21 min)

<https://www.youtube.com/watch?v=RW4g-HmDUX0>

What is one of the main roles of a pharmacist today?

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What are some ways the pharmacist can be helpful to caregivers?

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Why must the medication administration and storage systems be reviewed annually?

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# SECTION IV: MEDICATION ADMINISTRATION

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Medication administration is much more than the act of administering medication to a resident. Each time caregivers prepare to administer a medication, they must apply the principles covered earlier in the training. Let's review some of the major topics:

- Follow the requirements set forth in the medication administration system
- Know which medications you are allowed to administer after successfully completing this course versus those that you may only administer when delegated by a registered nurse or practitioner
- Understand the medication you are administering, including its classification, the intended use of the medication, effects, side effects, and special administration instructions
- Understand the medication ordering system, the pharmacy packaging and labeling system, along with proper storage techniques
- Identify resources for answering questions or reporting required information such as medication errors or changes in the condition of the resident

The most important advice for any person tasked with administering medication is this:

**If in doubt, check it out!**

In this section, you will learn how to administer medications allowed under the regulations. You will also learn to apply the Six "Rights" of Medication Administration each time you administer a medication to a resident and understand the documentation required in the medication administration record. Finally, you will have an opportunity to practice reading an order and administering a medication properly in a training setting.

# **The Six “Rights” of Medication Administration**

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The safest way to administer medications is to observe a series of steps known as the Six “rights.” Medication errors are less likely to occur if these steps are followed. You need to apply all of the Six “Rights” every time you give any medication.

As we review each “right” below, you will see examples of medication errors that resulted when a right was ignored. The examples are based on actual incidents observed by state survey staff in community settings throughout Wisconsin.

## **#1 – Right Individual**

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Make sure that you are assisting the correct resident.

- Ask the resident to state their name
- Check with another staff member if you are not sure of the resident’s identity
- If a photo of the resident is available, confirm identity in that manner

Do not rely on the resident to confirm his/her name. You may be unaware of the resident’s ability to process your question.



**Wrong Person:** Caregiver Ann works in a large community setting and recently began administering medications to residents on a different floor. She entered Mrs. Green's room and asked the resident, "you're Mrs. Green, right? I don't think we've met before."

The resident shook her head so Ann gave the woman the medications. Shortly after that, Ann discovered that she had given Mrs. Green's medications to Miss Johnson, a resident who often wanders into unoccupied rooms.

The medication error resulted in Miss Johnson becoming unresponsive. She required hospitalization in the intensive care unit.

**Wrong Person Review:**

What did Ann do incorrectly? \_\_\_\_\_

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What could Ann have done to help her identify Mrs. Green?

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When Ann discovers the error, what steps should she take?

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# #2 – Right Drug

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Be sure that you are giving the right drug

- Read the medication label carefully. Check the spelling of the medication.
- Read the medication administration record (also called a “MAR”) carefully. Make sure that the medication name on the label matches the name of the medication that is transcribed on the MAR from the doctor’s order.

Prepare the medications for one resident at a time. It is best to give the medications as soon as possible after they are prepared to avoid confusion. Complete the entire medication administration for one resident before moving on to another.

**Wrong Drug:** Mr. Chan received the incorrect medication on Friday through Monday.

Dr. Smith changed Mr. Chan’s Amoxicillin to Cephalexin. The order was transcribed into the MAR but the new medication was never received. The medication was changed to better fight the infection that Mr. Chan was experiencing. Because it was not received, the staff continued to give Mr. Chan Amoxicillin. Within a few days the infection became worse and he had to be hospitalized to receive IV antibiotics.

## Wrong Drug Review:

What should the staff have done when they did not have the correct medication to give?

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How could the staff prevent this from occurring in the future?

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# #3 – Right Dose

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Dosage equals strength and amount. The right dose means how much of the medication to give to the resident at one time.

- Read the dose on the pharmacy label
- Compare the dose on the label to the order transcribed to the MAR

Double-check dosage amounts by comparing with the order. Although medications that are unit dosed should come to the provider in the correct dosage, double check by comparing them with the order.

**Wrong Dose:** Miss Farmer’s physician ordered a change in the amount of Warfarin (Coumadin®) she was to receive. Staff administered the previously prescribed dosages in addition to the new dosage amounts for 14 days.

As a result of the continuing medication error, Miss Farmer sustained an acute upper gastrointestinal bleed and was hospitalized for 6 days. Staff did not discover the error until Miss Farmer was hospitalized.

## Wrong Dose Review:

What should happen when a new order is received?

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How could the staff prevent this from occurring in the future?

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# #4 – Right Time

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Be sure the drug is given at the correct time.

- Read the pharmacy label for the time when the drug is to be given
- Compare the time on the label to the time contained in the order transcribed to the MAR

The “right time” could be a specific time (for example, give at 6:00 a.m.). More often, it will be a period of the day. For example:

- Before breakfast
- Before bedtime
- 30 minutes after eating
- 3 times a day

Add specific times to the resident’s record to avoid confusion. Clarify any confusing instructions with the pharmacist or the practitioner who ordered the medication.

If an order specifies a time, a 60-minute window (either way) is usually allowed. For example, if the administration time is listed as 7:00 a.m., the medication may be given between 6:00 a.m. and 8:00 a.m. However, there are some medications that are required to be administered at a specific time without any variation on time. These medications must be given at the listed time and the MAR should have documentation that reflects that they must be given at the specific time.

**Wrong Time:** Mr. Martinez had an order for Depakote (for bipolar disorder). His physician changed the medication from pill form to liquid. He was to receive 2 teaspoons every morning and 4 teaspoons at night.

Lab tests two months later revealed that Mr. Martinez did not have a therapeutic blood level of Depakote. It was then that the provider discovered that the medication had been placed in a bin that contained PRN medications instead of the bin that stored Mr. Martinez’s scheduled medications. By placing it in the PRN bin, Mr. Martinez did not receive the medication as it was scheduled.

## Wrong Time Review:

What should the staff have done when they could not find the Depakote in the scheduled medication drawer?

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# #5 – Right Route

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“Route” means the way a medication goes into the body. Most medication is taken by mouth and swallowed, but others enter the body by other methods. Be sure that the correct route is used.

- Read the pharmacy label for the route the medication is to be given
- Compare the label with the order transcribed to the MAR

Examples of different routes:

- Under the tongue (sublingual)
- Into eyes, ears or nose
- Onto the skin (topical solutions)
- Into the lungs (inhalants)

**Wrong Route:** Ear drops to soften cerumen (ear wax) were administered into Mrs. Singer’s eyes on 2 occasions by different caregivers. Neither error was documented.

The medication was to be discontinued after 7 nights, but the drops were not removed from the medication cart. The first error occurred during these 7 days. The second error occurred approximately one month later. Caregiver Joe admitted that he did not look at the label and did not note that they were discontinued. He also stated that the ear drops were in with the other eye drops.

Mrs. Singer told the surveyor that it had happened twice and that it stung and burned each time. She also stated that she told staff to forget about it and not to write about it because staff would “think I’m a crybaby or something.”

## Wrong Route Review:

What are some consequences that can happen to a resident if staff do not give medications via the correct route?

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# #6 – Right Documentation

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After you have finished administering a medication, you must document in the resident's MAR and also need to document in the resident's chart.

- Make sure you are documenting in the correct record
- Document immediately to ensure accuracy
- Document the right medication

Documentation provides the opportunity to make sure the first five steps have been followed. In addition, document the resident's reaction or response to the medication especially with a new medication or when you observe a different response.

Only staff approved to administer medications may document in the MAR.

**Wrong Documentation:** Mr. Granger experienced a tonic-clonic seizure that lasted over 35 minutes. When Mr. Granger was discharged, the family was given his remaining medications. They noted that he had not received 5 doses of his Dilantin® (anti-seizure medication). The medications were still in the blister pack.

The family also received a copy of the MARs on which caregiver Anita documented that she gave Mr. Granger his medications, even though he didn't receive them on the five days in question.

Anita later admitted that she routinely documented that she had given all medication to a resident without really checking.

## Wrong Documentation Review:

Why does the right documentation matter if the medication was given correctly?

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# Standard Precautions

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Standard precautions are ways of doing your work to lower the chance of spreading disease. They consist of hand hygiene, protective equipment, care of the environment and safe injection practices. They are based on the principle that all blood, body fluids, secretions, excretions except sweat, non-intact skin and mucous membranes may be capable of transmitting infection.

Practicing good hand hygiene techniques is especially important when administering medications. Hand hygiene includes both washing with soap and water or using alcohol gel.

Always use soap and water if your hands are visibly dirty, before preparing food and after using the restroom.

The following are the recommendations of the Centers for Disease Control:

## You Must Perform Hand Hygiene

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### Before:

- Having contact with residents
- Putting on gloves
- Caring for any invasive device, such as a catheter
- Handling food
- Administering medication

### Right after:

- Having contact with a resident's skin
- Having contact with body fluids (even when gloves are worn)
- Having contact with resident items such as dressings, dirty laundry, dishes or trash
- Taking off gloves
- Moving from parts of the resident's body that could be contaminated to parts of the resident's body that are clean
- Using the restroom
- Coughing or sneezing
- Smoking
- Administering medication

# Hand Washing Procedure

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- Wet hands with water
- Apply soap
- Rub hands together for at least 20 seconds, covering all surfaces, focusing on fingertips and fingernails
- Rinse under running water and dry with disposable towel
- Use the towel to turn off the faucet

# Hand Rub (Hand Gel) Procedure

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- Apply to palm of one hand (the amount used depends on specific hand rub product)
- Rub hands together, covering all parts of the hand, especially fingertips and fingernails
- Use enough rub to require at least 15 seconds to dry

# Rules for Wearing Gloves

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Gloves are an important part of keeping both employees and residents safe from infectious diseases. Gloves can only do their job if they are put on *before* being exposed to blood or body fluids. Hypoallergenic (not likely to cause allergic reaction) gloves must be available. Latex gloves are an example of gloves that may cause allergic reactions in some people.

## When to apply gloves:

- Before touching a resident's non-intact skin, open wounds or mucous membranes (eyes, nose, mouth)
- Before performing care that could result in contact with bodily excretions
- Caring for any invasive device, such as a catheter
- Having contact with items that could be contaminated such as dressings, incontinence products, dirty laundry or trash
- Re-apply clean gloves during personal care if hands move from a contaminated body site (perineal area) to a clean body site (face)

## Always follow these rules:

- Carefully remove used gloves so that the outer surface never touches the skin
- Wear gloves that fit – gloves that are too small or too big can tear
- Perform hand hygiene after glove removal
- Always change gloves between residents
- Always use new gloves



# Routes and Procedures Demonstration

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In this part of the training, participants will learn how to properly administer medications using a variety of different routes and procedures including oral medications, oral inhalers, eye drops, eye ointment, ear drops, nasal medications, transdermal patches and topical medications.

In this activity, the facilitator will explain and demonstrate each procedure, using the steps outlined below. All participants will have the opportunity to practice each procedure.



# Activity: Oral Medications

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Medications that are swallowed are the most common dosage form. Oral medications can include tablets, capsules, and liquid medications, such as cough syrup.

Watch this video before doing the demonstration (4:27 min). Please note that while this video is in a hospital setting, many of the principles are the same:

[https://www.youtube.com/watch?v=9VEBwWYO\\_nQ](https://www.youtube.com/watch?v=9VEBwWYO_nQ)

## Instructions for administering oral medications:

Read the specific instructions that come with the prescription or the medication, e.g., give with food, crush the medication, etc.

Oral medications should be given to a resident in an upright position. If that is not possible, elevate the resident's head at least 30 degrees.

Wash hands or use hand gel.

Compare MAR and label to ensure correct medication is given and that it matches the resident. Check expiration date.

Remove the pill from the bottle, blister pack or other packaging. Place in a medication cup or on a spoon.

When administering liquid medications in multi-dose bottles, measure the prescribed dose into a dosing cup or a syringe. If using a cup, make sure it is placed on a flat surface and the liquid is measured at eye level. Do NOT pour excess liquid back into the bottle.

Ask the resident to state their name or identify the resident using the provider's policy. Double check that you have the correct medication, dose, time, and route.

Hand the medication to the resident for them to put it in their mouth. If they are unable, place the medication into the mouth using the cup or spoon. Do not use bare fingers.

Unless otherwise directed, encourage the resident to drink fluids with the medication. Observe to make sure the medication has been swallowed.

