

# GENERAL PRINCIPLES OF MEDICATION ADMINISTRATION

- A prescription is needed for all meds, including over the counter.
- No ‘borrowing’ medications between clients.
- All medications are kept in a locked, secure location in AFC homes
- Internal and external medications are to be kept separate.
- Never give a medication you haven’t poured/prepared.
- Pour/prepare immediately prior to administering the medications.
- Never leave medications unattended.
- Prepare one client’s medication at a time.
- Avoid interruptions while passing medications.
- READ – READ – READ
- Count before and after med passes. Your final shift count must be checked by your coworker



# MED PASSING PROCEDURE

- Read daybook and progress notes upon arrival to shift for changes.
- Wash your hands. Wear gloves when administering a topical, eye drops, transdermal patch or rectal medication; optional for delivering oral medications.
- Never leave meds unattended. Lock the med cabinet.



- Do med count at beginning of shift.
- Start with first consumer in book – one person at a time.
- Check the ***RIGHT MED, RIGHT TIME, RIGHT DOSAGE*** with each med.
- Dot each med as it is dispensed (immediately with passing).
- Have co-worker check meds for accuracy (when available)
- Again, assure meds are for the ***RIGHT CLIENT***
- Administer med checking the ***RIGHT ROUTE.***
- Pass med to the ***RIGHT CLIENT.***
- Initial dotted areas after med is passed. ***RIGHT DOCUMENTATION.***
- Check bowel chart.
- Dispose of meds, cup and gloves by turning the glove inside out with med cup in first hand then fold second glove over all disposing in one neatly wrapped package.

- Wash hands, don gloves if administering topicals, eye drops or medications delivered by alternative routes such as rectal, transdermal patch, etc. and, repeat procedure for each consumer.
- When done, do a med count. Check last 24-hour count.



## Basic Medication Administration

Many of the people you support take at least one or more medications on a daily basis.

Everyone you support will need to take medications at some time or another as their medical status changes. **Medication administration is a high risk activity.** You will learn critical skills in the unit which are designed to increase safety and reduce the risk of error. This will help to maximize protection for the individuals you assist as well as yourself. No one wants to be responsible for causing injury or harm to someone else. The health of many individuals in licensed settings depends on the skill of the DSP assisting them with taking medications.

As you will see administering medications is a very important responsibility and there are many risks. This is why it is so important to follow the Physicians orders exactly. Safety is the key to preventing medication errors.

Your job doesn't end after you have passed the medication! You must also learn about each medication; why is the individual taking it, what are the side effects, how will you know if it is working, are there foods or drinks that should be avoided, other medications that should be avoided, will it prevent the individual from doing certain activities, etc. Your knowledge and understanding of medications will help you keep the individuals you support informed about their medications and to answer any questions they may have.

### EFFECTS OF MEDICATION

**MEDICATIONS** are substances that are taken into (or applied to) the body for the purpose of prevention, treatment, relief of symptoms, or cure. The Direct Support Professional may only assist individuals with administration of medications that have been ordered and prescribed by a person licensed to do so by the Department of Licensing and Regulation (i.e. Doctor, Dentist, or Nurse Practitioner). This includes **both** prescription and over-the-counter medications. The doctor's signed, dated order or prescription provides instructions for preparation and administration of the medication. Any other use of medications besides those listed above would be considered **drug abuse**.

**PRESCRIPTION MEDICATIONS** are those that are always ordered by a doctor or other person with authority to write a prescription. **Over-the-counter (OTC)** medications are those that typically can be bought without a doctor's order and include vitamin supplements, herbal remedies, and commonly used medications such as Tylenol and Benadryl. In licensed residential settings even "over-the-counter" medications must have a signed, dated order or prescription from the Doctor. Orders for all medications are intended to protect the client from adverse interactions related to multiple medications that may include OTC medications.

**PRN MEDICATIONS** are taken "as needed" to treat specific symptoms. PRN medications include both prescription and over-the-counter medications. PRN medications must always be ordered by a doctor. The doctor's order should include the minimum and maximum number of doses, the number of days the

medication may be used, under what conditions or the condition it is prescribed for and any other directions specific to the individual. The reason for each dose of PRN medication must be documented. Each dose of medication must be recorded on the individual's medication sheet, and the DSP should assure that a.m. or p.m. is noted too. To prevent errors always check for the last time a PRN medication was given before dispensing, and follow all individual medical protocols for that medication. When a PRN medication is administered the DSP must complete a follow up check in 30-45 minutes. This check involves talking to, and observing the individual for the intended effect, and documenting that effectiveness on the back