If the medication is to be placed under the person's tongue (sublingually), ask the resident to raise his/her tongue and place the pill under the tongue. (Residents who are able should complete this task themselves.)

Document that medication has been administered on MAR.

Wash hands or use hand gel.

# Activity: Oral Inhalers



An oral inhaler is a dispensing system that creates an aerosol mist of liquid particles, including the prescribed medication. The medication is ingested, or inhaled, into the lungs. These medications usually treat asthma or other lung disorders. Watch this video before doing the

demonstration (9:53 min):

<https://www.youtube.com/watch?v=S7OUiyXzABM&list=PLQrdx7rRsKfWnUmBHphXkW4m4aiRTIzkG&index=14>

## Instructions for administering medication via an inhaler:

Read the specific instructions that come with the prescription or the medication. Wash hands or use hand gel.

Compare MAR and label to ensure correct medication is given and that it matches the resident. Check expiration date.

Warm the canister to hand temperature. Remove the cap and hold the inhaler upright. Shake the inhaler (if instructed to do so).

Ask the resident to state their name or identify the resident using the provider's policy. Double check that you have the correct medication, dose, time, and route.

Ask the resident to tilt his/her head back slightly and breathe out.

Hold the inhaler up to the resident's mouth; use of a spacer device is recommended. Ask the resident to:

- Breathe in slowly as the inhaler is pressed to release the medication.
- Continue to breathe in slowly for 3 to 5 seconds after the medication has been released.
- Hold his/her breath for 10 seconds to allow the medication to go into the lungs.
- Slowly exhale through the nose.

If more than one puff is ordered, allow at least one minute between puffs to maximize the benefit of the medication. (Unless instructed differently on the MAR)

Replace the cap for storage. Document that medication has been administered on MAR.

Wash hands or use hand gel when finished.

**NOTE:** Nebulizers are different from oral inhalers. A caregiver who has successfully completed this course may not administer nebulizer treatments unless the task is delegated by a registered nurse. Not all inhalers require a minute between puffs.



# Activity: Eye/Ophthalmic Drops



An eye drop is medication that is placed directly onto the eye. Watch this video before demonstrating how to administer eye drops (5:02 min):

<https://www.youtube.com/watch?v=TLhnsABDtco&list=PLQrdx7rRsKfWnUmBHphXkW4m4aiRTIzkG&index=19>

## Instructions for administering eye drops:

Read the specific instructions that come with the prescription or the medication.

Wash hands or use hand gel and put on gloves.

Compare MAR and label to ensure correct medication is given and that it matches the resident. Check the expiration date. Check the dropper for chips or cracks.

Ask the resident to state their name or identify the resident using the provider's policy. Double check that you have the correct medication, dose, time, and route.

Avoid touching the dropper tip to the eye or any other surface. Ask the resident to lean his/her head back.

With one hand, pull down the lower eyelid to form a pouch, instructing the resident to look up.

Gently squeeze a single drop into the pouch. Be careful not to touch the tip to the eye or anything else.

Instruct the resident to close the eye slowly to allow for even distribution over the surface of the eye.

Ask the resident to keep the eye gently closed for 2-3 minutes to allow the medication to absorb into the eye.

Gently wipe off excess solution in the eye area with sterile cotton or gauze pad.

If more than one drop of the medication is ordered, wait at least 5 minutes before giving the second drop to maximize absorption.

Document that medication has been administered on MAR. Remove gloves and wash hands or use hand gel.

## Additional information:

Some eye drops have a very short "life". Be sure to check the expiration date.

Some eye drops will cause short term vision changes; be aware of this to keep the resident safe.

# Activity: Eye Ointment

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Eye ointment is a medication applied to the eye, but in a form other than drops.

Watch this video before doing the demonstration (2:38 min):

<https://www.youtube.com/watch?v=edxSjlvllTE>

## **Instructions for administering eye ointment:**

Read the specific instructions that come with the prescription or the medication.

Wash hands or use hand gel and put on gloves.

Compare MAR and label to ensure correct medication is given and that it matches the resident. Check the expiration date.

Ask the resident to state their name or identify the resident using the provider's policy. Double check that you have the correct medication, dose, time, and route.

Remove the cap from the tube and place it on a clean, dry surface.

Tilt the resident's head back.

With one hand, pull down the lower eyelid to form a pouch and instruct the resident to look up.

With the other hand, apply a thin line of ointment into the pouch. DO NOT let the medication tube touch the eye or any other surface.

Instruct the resident to close the eye and rotate the eyeball to allow for even distribution of the ointment.

Keep the eyes closed for 1 to 2 minutes. Remind the resident not to blink or to squeeze the eyelids shut, as this will force the medication out of the eye.

Gently wipe off excess ointment in the eye area with sterile cotton or gauze.

Document that medication has been administered on MAR.

Remove gloves and wash hands or use hand gel when finished.

# Activity: Ear Drops

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Ear drops are administered into the ear canal. The medication is absorbed through the skin of the ear canal and membranes of the eardrum. Ear drops are primarily used to treat wax build-up and inflammations or infections of the ear.

Watch this video before doing the demonstration (2:15 min):

<https://www.youtube.com/watch?v=T7hS-HGuBgc>

## **Instructions for administering ear drops:**

Read the specific directions that come with the prescription or the medication.

Wash hands or use hand gel.

Compare MAR and label to ensure correct medication is given and that it matches the resident. Check the expiration date.

Ask the resident to state their name or identify the resident using the provider's policy. Double check that you have the correct medication, dose, time, and route.

Ask the resident to lie on his or her side with the infected ear up.

Draw the prescribed amount of solution into the dropper and hold it in an upright position.

Gently pull the lobe of the ear up and back to open the ear canal.

Hold the medicine dropper just above the entrance to the ear canal and squeeze out the medication.

Release the ear and ask the resident to remain still for five minutes to allow absorption of the eardrops. During this time, replace the cap and keep the bottle tightly closed. DO NOT rinse the dropper after use. Repeat the procedure on the other ear if ordered.

Gently wipe any leakage of the medication with sterile cotton or gauze.

Document that medication has been administered on MAR.

Wash hands or use hand gel when finished.

## **Additional information:**

Do not place the medicine dropper tip or cotton swabs directly into the ear canal, as this can traumatize the skin of the ear canal.

Do not touch anything with the tip of the medicine dropper to prevent contamination.

# Activity: Nasal Medications

Nasal medications are sprays or drops that are put into the nasal cavity or nose.

Watch this video before doing the demonstration (1:33 min):

<https://www.youtube.com/watch?v=R178eS66nD8>



## Instructions for use of nasal sprays:

Read the specific directions that come with the prescription or the medication.

Wash hands or use hand gel.

Compare MAR and label to ensure correct medication is given and that it matches the resident. Check the expiration date.

Ask the resident to state their name or identify the resident using the provider's policy. Double check that you have the correct medication, dose, time, and route.

Have the resident clear his or her nasal passages with gentle nose blowing.

Gently shake the container, if needed.

Use one finger to gently close the nostril that is not receiving medication by pressing on the side of the nostril.

Place the tip of the spray into the open nostril pointing away from the nasal septum (midline) and direct the spray straight back, not up into the tip of the nose.

Activate the spray, instructing the resident to breathe in through the nose deeply as you spray in the medicine. Remind resident to exhale through the mouth. Some nasal medications do not need to be inhaled. Check packaging and follow directions.

Ask the resident to tilt the head back for several seconds while the drug penetrates.

Wipe any excess drainage immediately. Remind resident to avoid blowing the nose for 15 minutes.

Rinse the outside of the container with hot water and dry with a clean tissue, keeping the container pointed down to prevent water from getting into the container.

Document that medication has been administered on MAR.

Wash hands or use hand gel when finished.

## Additional information:

Unlike eye drops and inhalers, no wait time is required between nasal sprays.

# Activity: Transdermal Medication Patches

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Medication contained in an adhesive transdermal patch is released over time through the skin and into the bloodstream. The patches are often used to deliver medication to treat motion sickness, smoking, and pain.

Watch this video before demonstrating administration (6:52 min):

<https://www.youtube.com/watch?v=xqiMdso31nA>

## Instructions for applying a medication patch:

Read the specific directions that come with the prescription. Proper application techniques vary widely among different medications. Do not assume the instructions are the same for all patches. Determine the location on the body for placement and the length of time the patch is to remain on the skin.

Wash hands or use hand gel, and put on gloves.

Compare MAR and label to ensure correct medication is given and that it matches the resident. Check the expiration date.

Ask the resident to state their name or identify the resident using the provider's policy. Double check that you have the correct medication, dose, time, and route.

Check location of previous patch and remove previous patch.

Clean the selected area according to the manufacturer's directions.

Remove the patch from its protective covering. Write the date, time, and initial the patch. Without touching the adhesive, remove the clear plastic backing.

Use the palm of the hand to apply the patch and press firmly for about 10 seconds. Check that the patch adheres well, especially around the edges.

Remove gloves, wash hands or use hand gel when finished.

Document that medication has been administered on MAR and location of the patch.

## Additional information:

Check the patch routinely to make sure it is still adhered to the skin. When placing a new patch, place it in a slightly different area of the required body location to help reduce skin irritation.

When removing a patch, it may still have some of the medication remaining on the patch. The patch should be cut up or physically destroyed according to provider's policy.

# Activity: Topical Medications

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Topical medications are applied externally and absorbed through the skin. Several preparations are available including ointments, gels, creams, lotions or sprays.

Watch this video before doing the demonstration (2:25 min):

<https://www.youtube.com/watch?v=QMAdehU3KTI>

## **Instructions for proper use and application:**

Read the specific instructions for use that come with the prescription and the medication.

Wash hands or use hand gel.

Wear gloves when administering ointments, gels, creams or lotions.

Compare MAR and label to ensure correct medication is given and that it matches the resident. Check the expiration date.

Ask the resident to state their name or identify the resident using the provider's policy. Double check that you have the correct medication, dose, time, and route.

Make sure the area is clean prior to the application.

Apply the medication according to the instructions for use.

Do not let the medication container touch the area being treated (to prevent contamination).

Remove gloves and wash hands or use hand gel when finished.

Document that medication has been administered on MAR.

# Using the Medication Administration Record-MAR

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Each caregiver who successfully completes this class must be able to read and understand a medication administration record (MAR). The facilitator will provide each participant with a copy of a MAR.

Review the record carefully. If you are unsure of any part of the record, use your reference tools (e.g. the drug tool) or ask your instructor to clarify. After you feel you understand the record, you will be asked to verbalize the information contained in the record. Information might include:

- Each medication the person is to receive according to time of day. For example, Mrs. G. receives x and y at 7 a.m.
- The name of the medication and the dosage
- The proper route (e.g. oral, nose, ear, skin patch, etc.)
- Any special administration instructions
- Any PRN medication orders the person has and under what conditions you would administer that medication
- The information you would document after you administered the medication, e.g. the name of the medication, dosage, date and time of medication taken or treatments performed including your initials. Any side effects observed by the employee or symptoms reported by the resident must be documented. The need for any PRN medication and the resident's response must also be documented.

## Medication Administration Process Steps

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You've learned how to administer medications allowed by the regulations and how to use the MAR appropriately. Let's talk now about the steps that you must take each and every time you administer a medication to a resident.



## Medication Administration Process Steps:

- Unlock the medication cabinet/cart and keep it in sight
- Observe the first 5 medication “rights”: the right resident, the right medication, the right dose, the right route, the right time
- Check the medication 3 times: when selecting the medication, removing it from the container and before administering it to the resident
- Practice hand hygiene
- Put on gloves, if indicated. Never touch the medication with a bare hand.
- Tell the resident what you are going to do; give the resident your full attention
- Be respectful of the resident’s privacy
- Administer the medication as directed, giving the resident any directions during the procedure, if indicated
- Allow the resident to assist with the process as much as possible
- Observe the resident to ensure that the medication was ingested if taken orally
- Remove gloves, if worn
- Repeat hand hygiene
- Document required information immediately after administering any medication

## Activity: Administering Medications

The instructor will offer a sample medication order for each participant to read, administer and document. Be sure to use the process steps when demonstrating the administration.

Participants will take turns playing the caregiver who administers the medication, the resident who takes the medication and the coach who provides tips to the team. When you are finished, document the medication administration in the space provided below. The “caregiver” and the “resident” may collaborate on the administration technique, the process steps and the documentation.



<p>1) Xalatan 0.005%</p> <p>Instill one drop in each eye in the evening. Shake well before using.</p>	<p>2) Hydrocortisone 1%</p> <p>Apply to affected area on left knee. Cleanse affected area with mild soap and warm water. Rinse thoroughly. Gently dry with soft cloth. Apply cream.</p>
<p>3) Metformin ER 500 MG tabs</p> <p>Take one tablet by mouth at evening meal to lower blood sugar.</p>	<p>4) Similasan® Ear Drops</p> <p>Two drops in right ear daily. Warm bottle in hand prior to dispensing.</p>
<p>5) Albuterol Inhaler 90 mcg/inhalation.</p> <p>Give two puffs every four hours.</p>	<p>6) Flonase® nasal spray 50 mcg/spray</p> <p>Give one spray per nostril once per day.</p>
<p>7) Fentanyl skin patch, 25 mcg/h</p> <p>Change every 72 hours. Apply to arm.</p>	<p>8) Nitroglycerin, 0.3 mg, at 7:00 a.m.</p> <p>Give pill sublingually.</p>

<p>9) Fosamax 10mg. tablet Give one tablet each morning on an empty stomach.</p>	<p>10) Lisinopril 10 mg. tablet Give one tablet each day.</p>
<p>11) Metoprolol 100 mg Give one tablet each morning.</p>	<p>12) Digoxin 0.125 mg. Give one tablet each day. Hold for a pulse less than 60.</p>
<p>13) Timolol 0.25% Instill one drop in each eye twice a day.</p>	<p>14) Furosemide 40 mg. tablet Give one tablet each morning.</p>
<p>15) Warfarin 3 mg. tablet Give one tablet each evening.</p>	

# Medication Errors

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Each provider should have a policy for responding to a medication error. It is considered a best practice for the provider to analyze errors for cause and take steps to prevent a reoccurrence. **NOTE:** You must report all medication administration errors immediately to a practitioner, supervising nurse or the pharmacist.



Many residents have chronic health conditions and take multiple medications. The high usage of prescription drugs, combined with age-related illnesses or conditions, increases the risk for medication errors and the effects of those errors. The purpose of reporting medication errors is not to assign blame but to provide immediate intervention for the resident affected by the medication error.

A medication error is defined by the Bureau of Assisted Living's Medication Management Initiative Workgroup as follows:

A medication error is a preventable event resulting in the incorrect administration of a medication, or harm or potential harm to a resident. The practitioner's written order identifies the prescribed medication, dose, time, and route of administration for the resident. An error occurs when the resident does not receive a medication as prescribed/ordered by the practitioner.

## Causes of Medication Errors

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Medication errors include:

- **Wrong medication** – a medication is given that is not prescribed or has been discontinued
- **Wrong dose** – a resident receives a medication in a dosage other than what was prescribed by the practitioner
- **Wrong time/omission** – a resident does not receive medication at the time prescribed by the practitioner
- **Wrong route** – a resident receives medication via a route other than what was prescribed by the practitioner
- **Wrong technique** – a medication is given without regard to special instructions, e.g., crushing a medication that is to be given whole, giving a medication without food when food is ordered, not waiting the appropriate length of time between dosages

# Ways to Prevent Medication Errors

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Medication errors can include mistakes involving prescription drugs, over-the-counter products, vitamins, minerals, or herbal supplements. Here are some best practices to help prevent errors:

- Clarify any order that is incomplete, illegible or unclear
- Ensure that you fully understand orders before administering medications
- Prepare the medications for one resident at a time. To avoid confusion, give the medications immediately after they are prepared.
- Check the medication 3 times: when selecting the medication, removing it from the container and before administering it to the resident
- Complete the entire medication administration for one resident before moving on to another person
- Avoid unnecessary distractions while administering medications
- Make sure you are trained to complete the tasks you are asked to do
- Make sure you have sufficient time to complete the medication tasks without interruption
- Make sure you understand and follow proper medication procedures
- Do not allow other inexperienced, untrained staff to administer medications
- Make sure you have access to medication resources (i.e. drug books, pharmacy drug information)
- Teach residents about their medications and listen to residents who question a medication
- Don't take shortcuts



# Activity: Recognizing Medication Errors

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Unfortunately, medication errors can happen all too frequently. Let's review a situation in which a caregiver makes several errors. Start out by reviewing the orders below for two residents.

**Mrs. Peach has the following orders:**

Baby aspirin, 81 mg per day. Give with food at breakfast.

Fosamax, 10 mg per day. Take with water. Do not eat or drink and remain upright for at least 30 minutes after taking pill.

Alrex 0.2% Ophthalmic Susp. 10 ML. Instill one drop in each eye daily. Shake well before using.

**Mr. Munson has the following orders:**

Metformin 500 mg tabs. Take one tablet by mouth at evening meal to lower blood sugar. Take with food. Swallow whole – do not crush or chew.

Epinephrine 0.22 mg. Two inhalations, four times daily. Inhalations should be at least one minute apart.

Caregiver Susan is preparing to administer the medications for these residents. She gives Mrs. Peach her Fosamax at 7:45 a.m. during breakfast.

She gives Metformin and baby aspirin to Mr. Munson at the same time.

At 8 a.m., Susan returns to Mrs. Peach's room to administer her eye drops. She asks Mrs. Peach to lie on the bed and administers one drop to each eye.

Susan goes back to Mr. Munson and administers his epinephrine. She administers two inhalations one minute apart. Mr. Munson asks for a third dose because he doesn't feel the first two were sufficient. Susan administers a third one, per his request.

Which of Susan’s actions are considered medication errors? Why do you think so?  
Note your ideas below:

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What are the six “rights” of medication administration?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Give an example of a medication error that can occur for each of the six “rights”, when the “right” is not followed.

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. \_\_\_\_\_  
\_\_\_\_\_  
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5. \_\_\_\_\_  
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6. \_\_\_\_\_  
\_\_\_\_\_  
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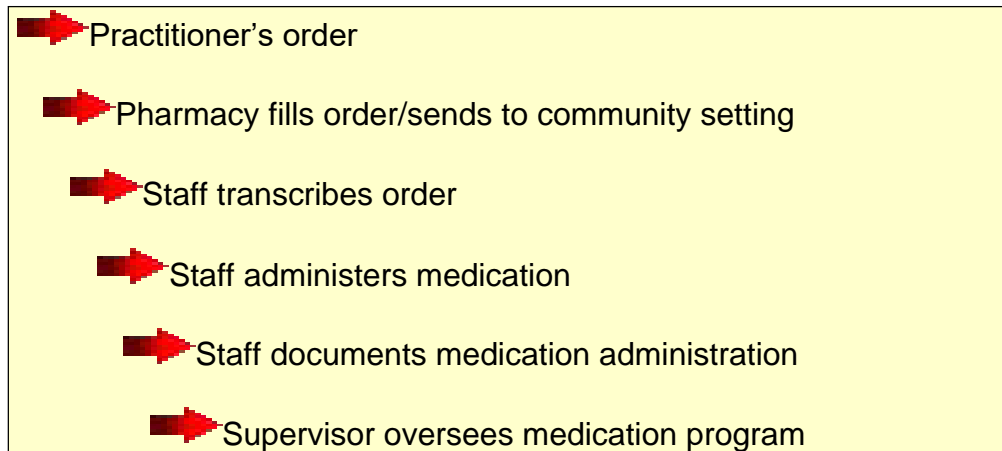
What are three things you can do to prevent medication errors?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Activity: Understanding the Medication Process

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Many individuals and entities are involved in the medication process in community settings. The journey begins with the practitioner's order and ends when the caregiver (under supervision) administers the medication.



Errors can occur at any stage of the medication process. Review the following scenarios and discuss where in the process an error likely occurred. Remember that most errors are unintentional and could be remedied with better communication.

Each of the following scenarios are based on situations that the Division of Quality Assurance investigated of providers.



### Scenario One

Mrs. Lorenz began taking Aricept® 45 days ago. The medication was delivered to the provider in a blister pack containing 30 tablets with one tablet to be administered daily at bedtime. The prescription allowed 4 refills.

Today, caregiver Joan noticed that Mrs. Lorenz had not received the Aricept medication for the last 15 days as the refill never came.

Where in the process did the error(s) occur? Why do you think so?

- Practitioner's order
- Pharmacy fills order/sends to provider
- Staff transcribes order
- Staff administers medication
- Staff documents medication administration
- Supervisor oversees medication program

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What could the staff have done to prevent this error from occurring?

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**Scenario Two**

The Oakdale was cited because residents there did not receive their medications. In addition, many of the prescribed treatments were not completed.

Caregiver Connie reported, "How can they make me pass meds to 54 people and expect me to get done...I have treatments to do, too."

Where in the process did the error(s) occur? Why do you think so?

- Practitioner's order
- Pharmacy fills order/sends to provider
- Staff transcribes order
- Staff administers medication
- Staff documents medication administration
- Supervisor oversees medication program

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What should a caregiver do if they are unable to complete the medication pass in the allowed time?

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### Scenario Three

Mr. Donohue had a prescription for 150 mg of Trazodone once a day. On Thursday, he received 300 mg of the medication.

Caregiver Francis administered one dose of 150 mg. to Mr. Donohue at 3:00 pm and Caregiver Jonah administered another dose of Trazodone 150 mg at bedtime.

Where in the process did the error(s) occur? Why do you think so?

- Practitioner's order
- Pharmacy fills order/sends to provider
- Staff transcribes order
- Staff administers medication
- Staff documents medication administration
- Supervisor oversees medication program

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What are some ways that caregivers can identify the time that the medication should be given?

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### Scenario Four

Miss Erlich has an order for an antipsychotic medication. She often refuses to take the medication or questions why she has to take it.

Caregiver Bernice was observed concealing Miss Erlich's medications by crushing them and mixing them in a cup of coffee. Caregiver Bernice did not inform Miss Erlich that her medications were in the coffee.

While being interviewed later, Caregiver Bernice stated that staff routinely hides the medications in Miss Erlich's coffee so she can't refuse or question what she is taking.

Note: There is no court order authorizing the administration of medications without Miss Erlich's knowledge or consent.

Where in the process did the error(s) occur? Why do you think so?

- Practitioner's order
- Pharmacy fills order/sends to provider
- Staff transcribes order
- Staff administers medication
- Staff documents medication administration
- Supervisor oversees medication program

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What should Bernice do if Miss Erlich will not take her medication?

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### Scenario Five

Mr. Palmer's physician ordered 5 mg of Coumadin to be given daily. The clinic RN transcribed the order with a higher dose when she called the pharmacy. The pharmacy label incorrectly stated to administer 2 tablets per day instead of one.

Caregiver Carla gave Mr. Palmer extra doses of the medication on two separate days based on the inaccurate information provided on the pharmacy label.

On the second day, Mr. Palmer was found unconscious on the floor with blood flowing from his mouth (it appeared he struck the metal bed when falling to the floor). The resident experienced a seizure on the way to the hospital.

Where in the process did the error(s) occur? Why do you think so?

- Practitioner's order
- Pharmacy fills order/sends to provider
- Staff transcribes order
- Staff administers medication
- Staff documents medication administration
- Supervisor oversees medication program

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How might a pharmacist reviewing the medication have helped prevent this error?

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**Scenario Six**

Mrs. Gray had orders for treatment on her buttocks due to a bedsore. She had to be admitted to the hospital because the bedsore became progressively worse.

Caregiver Claudia documented that treatment had been provided on days when she was not at work. She reported she "may have filled in the blanks."

Where in the process did the error(s) occur? Why do you think so?

- Practitioner's order
- Pharmacy fills order/sends to provider
- Staff transcribes order
- Staff administers medication
- Staff documents medication administration
- Supervisor oversees medication program

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Staff who intentionally do not provide treatments to a resident may be neglecting the resident. Neglect is serious and falls under caregiver misconduct. Caregivers who are found guilty of neglect are placed on the Caregiver Misconduct registry and cannot work in any regulated health care settings.

Some of the examples were intentional acts, but most were the result of errors or miscommunication along the way. This activity highlights the opportunity for errors and demonstrates the importance of questioning any step in the process when you believe an error has been made.

# Medical Abbreviations

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Most of us are familiar with common abbreviations like “St.” for street, or “qt.” for quart. We can often figure out an unfamiliar abbreviation because it’s based on a longer English word. However, many medical abbreviations are based on Latin and Greek words -- languages that few of us know.

Many medical abbreviations are still in use today, particularly in practitioner’s orders and prescriptions. Because of the error-prone nature of abbreviations, look up any abbreviations with which you are unfamiliar. In addition, seek clarification any time you have doubts about an abbreviation.

Misinterpreting medical abbreviations can result in serious medication errors. Although this is a well-documented concern, abbreviations are still used because they are thought to save time. While they are being used less and less, it is still important to understand the common abbreviations. Caregivers should avoid using abbreviations.

Some studies have found that while abbreviations may save minutes, avoiding the use of abbreviations saves lives. As a caregiver you should not use abbreviations, but you may have to understand abbreviations that come on prescriber’s orders.

On the next page you will have an opportunity to learn some of the commonly used abbreviations. Always look up abbreviations if you are not sure of what they mean. The pharmacist is also a resource to help you if you do not understand an order or abbreviation.



# Activity: Understanding Abbreviations

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Look up the following medical abbreviations. Write what they stand for and the definitions. It is your responsibility to read medical abbreviations correctly. For example, did the order say “ac” or “ad”? If you are unsure, check with the writer.

tid \_\_\_\_\_

bid \_\_\_\_\_

qid \_\_\_\_\_

fl \_\_\_\_\_

mg \_\_\_\_\_

po \_\_\_\_\_

pm \_\_\_\_\_

ac \_\_\_\_\_

hs \_\_\_\_\_

npo \_\_\_\_\_

q \_\_\_\_\_

pc \_\_\_\_\_



# Abbreviations – Do Not Use List

One of the Joint Commission’s National Patient Safety Goals is to eliminate dangerous abbreviations. Posted on their website is an official “Do Not Use” list:

Do Not Use	Potential Problem	Use Instead
U or u (unit)	Mistaken for “0” (zero), the number 4 (four) or “cc”	Write “unit”
IU (International Unit)	Mistaken for IV (intravenous) or the number 10 (ten)	Write “International Unit”
Q.D., QD, q.d., qd (daily) Q.O.D., QOD, q.o.d., qod (every other day)	Mistaken for each other. The period after the Q can be mistaken for “I” and the “o” mistaken for “l”	Write “daily” Write “every other day”
Trailing zero (X.0 mg) Lack of leading zero (.X mg)	Decimal point is missed	Write X mg Write 0.X mg
MS	Can mean morphine sulfate or magnesium sulfate	Write “morphine sulfate” Write “magnesium sulfate”

Those being considered for possible future inclusion to the list:

Do Not Use	Potential Problem	Use Instead
> (greater than) < (less than)	Misinterpreted as the number “7” (seven) or the letter “L” Also confused for one another	Write “greater than” Write “less than”
Abbreviations for drug names	Misinterpreted due to similar abbreviations for multiple drugs	Write drug names in full
@	Mistaken for the number “2” (two)	Write “at”
cc	Mistaken for U (units) when poorly written	Write “mL” or “ml” or “milliliters” (“mL” is preferred)

Double-check these abbreviations anytime you read one due to the high risk of error.

# Medications: Look Alike/Sound Alike

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Some very different medications are spelled almost the same. Others have names that sound alike. Medications that sound alike or look alike, combined with the number of people involved in the medication process, can result in medication errors. As an example, look at the potential for confusion and error with these medications:

Zantac® ↔ Xanax®
Zantac® ↔ Zyrtec®
Zestril® ↔ Zyprexa®
Zestril® ↔ Zetia®
Zocor® ↔ Zyrtec®

There are numerous opportunities for errors to occur in the medication process. The prescriber first orders a medication (hand-written or via phone), which is filled by a pharmacy, conveyed to a provider, and then added to the medication regimen of a specific resident. The final step in the process, the actual administration of the drug, is performed by the caregiver.

Think about the results of confusing one medication for another:

- The resident receives a medication that may be harmful
- The resident receives the wrong medication in an amount recommended for the original medication which might not be the correct dosage for the wrong medication. The wrong medication and dose may cause a life threatening situation.
- The resident does not receive the benefit of the intended medication

One way to avoid errors is to check the prescription label. Many will state the purpose of the drug. If you believe the medication is wrong for the resident, don't hesitate to contact a licensed professional to clarify.

# Activity: Look Alike/Sound Alike Medications

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As the “last line of defense” for residents, caregivers have the final responsibility for ensuring that the drug they administer is the drug that was intended. Consider this example:

Sarah is an 85 year-old resident. She currently takes ibuprofen for mild arthritis pain and Avandia® for Type 2 diabetes. Sarah recently began to complain of depression. After a conversation with her doctor, they decided that Celexa®, an antidepressant, might be an appropriate medication for Sarah to try.

The RN at the clinic phoned in the prescription to Sarah’s pharmacy. The order was filled by the pharmacy and delivered to the setting. Somewhere along the line, a mistake was made. The medication delivered for Sarah turned out to be Celebrex® instead of Celexa®.

Joseph, a caregiver, knowing Sarah’s medication regimen, wondered why the doctor would prescribe Celebrex when Sarah was already taking the non-steroidal anti-inflammatory drug ibuprofen.

What should Joseph do after suspecting the error?

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What could have been some of the negative consequences for Sarah if the caregiver had not noticed the medication error?

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# Classes of Commonly Used Drugs

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Medication classes are based on their primary purpose. Your residents may have medications from different classes of medication.

This list does not include all classes of medications but focuses on classes of drugs most commonly prescribed for residents. Every provider must have a drug reference tool, which provides an important resource for caregivers. The prescription label is the best resource for specific drug information.

Watch the following video on Basic Pharmacology as a group and answer the questions below.

<https://www.youtube.com/watch?v=3SvSEI6Zlrl>

What is a desired effect?

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What is a side effect?

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What is the desired effect of aspirin?

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What is one side effect of aspirin?

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# Analgesic Medications

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Analgesics are pain relievers and are divided into the three categories below: acetaminophen, nonsteroidal anti-inflammatories (NSAIDs) and opioid analgesics. Some are available as over-the-counter medications and some can only be obtained with a practitioner's order. The next section of this class will provide classifications of medication. As a class, find an example of this type of drug. Then in pairs or small groups, use your drug resource guide to fill in the grid for each type of medication example.

## Acetaminophen

Example	Tylenol
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information – <i>Any rules for how it should be administered? Such as dietary, times of day, storage, etc.</i>	

**Nonsteroidal anti-inflammatory drugs (NSAIDs):**

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

## Opioid (Narcotic) Analgesics

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Many people become constipated when taking narcotics and a preventive program needs to be implemented. The person's bowel elimination needs to be closely monitored. The practitioner will often order a laxative at the same time. Additional training will be provided on pain management after this classification activity is completed.

# Antibiotic Medications

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Antibiotics are medications given to kill infections. Prescriptions are typically time limited (e.g., to be taken for ten days). In order for the medication to be completely effective, the person must take all the medication. Diarrhea can occur and may require treatment.

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Some people may build up a resistance to antibiotics over time. Monitor the resident for signs that the medication is not relieving the infection.



# Anticoagulant Medications

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Anticoagulants (commonly called “blood thinners”) are medications that slow the clotting time of blood. The effect of the medication is monitored by regular blood testing.

Because of the effects of this medication, monitor the resident for any signs of bleeding including bruising and tarry stools. The elderly may be more susceptible to side effects. These medications can also increase the risk for a resident to have bleeding when they fall. Preventing falls is important if a resident is taking one of these medications. If they fall, pay extra attention for internal bleeding.

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

# Anticonvulsant Medications

---

Anticonvulsant medications are used primarily for people who suffer from seizures. Carefully document any seizures including time, duration and intensity. This information will tell the prescribing practitioner if the medication is effective or if the dose needs to be adjusted. Routine lab tests will also help to determine the effectiveness of the medication.

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Anticonvulsant medication is also sometimes used to treat other conditions such as bipolar disorder due to its ability to stabilize mood. If the medication is used for conditions other than its primary purpose, the practitioner's order should state this so that staff can monitor its effectiveness.

# Antidiabetic Medications

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Diabetes is divided into two types - Type 1 and Type 2. Type 1 diabetes is the result of the body failing to produce insulin, which the body needs to control the amount of glucose (sugar) in the blood. It is estimated that 5 – 10% of diabetics in America have Type 1 diabetes. Most require regular insulin injections. Type 2 diabetes results from insulin resistance. This is a condition in which the body fails to use insulin properly. Most Americans with diabetes have Type 2 diabetes and of those, over half are over the age of 65.

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Unless their blood sugars are well controlled, persons with diabetes are at increased risk for serious and long-term complications. Uncontrolled high blood sugars can lead to blindness, stroke, heart disease, kidney disease, foot and leg amputations and infections. On the other hand, hypoglycemia is low blood sugar and requires immediate treatment. It can be caused by taking too much insulin or other glucose-lowering medication or by taking either of them too soon before eating. Persons taking insulin need to have their blood sugars monitored on a regular basis.

The goal of treatment is to achieve proper blood glucose levels, thereby reducing the likelihood of complications. Education, diet, exercise and medications are all components of good diabetes treatment.

In the elderly population, diet and exercise can be a challenge. Very often, weight loss may not be a primary objective for the elderly. Rather, nutritional planning should focus on a balanced diet that provides appropriate vitamins, minerals and caloric needs. Limitations like arthritis and heart failure may impede exercise; in those cases, individualized alternatives to address fitness should be considered.

**Reminder:** Injectable insulin requires nurse delegation for an unlicensed caregiver to administer the medication. The RN delegating will train the caregiver on insulin and how to administer. This training does not teach delegated tasks and does not replace the training by the RN delegating the task.

# Antifungal Medications

---

Fungal infections or diseases can be contracted from spores usually found in the environment, such as in soil, animal droppings, decaying materials, or moist areas. These infections can be on the body, in the lungs, or even in the blood.

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Most of these medications are available as over-the-counter medications but require a practitioner's order if administered by staff.

# Cardiovascular Medications

---

The cardiovascular system includes both the heart and the blood vessels, so a wide range of both diseases and medications exist in this category. Each medication has a specific purpose. For example, the medication prescribed for angina (chest pain or discomfort) is different from the medication prescribed for edema (excess fluid between tissue cells).

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

People with cardiovascular disease may often be encouraged to adhere to a certain diet and participate as much as possible in routine exercise.

# Cardiovascular Medications – Nitroglycerin

Nitroglycerin is used to treat or prevent angina (chest pain) caused by coronary artery disease. Nitroglycerin belongs to a group of medicines called nitrates. They work by reducing the work load of the heart by relaxing the blood vessels and increasing the supply of blood and oxygen. The medication can come in a spray, tablet, capsule, cream, or packet.

Example	Nitroglycerin
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	(Fill in the blanks) Administer the first dose under the tongue. Wait _____ minutes. If the angina continues, administer the second dose. Wait _____ minutes, if the angina continues, administer the third dose. Wait _____ minutes, and if the condition has not improved call 911 or follow written prescriber information.

# Cholesterol Medications

---

Cholesterol medications lower the level of cholesterol in the blood. Cholesterol levels are determined by blood tests. If a person's cholesterol is high, practitioners usually recommend a combination of diet, exercise and medication. Chronic high cholesterol can lead to other health problems, such as coronary artery disease.

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	



# Dementia Medications

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Dementia medications improve the quality of life in the early stages of dementia and typically only work for a certain length of time. There are many studies being conducted to try to find better treatments for dementia.

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

# Gastrointestinal Medications

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The gastrointestinal (GI) tract is the system of organs that takes in food, digests it to extract energy and nutrients, and expels the rest. The upper GI refers to the area from the mouth down to the stomach and the lower GI refers to the bowel and intestines.

Examples	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Gastrointestinal medications tend to have a coating or calming effect on the organs. Because of this, many of the medications require specific administration timing, e.g. before meals or with food.

# Ophthalmic Medications

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Ophthalmic means *of or relating to the eye and its diseases*. Ophthalmic medications treat conditions of the eye.

Examples	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Because some medications may cause blurriness for a short period of time, additional supervision may be required.

# Osteoporosis Medications

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Osteoporosis medications treat the thinning of bone tissue and loss of bone density over time. There are no symptoms in the early stages of the disease. As the disease progresses, sufferers may experience neck or low back pain, stooped posture or fractures - even with little or no trauma.

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Treatment for osteoporosis is often two-fold: 1) control the pain associated with the disease (not discussed here) and 2) slow down the bone loss. Note the specific administration information above which is very exact.

Additional treatment for people with osteoporosis may include routine exercise and sufficient calcium intake in the form of food and/or pills. Elderly people who suffer from osteoporosis are at high risk for falls and fractures related to those falls. Increased monitoring may be needed to protect them from injury.

# Parkinson's Medications

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Parkinson drugs are used to treat symptoms of Parkinsonism, a group of disorders that share four main symptoms: tremor or trembling in the hands, arms, legs, jaw, and face; stiffness or rigidity of the arms, legs, and trunk; slowness of movement; and poor balance and coordination. Parkinson's disease is the most common form of Parkinsonism and is seen more frequently with advancing age.

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Individuals taking antiparkinson medications can experience increased motor (muscle activity) complications as the disease progresses. Dyskinesia (involuntary, rapidly flowing movements of the limbs, trunk and/or head) becomes more common. Motor skill level can change rapidly. For example, an individual may go from ambulatory to immobile in the same day. Parkinson's patients may also experience a "wearing-off" phenomenon when the medication loses its effectiveness.

The presentation of dyskinesia may be a sign that the dosage is too high. However, lowering dosages can worsen the Parkinson symptoms. It is a delicate balancing act that the practitioner must monitor closely. The job of staff administering medications is to monitor and document the side effects noted above and make sure the practitioner receives updates on a continuous basis.

# Respiratory Medications

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Respiratory refers to the act or process of inhaling and exhaling; breathing.

Examples	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Some of these medications are taken on a regular basis. Others are given only when the person is exhibiting specific symptoms, such as shortness of breath. You may have heard of an “asthma attack” when the person is unable to “catch their breath.” In this event, rescue inhalers are often used.

# Thyroid Medications

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Thyroid medication treats disorders of the thyroid, a gland located in the neck. The gland produces several hormones that help oxygen enter the cells and affect a person's metabolism. Thyroid medication replaces or supplements the hormone produced naturally by a healthy thyroid. Medication can be very effective in causing symptoms to lessen or disappear.

Example	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

If left untreated, thyroid disease may cause complications including osteoporosis, muscle weakness, elevated cholesterol levels and subsequent heart disease.

A correct diagnosis of thyroid disease in the elderly is sometimes missed because the symptoms (fatigue, depression, forgetfulness, insomnia and appetite change) are those often associated with aging or other diseases. As a result, practitioners routinely screen for TSH (thyroid-stimulating hormone) levels through blood tests to determine if the thyroid is functioning properly.

# Urinary Incontinence Medications

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Urinary incontinence medications support bladder control, which often becomes an issue as people age. Urinary incontinence can cause skin irritations, loss of dignity and can reduce one's ability to remain independent.

Examples	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Along with medication, people who have urinary incontinence should be encouraged to maintain a routine and frequent bathroom schedule to assist with control of the bladder. Caregivers should also monitor the person for urinary retention and potential urinary tract infections.



# Psychotropic Medications

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Psychotropic medication is defined as a prescription drug, as given in State Statute 450.01 (20), that is used to treat or manage a psychiatric symptom or challenging behavior.



Antipsychotic medication is a subset of psychotropic medication and is used to treat psychosis. Psychosis is a condition that affects the mind and causes the loss of contact with reality. Many times this includes delusions or hallucinations. Examples of the disorders this may be used for are schizophrenia or bipolar mood disorder.

Psychotropic medications are drugs that affect the mind, emotions, or behavior and are frequently prescribed for residents. When used appropriately, these medications can enhance the quality of life of residents who need them. However, all psychotropic drugs have the potential for producing undesirable side effects or aggravating problematic signs and symptoms of existing conditions including:

- Postural hypotension
- Dyskinesia
- Malignant hypothermia
- Delirium

Maximizing the resident's well-being while minimizing the hazards associated with drug side effects are important goals of psychotropic drug therapy. In reviewing a psychotropic drug regimen there are several rules of thumb:

- Start low and go slow. If needed, psychotropic drugs should be started at the lowest dosage possible. To minimize side effects, doses should be increased slowly until there is a therapeutic effect, side effects emerge, or the maximum recommended dose is reached. It may take 6 to 8 weeks for effective results, or as determined by the practitioner.
- Each drug has its own set of actions and side effects, some more serious than others; these should be evaluated in terms of each user's medical status, including interaction with other medications.
- Consider the effect of one psychotropic medication at a time.
- Remember that any drug, prescription or non-prescription, can cause problems in some residents.

In non-emergency situations, physicians and/or service providers must obtain informed consent before giving a person psychotropic medications. To be “informed,” consent must be:

- Voluntary;
- Based on specific information about benefits, side effects, and alternatives; and
- Provided by a person who is competent to give the consent or by a court-appointed guardian.

Prior to administering any medication, the caregiver should review the medication, know why it is being used, some of the side effects, and understand the desired outcomes.

The Wisconsin Department of Health Services maintains a list of psychotropic medications often used in community settings. The list can be found at this address:

<https://www.dhs.wisconsin.gov/publications/p01806.pdf>

## Black Box Warnings

Some medications come with a black box warning. A black box warning is written by the FDA and links atypical antipsychotic use in the elderly with dementia to increased risk of death. Extra caution should be used by practitioners when prescribing antipsychotic medications to people with dementia.

**WARNING: INCREASED MORTALITY IN ELDERLY PATIENTS WITH DEMENTIA-RELATED PSYCHOSIS**  
*See full prescribing information for complete boxed warning.*  
**Elderly patients with dementia-related psychosis treated with antipsychotic drugs are at an increased risk of death. RISPERDAL® is not approved for use in patients with dementia-related psychosis. (5.1)**

Example of a Black Box Warning

Prior to administering any medication, the caregiver should review the medication, know why it is being used, some of the side effects, and understand the desired outcomes.

According to the study Accumulation of Hospital Days Among Antipsychotic Initiators With Alzheimer's Disease, people with dementia who start on antipsychotic medication, especially during the first six months after the start of the medication, have increased days hospitalized than those people who are not on antipsychotic medications.

[https://www.jamda.com/article/S1525-8610\(19\)30561-4/fulltext](https://www.jamda.com/article/S1525-8610(19)30561-4/fulltext)

Antipsychotic medication for people with dementia can be dangerous and should be used as a last resort and only to treat psychiatric symptoms, not as a way to control behaviors.

## Chemical Restraints

Psychotropic medication should never be used for staff convenience or to control a resident. If they are used for these purposes they become a chemical restraint. A chemical restraint is defined as a psychotropic medication used for a discipline or convenience, and not required to treat medical symptoms. Anytime that a medication is used for staff convenience the medication becomes a chemical restraint. Some medications can control a resident similarly to if they were physically restrained. Chemical restraints control the resident.



### Examples

- Staff gave a psychotropic medication because a resident kept asking the staff repetitive questions or because the resident was wandering out of their room into other resident's rooms.
- Staff administered a medication to quiet the resident without attempting alternative interventions because the resident continually called out
- Staff was frustrated with a resident who kept requesting staff assistance and putting a call light on, so they gave the resident medication that sedates.
- Staff administered a medication to sedate a resident because they were short staffed and did not have time to take care of the resident.

## Non-Pharmaceutical Approaches

Non-pharmaceutical approaches are approaches that should be tried before using psychotropic medications with a resident. Approaches should be tailored to the resident and their medical condition. For example: create specific activity programming, reducing distractions, change lighting, add music programs, etc.

Behaviors can also be a sign of unmet needs. The resident may need to go to the bathroom, may be cold, or in pain. Staff need to investigate all possible options and rule out unmet needs before administering medications.

To avoid using psychotropic medication incorrectly, staff should know the following:

- The specific medical condition that the medication is ordered to treat
- What non-pharmaceutical approaches to try before administering the medication



Watch the following video on Appropriate Use of Antipsychotics in Long-Term Care.

<https://www.youtube.com/watch?v=ya4ovkRWmV4> -(4:37 min)

1. What are some of the problems that residents may be communicating with their behavior?

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The DICE method was developed to help find non-pharmaceutical approaches for individuals with dementia. This method can be used for any residents experiencing behavior symptoms. Watch the video below and complete the worksheet as you listen. (0:54 min)

<https://www.youtube.com/watch?v=w4lvWluAzg> – DICE

1. D \_\_\_\_\_

-Situations where the problem behaviors occur

2. I \_\_\_\_\_

-Look at medical, environmental problems, situational problems that may be arising.

-Look to see if a new medication has been started. Talk to other staff, supervisors, and the resident's physician.

-Check the environment. Does the behavior happen at certain times of the day, certain locations, with certain people?

-Look for new medical issues. Does the person have an infection or something else medical going on?

3. C \_\_\_\_\_

-Plan to prevent and respond to the behavior issues

4. E \_\_\_\_\_

-How is the plan working and does it need to be changed?

## Administering Psychotropic Medications

Psychotropic medications should be monitored closely when they are administered. As a reminder staff should know the following:

- The purpose for the medication
- The side effects
- The desired outcomes

Any side effects or undesired outcomes should be reported immediately to the prescriber.

For PRN psychotropic medication, the administrator or designee is required to ensure that PRN psychotropic medications are:

- Administered only when the resident exhibits the behaviors identified by the prescribing practitioner and documented in the resident's record
- Not being used to discipline or punish a resident for a particular behavior
- Not used for staff convenience, e.g., merely to sedate a resident or make up for staffing shortages
- Reviewed for significant adverse side effects

Additional documentation for PRN psychotropic medications must include:

- Rationale for use
- Description of the behaviors requiring the PRN psychotropic medication
- Effectiveness of the medication
- Presence of any side effects
- Monitoring for inappropriate use of each psychotropic medication given PRN

# Psychotropic Drugs

## Antidepressant Medications

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Antidepressants are primarily used to treat depression, but can also be prescribed to treat anxiety disorders and obsessive-compulsive disorders. The use of antidepressants with the elderly has increased over the past several years. Some of that increase is due to better diagnosis of depression among the elderly and subsequent treatment of that depression.

Examples	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Elderly individuals tend to take multiple medications that can interact with antidepressants, increasing the potential for adverse effects. It is important to monitor, document and report changes in health, behavior and fall occurrence.

Some healthcare experts believe that antidepressants are over-prescribed. This can happen when a medication is ordered for a single behavioral incident and continued for many years. For example, an isolated period of sadness or crying may result in the use of an antidepressant that is continued indefinitely. Another example is the long-term use of sleep aids originally prescribed for a brief or temporary period of sleeplessness.

# Antipsychotic Medications

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Antipsychotic medications are sometimes referred to as neuroleptics. Over the past several years it has become more common to prescribe antipsychotic medications for behaviors resulting from dementia. Although antipsychotics are used for behaviors, the medications are not approved for this use. Administration information contains specific warnings about the use of antipsychotics to address behaviors in the elderly. Residents with dementia who are placed on an antipsychotic for behaviors should be made aware of the risk these medications may pose.

Examples	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Staff should closely monitor any resident taking antipsychotics for evidence of side effects. These might look like symptoms of Parkinson's disease and include tremors, shuffling gait and drooling. Another symptom might be severe restlessness with the inability to sit still.

Sometimes people develop permanent side effects called tardive dyskinesia. The word tardive means "late" or "delayed," so these symptoms usually appear after the person has been taking the medication for one to two years or longer. These side effects can include facial grimacing, chewing movements, tongue protrusion and blinking.

When antipsychotics are used for dementia behaviors, it is imperative that staff observe, document and report data on that behavior to help the practitioner determine the effectiveness of the medication. In addition to the medication, other interventions are necessary to address the frequency and severity of behaviors.

## Sedative and Hypnotic Medications

Sedative refers to a drug that is taken for its calming or sleep-inducing effect. Hypnotic drugs are most often used to induce sleep.

Examples	
Used for	
Drug Effects and Actions	
Side Effects	
Specific Administration Information	

Residents taking these medications are at increased risk of injury due to confusion, unsteadiness and falls. Carefully observe and document the medication effects so the prescribing practitioner can effectively analyze the risk benefit.



# Pain Management

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Pain management is a difficult process. There are no lab values and no defining tests one can use to determine how much medication to give. Treatment requires a trusting relationship, open communication and education... a true team approach. Take advantage of the tools that are available to improve pain management and the quality of life of those individuals who receive pain treatments.

According to the National Institutes of Health (NIH), pain affects more Americans than diabetes, heart disease and cancer *combined*.

The National Health Interview Survey (2016) revealed that 20% of adults experienced chronic pain and 8% experienced high-impact chronic pain.

Adults age 45 – 64 were the most likely to report pain lasting more than 24 hours (30%). Adults age 65 and over were the least likely to report pain (21%). Women are more likely than men to report pain.

Chronic pain is the most common cause of long term disability and is one reason why many of the people we care for become residents in community settings.

## Nonverbal Signs of Pain

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Sometimes residents are unable to verbalize their pain. Dementia or other cognitive disabilities can cause a resident to not be able to express that they are in pain. Sometimes a resident does not want to bother the staff and will try to hide their pain. Staff often need to be observant to determine if the resident is in pain. Sometimes asking the resident to point to the part of the body that is bothering them or is painful can be helpful. When pain is suspected, staff should report the symptoms to the prescriber.

Watch the video below and then answer the questions. Pay attention to the nonverbal signs that are listed. <https://www.youtube.com/watch?v=AM9MPRp-BEo> (1min) or this video: <https://www.youtube.com/watch?v=5LQhbD-bsF0> (1:18min)

What problems can develop for a resident because of pain?

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What are the nonverbal signs of pain? List at least three that were identified in the video.

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Why do you think identifying a resident's pain is important?

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## Causes of Pain

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As people age, some contract diseases and conditions that cause pain. Think about the residents you have met. Do they say they are having pain? Do they look or act like they may be in pain?

What do you think the cause of their pain might be?

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The elderly are among the most undertreated population for pain. Of those living in community settings, between 71-83% report at least one pain-related problem.



As a caregiver, you may hear many complaints about pain. We may admire a person for having a “high” pain tolerance while becoming impatient with a person who chronically complains of pain. The ability to tolerate pain varies widely. NIH scientists have discovered a genetic difference that affects a person’s ability to tolerate acute pain. Maintain an empathetic approach to all residents and avoid making judgments about pain levels.

Some pain medications are more effective for certain people or for different types of pain. You must observe, document and report accurate information about a resident’s level of pain so that an effective pain management program can be devised by the practitioner.

# Pain Management Scales

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When a resident is taking pain medication or experiencing pain, a system to measure the level of the pain is often utilized. A pain management scale is used to:

- Measure the pain level of a person
- Measure the effects of pain medication
- Document the level of pain
- Compare pain levels of a person over time

## Numeric Rating System

A numeric system, often using the numbers one through ten, can be used to measure pain.

For example, a resident who is not taking pain medication may tell you that they are in pain. You might ask the resident, “on a scale of 1-10, with 10 being the most severe, how would you rate your pain?” For persons who might not process a verbal question you might show the person a pain chart and ask them to choose a level. Document the pain level and report the pain immediately.

For a person with a prescription for pain medication, ask the person to rate the pain level before administering the medication. After the medication has taken effect, ask again. Document both responses. Report immediately if pain has not lessened or lessened to a mild level.

Tracking the numbers gives you and the practitioner a common rating system to assess the overall effectiveness of the medication. Here is an example of a numeric pain assessment tool.

0	1	2	3	4	5	6	7	8	9	10
No	Mild			Moderate			Severe			

# Wong-Baker Faces Pain Rating Scale

This scale is used for people who can't relate to the numbers. The resident is asked to point to the picture that most accurately reflects the current level of pain.



# Checklist of Non-Verbal Indicators

Some residents may be unable to verbalize or rate their pain with words, numbers or pictures. Shown below is a checklist developed by the National Institutes of Health to help determine pain with non-verbal residents.

Indicator	With Movement	At Rest
<b>Vocal Complaints</b> – nonverbal expression of pain demonstrated by moans, groans, grunts, cries, gasps, sighs		
<b>Facial Grimaces and Winces</b> – furrowed brow, narrowed eyes, tightened lips, dropped jaw, clenched teeth, distorted expression		
<b>Bracing</b> – clutching or holding onto side rails, bed, tray table, or affected area during movement		
<b>Restlessness</b> – constant or intermittent shifting of position, rocking, intermittent or constant hand motions, inability to keep still		
<b>Rubbing</b> – massaging affected area		
<b>Verbal Complaints</b> – verbal expression of pain using words, e.g., “ouch” or “that hurts”, cursing during movement, or exclamations of protest, e.g., “stop: or “that’s enough.”		
<p>-- Write a 0 if the behavior was not observed.            -- Write a 1 if the behavior even briefly occurred during activity or rest.  <b>(Results in a total score between 0 and 6)</b></p>		

This non-verbal checklist will allow practitioners to develop a pain management plan based on your documentation of the indicators demonstrated by the resident. The practitioner will also take into account any illnesses or conditions that may simulate pain indicators. For example, constant hand motions may be the result of tremors caused by Parkinson’s disease, not pain.

# Pain Management Policy

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It is recommended that each provider have a policy or guidelines for recognizing pain and treating/managing pain.

## Alternative Treatments for Pain

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In today's society people often look for a pill or medication to fix their medical conditions, but sometimes there are not medications or easy fixes to the problem. Studies have found that medication alone is not the best treatment for pain. In fact, some studies have found that because of their addictive properties, some medications can cause the person to feel more pain.

Today we also are faced with a crisis of opioid (a strong pain medication) addiction. Because of this crisis, the medical profession, researchers, and state and federal governments are looking at alternate treatments for pain management. The Wisconsin Department of Health Services has developed a website with resources for alternative treatments: <https://www.dhs.wisconsin.gov/opioids/pain-management.htm>

Watch this video on alternative treatment research.  
<https://www.youtube.com/watch?v=K7CxHDqSxDw>

After watching the video and reviewing the website above, what are some alternative treatments that might help someone with pain?

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# Pain Management Medication

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Analgesics are the most commonly used medication to treat pain. There are three categories:

**Acetaminophen** is used primarily for mild pain.

**Non-steroidal anti-inflammatories (NSAIDs)** are used for mild to moderate pain.

**Opioids** are used for severe and chronic pain.

As you will see in the next section, opioid drugs are considered controlled substances and must be closely monitored in the community setting.



## Controlled Substances

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It's estimated that over 6 million people in America use prescription drugs, especially controlled substances, for non-medical purposes. In other words, the medication is “diverted” – used for another purpose or by a different person.

Because of the availability of prescription drugs in community settings, it's important that you are aware of the dangers and outcomes of diverting medication.

# Federal Controlled Substances Act

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The federal Controlled Substances Act created five schedules (lists) of drugs or other substances based on the substance's potential for abuse, accepted medical use, and the potential for dependence. A controlled substance is generally defined as a substance that is regulated by the government.

The lower the Schedule number, the higher the risk for abuse and/or dependence.

**Schedule I** – The drug has a high potential for abuse, has no currently accepted medical use in treatment in the United States, and there is a lack of accepted safety for use of the drug under medical supervision.

Common Name Examples: heroin, marijuana, LSD, ecstasy, meth, cocaine

**Schedule II** – The drug has a high potential for abuse, has a currently accepted medical use in treatment in the United States or a currently accepted medical use with severe restrictions, and abuse of the drug may lead to severe psychological or physical dependence.

Examples of Schedule II narcotics include: combination products containing hydrocodone (Vicodin®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®), morphine, opium, amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), methylphenidate (Ritalin®), and codeine.

**Schedule III** – The drug has a potential for abuse less than the drugs in Schedules I and II, has currently accepted medical use in treatment in the United States, and abuse of the drug or other substance may lead to moderate or low physical dependence or high psychological dependence.

Examples of Schedule III narcotics include: products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine), and buprenorphine (Suboxone®).

**Schedule IV** – The drug has a low potential for abuse relative to the drugs or other substances in Schedule III, has a currently accepted medical use in treatment in the United States, and abuse of the drug may lead to limited physical dependence or psychological dependence relative to the drugs or other substances in Schedule III.

Examples include: alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).



**Schedule V** – Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.

Examples include: cough preparations containing not more than 200 milligrams of Codeine per 100 milliliters or per 100 grams (Robitussin AC®, Phenergan with Codeine), and ezogabine.

## **Commonly Abused Prescription Medications**

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There are three types of prescription drugs that are most commonly abused because of the effects they may produce. Most are classified as Schedule II drugs:

Opioids are most often prescribed to treat pain. They have a high risk for addiction and overdose. Opioids become even more dangerous when abusers override the newer time-release versions by crushing the pills and snorting or injecting the medication to increase the effect. Used or discarded Fentanyl® patches are attractive to abusers because a significant level of the drug remains. Theft of liquids is often disguised by refilling the container with another non-medical liquid.

Dangers: Opioid abuse can lead to respiratory distress and even death, especially when combined with other drugs, including alcohol.

Central Nervous System (CNS) Depressants are used to treat anxiety and sleep disorders. In addition to becoming addictive, they pose the added danger of significant withdrawal symptoms if a long-term user stops taking them abruptly.

Dangers: Overdose can cause significant breathing problems or death, especially when combined with other drugs, including alcohol.

Stimulants are prescribed to treat certain sleep disorders and attention deficit hyperactivity disorder (ADHD). Stimulants are not likely to be prescribed for the average resident in long-term care. Examples include amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®)

Dangers: Abusing stimulants can lead to dangerously high body temperature, seizure and cardiovascular distress.

# **Understanding Addiction**

Addiction can affect anyone. People from all backgrounds experience addiction. Addiction doesn't care how old you are, how much money you make, or the color of your skin; it has no bias. While the initial choice to use a drug is often voluntary, the powerful effects of addiction make it very hard to stop, even if someone wants to.

In some community settings residents may be being treated for substance use disorders. Some of the treatment may involve receiving medication assisted treatment or MAT. Medication-Assisted Treatment (MAT) is the use of medications, in combination with counseling and behavioral therapies, to provide a “whole-patient” approach to the treatment of substance use disorders. Research shows that a combination of medication and therapy can successfully treat these disorders, and for some people struggling with addiction, MAT can help sustain recovery.

MAT is primarily used for the treatment of addiction to opioids such as heroin and prescription pain relievers that contain opiates. The prescribed medication operates to normalize brain chemistry, block the euphoric effects of alcohol and opioids, relieve physiological cravings, and normalize body functions without the negative effects of the abused drug. Medications used in MAT are approved by the Food and Drug Administration (FDA), and MAT programs are clinically driven and tailored to meet each patient's needs. Combining medications used in MAT with anxiety treatment medications can be fatal. Types of anxiety treatment medications include derivatives of Benzodiazepine, such as Xanax or Valium.

## **Opioid Treatment Programs (OTPs)**

Opioid treatment programs (OTPs) provide MAT for individuals diagnosed with an opioid use disorder. OTPs also provide a range of services to reduce, eliminate, or prevent the use of illicit drugs, potential criminal activity, and/or the spread of infectious disease. OTPs focus on improving the quality of life of those receiving treatment.

Federal law requires patients who receive treatment in an OTP to receive medical, counseling, vocational, educational, and other assessment and treatment services, in addition to prescribed medication. The law allows MAT professionals to provide treatment and services in a range of settings, including hospitals, correctional facilities, offices, and remote clinics.

## **Medications Used in MAT**

FDA has approved several different medications to treat opioid addiction and alcohol dependence. A common misconception associated with MAT is that it substitutes one drug for another. Instead, these medications relieve the withdrawal symptoms and psychological cravings that cause chemical imbalances in the body. MAT programs provide a safe and controlled level of medication to overcome the use of an abused opioid. And research has shown that when provided at the proper dose, medications used in MAT have no adverse effects on a person's intelligence, mental capability, physical functioning, or employability.

Medications used in MAT for opioid treatment can only be dispensed through a Substance Abuse and Mental Health Services Administration (SAMHSA)-certified OTP. Some of the medications used in MAT are controlled substances due to their potential for misuse. Drugs, substances, and certain chemicals used to make drugs are classified by the Drug Enforcement Administration (DEA) into five distinct categories, or schedules, depending upon a drug's acceptable medical use and potential for misuse. To learn more about DEA drug schedules.

## **Opioid Dependency Medications**

Methadone, buprenorphine, and naltrexone are used to treat opioid dependence and addiction to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. People may safely take medications used in MAT for months, years, several years, or even a lifetime. Plans to stop a medication must always be discussed with a doctor.

### **Methadone (Schedule II)**

Methadone tricks the brain into thinking it's still getting the abused drug. In fact, the person is not getting high from it and feels normal, so withdrawal doesn't occur.

Methadone is used to treat Opioid Use Disorder (OUD) according to the Substance Abuse and Mental Health Services Administration (SAMHSA). Methadone is a long-acting full opioid agonist and a scheduled II controlled medication and is part of medication-assisted treatment programs (MAT).

Methadone reduces the opioid craving, withdrawals, and blocks or dulls the effects of opioids. Taken once a day, Methadone comes in various forms and is prescribed as part of a comprehensive treatment plan that includes counseling and participation in a social support program.

Pregnant or breastfeeding women must inform their treatment provider before taking methadone. It is the only drug used in MAT approved for women who are pregnant or breastfeeding.

Methadone requires a prescription from a licensed practitioner and all the rules related to schedule II medications apply. Since the medication is sometimes received at the MAT program, residents may be bringing the medication back to the setting with them instead of having it delivered by the setting's pharmacy. Staff should check with the resident upon return, to see if they were given any new medication.

The Substance Abuse and Mental Health Services Administration outlines the following guidelines

- Never use more than the amount prescribed, and always take at the times prescribed. If a dose is missed, or if it feels like it's not working, do *not* take an extra dose of methadone.
- Do not consume alcohol while taking methadone.
- Be careful driving or operating machinery on methadone.

- **Call 911** if too much methadone is taken or if an overdose is suspected.
- Store methadone at room temperature and away from light.
- Dispose of unused methadone safely. Talk to your MAT physician for guidance or follow medication disposal as outlined in this training.

### **Side Effects of Methadone**

Side effects should be taken seriously, as some of them may indicate an emergency. Patients should stop taking methadone and contact a doctor or emergency services right away if they:

- Experience difficulty breathing or shallow breathing
- Feel lightheaded or faint
- Experience hives or a rash; swelling of the face, lips, tongue, or throat
- Feel chest pain
- Experience a fast or pounding heartbeat
- Experience hallucinations or confusion

### **Buprenorphine (Schedule II)**

Like methadone, buprenorphine suppresses and reduces cravings for the abused drug. It can come in a pill form or sublingual tablet that is placed under the tongue.

### **Naltrexone**

Naltrexone works differently than methadone and buprenorphine in the treatment of opioid dependency. If a person using naltrexone relapses and uses the abused drug, naltrexone blocks the euphoric and sedative effects of the abused drug and prevents feelings of euphoria.

In some cases these medications will be administered by the OTP and in some cases residents may have take-home doses that they will bring into the community setting to self-administer. Just like other medications that are self-administered, the provider shall provide a place to secure the medication. Providers should be aware of what medications the resident has and how they are to be taken. If any concerns arise, the setting should be in contact with the OTP providing the MAT.

Some residents receiving MAT may incur injuries like any other resident. Sometimes those injuries may need to be treated for pain. Residents who are receiving MAT should have their pain needs met with awareness of the substance abuse treatment. Therefore, the practitioners who are providing MAT along with the practitioner treating the injury should be working and communicating what the plan is with the medications. The medication plan for pain management and substance abuse should be communicated to the community setting.

# Handling Opioids Overdoses

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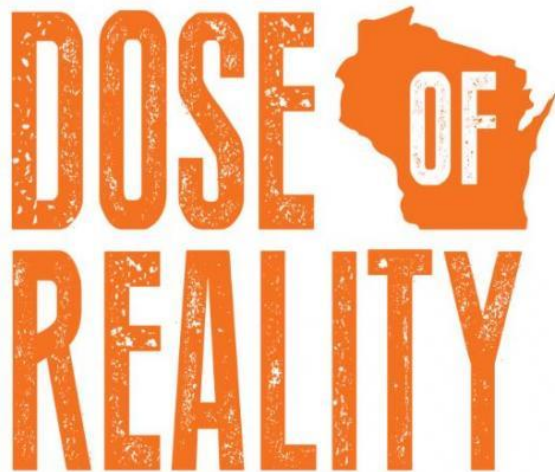
Each year more people are killed from opioid overdose than car crashes in Wisconsin. Opioids can be deadly if taken in high doses, taken in combination with other drugs, or given to someone with certain pre-existing conditions. Wisconsin has identified opioids as a public health crisis as outlined in P-02091

(<https://www.dhs.wisconsin.gov/publications/p02091.pdf>)

Naloxone is a medication that can reverse an opioid overdose. It can be given as an injection or as a nasal spray. Naloxone is often sold under the brand name Narcan. Additional information regarding the use of naloxone is available on the Department of Health Services (DHS) website titled “Opioid-Overdose.”

A statewide standing order was signed in 2018 by Dr. Jonathan Meiman for pharmacies that are interested in dispensing naloxone. The standing order allows pharmacies in Wisconsin to provide naloxone without a direct prescription to individuals at risk of an opioid overdose, as well as their family and friends and anyone who may witness an opioid overdose.

Naloxone does not reverse overdoses caused by non-opioid drugs. It will not cause harm if it is administered to someone who is not experiencing an overdose due to opioids. It cannot be abused and is not addictive.



A regulated setting is permitted to store and administer nasal spray naloxone that is not dispensed to a specific resident. Staff who have received training using DHS-approved DHS education materials, are permitted to administer nasal spray naloxone. A registered nurse can administer an injectable form of naloxone and a nasal form of naloxone. A registered nurse may also delegate injections to staff who have completed this training in settings where delegation is allowed. Please note injections of naloxone can only be done with nurse delegation or by a licensed individual.

## What causes an opioid overdose?

- Taking an opioid to get high
- Taking an extra dose of a prescription opioid or taking it too often either accidentally or on purpose
- Mixing an opioid with other medicines, illegal drugs, or alcohol
- Taking an opioid that was prescribed for someone else.

## Who is at greatest risk for an opioid overdose?

- People who take illegal opioids.
- People who take more opioid medicine than prescribed.
- People who combine opioids with other medicines and/or alcohol.
- People who have asthma, sleep apnea, or reduced kidney or liver function.

## What are the signs of an opioid overdose?

- Body feels clammy to the touch
- Extremely pale face
- Extremely small pinpoint pupils
- Gurgling noises
- Limp body
- Purple or blue colored fingernails or lips
- Slow or stopped breathing or heartbeat
- Unable to be awakened
- Unable to speak
- Vomiting

## Using Naloxone

- Identify an overdose
- Call 911
- Open airway and give rescue breaths
- Give naloxone
- Place individual in recovery position
- Stay until help arrives

Prescribe to Prevent has a video to show how to use naloxone. Watch the following video and then review the administration sheets on the next pages.

<https://prescribetoprevent.org/wp2015/wp-content/uploads/How-To-IntranasalConverted.mp4>

# HOW TO GIVE NALOXONE

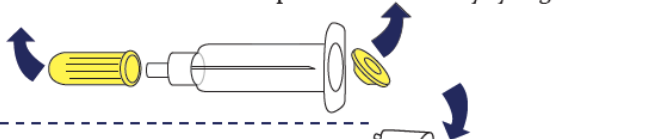

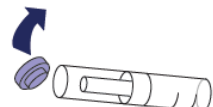
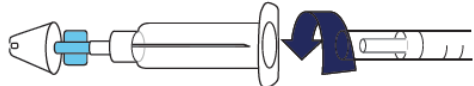

There are four ways to give naloxone. Follow instructions for the type that you have.

-- To see video instructions on how to administer the four kinds of naloxone, visit [www.prescribetoprevent.org](http://www.prescribetoprevent.org). --

## Nasal spray (ready to use)

1. Peel back the package to remove the device.
2. Place the tip of the nozzle in a nostril until your fingers touch the bottom of the nose.
3. Press the plunger firmly to release the dose into either nostril.
4. Provide a second dose in the other nostril if there is no response after 2-3 minutes.



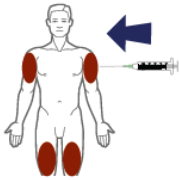
## Nasal spray (assembly required)


- 1 Remove the two colored caps from the delivery syringe.  

- 2 Screw the white atomizer cone onto the top of the delivery syringe.  

- 3 Remove the cap off the capsule of naloxone.  

- 4 Gently screw the capsule of naloxone into the barrel of syringe.  

- 5 Insert white cone into nostril; give a short, strong push on the end of capsule to spray naloxone into nose: **One half (1 mL) of the capsule in each nostril.**  

- 6 If there is no reaction in 2-3 minutes, give a second dose.

## Auto-injector (EVZIO™)

1. Pull auto-injector from outer case.
2. Pull off red safety guard.
3. Place the black end of the auto-injector against the outer thigh—**through clothing if needed**—press firmly and hold in place for 5 seconds.
4. Repeat the injection if there is no response after 2-3 minutes.

## Injectable naloxone

- 1 Put on gloves, if available. Remove cap from naloxone vial and uncover the needle.  

- 2 Insert needle through rubber plug with vial upside down. Pull back on plunger and draw up 1 mL of naloxone.  

- 3 Insert the needle into the muscle of the bare upper arm or thigh.  
Push on the plunger to inject the naloxone.  

- 4 Repeat the injection if there is no response after 2-3 minutes.

Wisconsin Department of Health Services  
P-01576 (08/2016) 

# RESPONDING TO AN OVERDOSE

Know how to keep yourself  
and your loved ones safe.

-- Ask your pharmacist about how to safely dispose of medications and sharps. --

## 1 IDENTIFY OVERDOSE

Try to wake the overdose victim by yelling their name or rubbing your knuckles in the middle of their chest.

## 2 CALL 9-1-1

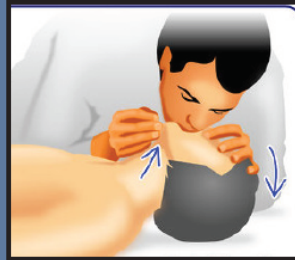
Indicate if the overdose victim has stopped or slowed breathing.

## 3 OPEN AIRWAY AND GIVE RESCUE BREATHS

If the overdose victim is not breathing, open the airway. Remove any object from the victim's mouth.

If breathing has stopped or slowed, start rescue breathing: tilt head back, lift chin, pinch nose with other hand, give one breath every five seconds. Continue this for 30 seconds.

If the overdose victim is still not breathing on own, give naloxone.

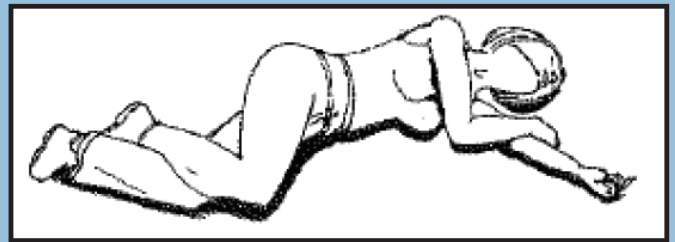


## 4 GIVE NALOXONE

See reverse side for how to give naloxone. After giving naloxone, continue rescue breaths. If there is still no response after 2-3 minutes, give naloxone again. **More than one dose is sometimes needed.**

## 5 RECOVERY POSITION

Once the overdose victim is breathing again, put the person on their side with the top leg and arm crossed over the body to prevent choking (see below).



## 6 STAY UNTIL HELP ARRIVES

Stay with the overdose victim until emergency responders arrive.



Wisconsin Pharmacy  
Examining Board



Wisconsin  
Department of Health Services



# Increasing Awareness: Recognizing Red Flags

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The following “red flags” may indicate that a person is drug-impaired and/or may be diverting a resident’s medications for personal use. It’s important to note that these signs are not absolute proof, just indicators. However, observing several signs in one person demonstrates a need for further action.



- Excessive absenteeism, especially last minute call-ins or no shows
- Frequent disappearances from the work site, e.g., unexplained or questionable absences; long trips to the bathroom or secured area where drugs are kept
- Insistence on caring for specific residents who are prescribed controlled substances, especially residents with cognitive impairments
- A history of theft, shoplifting, multiple small claims for unpaid bills, disorderly conduct or driving infractions
- Poor interpersonal relations with co-workers, supervisors, and residents’ family members. Interestingly, residents who have been victims of medication diversion often report liking the perpetrator.
- Sloppy record keeping, frequently “forgetting” to chart or count medications
- Failure to complete tasks on time
- Volunteering to work nights or in settings where there are few other staff
- A consistent decline in personal hygiene and appearance
- Personality changes or mood swings, depression, lack of impulse control, etc.
- Visits by friends or relatives of the caregiver, especially when few staff are on duty

# What Caregivers Can Do

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If you suspect that a co-worker is using drugs or diverting controlled substances, don't help the user avoid facing the consequences. In some cases, drug diversion results in a resident not receiving relief from pain. Report your suspicions to your supervisor right away. It may be hard to report to a supervisor, but not reporting endangers you, your job and those in your care.

Watch this video and then complete the discussion questions (11:07 min):

<https://www.youtube.com/watch?v=EqRjijSWF5E>

What is the number one way to prevent drug diversion according to the video?

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What can you do as a caregiver to prevent drug diversion?

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According to the U.S. Department of Justice you have the following responsibilities:

- You have a legal and ethical responsibility to uphold the law and help protect society from drug abuse.
- You have a professional responsibility to guard against abuse while ensuring residents have the medication available when they need it.
- You have a personal responsibility to protect your setting from becoming an easy target of drug diversion by following policies and procedures and by keeping medications securely stored. You must become aware of potential situations where drug diversion can occur and safeguards can be enacted to prevent this diversion.

# Activity: Developing Best Practices

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Many providers have developed best practices to discourage/prevent diversion of medications by employees. For example:

- Policies include appropriate medication administration and handling procedures in job duties of caregivers. For example, follow formal charting procedures, have 2 people count medications at the end of every shift, etc.
- Have the supervisor make unexpected rounds; stay in touch with staff and residents daily.
- Aggressively safeguard medications slated for disposal, count medications regularly, or require that staff with access to locked storage units maintain keys on his/her person.

What are some other best practices you have seen in your setting or that you think would be helpful?

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# Activity: Applying Best Practices

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The following examples are based on cases reported to the Wisconsin Division of Quality Assurance. For this activity, keep in mind the best practices that were discussed earlier.

## Example #1:

Laurie, a caregiver, was in resident Marie's room changing linens. While Marie was in the bathroom with the door closed, caregiver Michael entered Marie's room with a cupful of medications. Michael shouted through the door for Marie to be sure to take her meds and left the room.

After Laurie finished changing the linens, she began to think that it was suspicious that Michael was delivering the meds in the first place. Laurie knew that a different caregiver usually delivered Marie's meds. Laurie called the supervisor on duty who confirmed that an 80 mg dose of oxycodone was missing from the medication cup. Michael later stated he had taken the oxycodone to Marie in the bathroom. Both caregiver Laurie and resident Marie insisted that had not happened.

The supervisor asked Michael to provide a urine sample, which tested positive for oxycodone and morphine.

The provider reported the incident to the state as well as local law enforcement.

What best practices did the provider and staff demonstrate in this example?

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## Example #2:

Administrator Judy had been receiving reports for about 6 weeks that medication counts were off and residents complained about not receiving PRN medications. The busy administrator wrote it off as sloppy record-keeping or forgetful residents.

After one resident's family complained about their mother's claim of not receiving her pain medication, the administrator began to question staff. Caregiver Juanita admitted that she suspected that her co-worker, Caregiver Ashley, might be taking medications. Both Juanita and Ashley had passed the Medication Administration course and were approved to administer medications.

Juanita had observed that Ashley insisted on delivering medications to certain residents and it seemed to Juanita that Ashley sometimes disappeared for long periods of time. Juanita said she didn't know what to do and never mentioned her suspicions to anyone. Shortly after the director began interviewing staff, Ashley quit her job. She is now working for a provider in a nearby city.

The director breathed a sigh of relief that Ashley was no longer her employee and considered the problem solved.

What best practices did the provider and staff fail to observe in this example?

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Do you think a provider should report an incident to the state or law enforcement when a suspected caregiver quits or is fired? Why or why not?

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### Example #3:

Louise is a caregiver who starts her shift at 6:30 a.m. at a small provider. Her first task of the day is to count medications with Caregiver Chai, who works nights. It seems Chai is always in a hurry to leave. He sometimes tries to convince Louise not to “waste time” counting meds. Louise usually gives in and just signs off on the medication count.

Today, Administrator Barbara asks to see Louise in her office. Barbara says that medication counts between the a.m. and p.m. shifts indicate missing medications, most often Vicodin and Percocet.

On one hand, Louise is pretty sure that Chai is the one stealing medications, but if she discloses her suspicions to her supervisor, she will have to admit that she didn't really count the medication in the first place.

Why do you think Louise agreed to Chai's request?

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How could the provider have prevented this incident?

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# Reporting Drug Diversion by Caregivers

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## Wisconsin's Caregiver Law

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Wisconsin's Caregiver Law defines caregiver misconduct as abuse or neglect of a resident or misappropriation of a resident's property. Drug diversion meets the definition of misappropriation when the following criteria are met: the intentional taking, carrying away, using, transferring, concealing or retaining possession of a client's movable property without the client's consent and with the intent to deprive the client of possession of the property.

Community settings regulated by the Division of Quality Assurance are required to report suspected cases of drug diversion to the state when the facts may meet the definition outlined above. As always, if in doubt, report it out!

If the Wisconsin Department of Health Services or the Department of Safety and Professional Services substantiates a finding of misappropriation against a caregiver, that caregiver may be temporarily or permanently barred from working in a health care setting. In effect, the caregiver loses not only his or her current job, but any opportunity for future jobs in the field of health care.

## Criminal Charges and Penalties

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In some cases, medication diversion may constitute caregiver misconduct, a criminal violation or both.

When caregivers divert prescription drugs belonging to a resident or a provider, local law enforcement may initiate investigations and file charges. The Wisconsin Department of Justice Medicaid Fraud Unit also prosecutes cases. There are a wide range of criminal charges that may be pursued depending on the facts of the case.

Contacting law enforcement in cases of suspected drug diversion is **strongly** encouraged by the Wisconsin Division of Quality Assurance.

Criminal charges and convictions in Wisconsin are permanently maintained by the Department of Justice Crime Information Bureau as law enforcement records.

Caregiver background checks always include a query of these records. Therefore, even if a finding cannot be substantiated, there will still be a record of any criminal charges and/or convictions involving wrongdoing by a caregiver.

Consider the following incident:

During a routine traffic stop, a police officer discovers that the driver, Ashley, is in possession of a large bag of unidentified pills. Ashley admits to the officer that she took the pills from the healthcare provider where she works.

An interview of staff at the community setting revealed that Ashley was sometimes responsible for destroying medications no longer used by residents. A co-worker admitted that Ashley had convinced him to sign the medication destruction form without actually witnessing the disposal of the medications.

The incident may not clearly meet the definition of caregiver misappropriation since the medication cartons were no longer in the possession of the client. However, there is a clear violation of the law. In this case the caregiver was charged with multiple counts of Theft-Movable Property <\$2500 (Class A Misdemeanor) and Possession of Illegally Obtained Prescription (Class U Misdemeanor).

Managers, supervisors and staff need to be aware of the potential for medication diversion, with special emphasis on Schedule II drugs.





# Anaphylaxis *(Estimated teaching time: 10 min)*

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Anaphylaxis is defined as a severe allergic reaction and often can be life threatening. Always treat anaphylaxis as an emergency that requires immediate assistance. Most of the time anaphylaxis is caused when a person is exposed to an allergen to which they are severely allergic. The most common allergens are food, insects or medication (not limited to these three.)



## First Aid for Mild to Moderate Allergic Reactions

### Mild to moderate symptoms are:

- Swelling of the face, lips, and eyes
- Hives on the skin
- Tingling mouth
- Stomach pain or vomiting

### What to do

- Remove the stinger by scraping it with a credit card, if a bee was the source of the reaction
- Stay with the person and call 911 if symptoms do not improve or worsen
- Give the person medication if prescribed. Antihistamines are often prescribed to treat mild to moderate allergic reactions, but only use these if the person has a physician's order
- Use an adrenaline auto injector if prescribed and then call 911
- **Special Note:** In a community setting, if the use adrenaline auto injector requires nurse delegation, then the Registered Nurse (RN) should ensure that the staff are trained and that they know the procedures to follow for residents that may need adrenaline auto injector. If the provider does not have an RN, then the provider needs to decide if they will take residents who may require an injection, how they will use or not use it and provide training to staff in accordance with the regulations. It is recommended that in cases of emergency allergic reactions without delegation present, 911 be called and staff should follow the direction of the dispatcher. Participants should contact their management to learn the specific policies and plans on how to handle these situations.

## **First Aid for Anaphylaxis (Severe reaction)**

### **Severe reaction symptoms are:**

- Difficult breathing
- Swelling of the tongue
- Swelling or tightness in the throat
- Hoarse voice or a hard time talking
- Wheezing
- Dizziness or fainting

### **What to do**

- Call 911
- Allow to sit or lay flat if breathing is labored
- Administer adrenaline auto-injector if available and the person has a prescription
- Another adrenaline dose may be given if there is not improvement after five minutes

How to use an adrenaline auto-injector – Epi-pen video resource 4:10 min

<https://www.youtube.com/watch?v=T2YKnBmoq2E>

### **Steps to Use an Adrenaline Auto-injector**

- Open adrenaline auto-injector
- Remove the top cap
- Hold the leg in place, starting two inches away, press against the outer thigh until you hear a click
- Hold for 10 seconds and remove
- Rub the spot for 10 seconds while waiting for emergency assistance

# Medication Administration Review and Test

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Medication administration is a big responsibility. When the systems are followed, medication administration is safe and the residents get the medications that they need. It is the caregiver's job to follow the systems and report any problems timely to their supervisors.

This training covered a wide range of topics, all designed to provide the information and skills necessary to properly administer medications to those in your care. The topics included:

- Resident Rights
- Policies and Procedures
- Delegated Procedures
- Medication Management
- Medical Terms and Abbreviations
- Medication Packaging, Labeling and Storage
- Medication Errors
- Types of Medications and Classifications
- Medication Administration

Use this time to review the materials taught and ask any questions that you may have. The next steps in the class will be your skills test and written test. You will be required to demonstrate each type of medication administration and pass the written test with 90% or greater. You may use this guide when taking the tests and doing the skills demonstration.

# Resources

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The following are resources used for this curriculum. These resources may also provide valuable information about current standards and practices. Instructors and participants are encouraged to explore the resources to increase program knowledge.

DQA Pharmacy Review Resources for Surveyors

[http://dhs.wisconsin.gov/ri\\_DSL/MedManagement/asstlvgMMI.htm](http://dhs.wisconsin.gov/ri_DSL/MedManagement/asstlvgMMI.htm)

DQA Pharmacy Newsletter - <https://www.dhs.wisconsin.gov/dqa/memos/pharm-capsule.htm>

National Patient Safety Goal – Look Alike/Sound Alike Drugs

<http://www.ismp.org/Tools/confuseddrugnames.pdf>

Pharmacy Examining Board, ch. 450, Wis Stats

<http://www.legis.state.wi.us>

Community Based Residential Facilities -- DHS 83 <http://www.legis.state.wi.us>

Standards of Practice for Registered Nurses and Licensed Practical Nurses – N6

<http://www.legis.state.wi.us>

National Patient Safety Goal – Implementation Tips for Eliminating Dangerous Abbreviations

[https://www.jointcommission.org/sentinel\\_event\\_alert\\_issue\\_23\\_medication\\_errors\\_related\\_to\\_potentially\\_dangerous\\_abbreviations/](https://www.jointcommission.org/sentinel_event_alert_issue_23_medication_errors_related_to_potentially_dangerous_abbreviations/)

DQA Assisted Living Medication Management Initiative

[http://dhs.wisconsin.gov/ri\\_DSL/MedManagement/asstlvgMMI.htm](http://dhs.wisconsin.gov/ri_DSL/MedManagement/asstlvgMMI.htm)

Schedules of Controlled Substances <http://www.deadiversion.usdoj.gov/schedules/>

Uniform Controlled Substances Act <http://www.legis.state.wi.us/Statutes/Stat0961.pdf>

“Preventing Medication Diversion,” Division of Quality Assurance and University of Wisconsin – Oshkosh Center for Career Development

<http://www.uwosh.edu/ccdet/caregiver/topical.htm>

Fact Sheet on Pain Management, National Institutes of Health

<https://www.report.nih.gov/nihfactsheets/ViewFactSheet.aspx?csid=57>

NIH Pain Consortium, National Institutes of Health  
<https://www.painconsortium.nih.gov/>

MedLinePlus, National Library of Medicine, National Institutes of Health  
<http://medlineplus.gov>

Centers for Disease Control and Prevention <http://www.cdc.gov>

Medication Administration  
<http://www.safemedication.com/safemed/MedicationTipsTools/HowtoAdminister.aspx>

Recommendations to Enhance Accuracy of Administration of Medications, National  
Coordinating Council for Medication Error Reporting and Prevention  
<http://www.nccmerp.org>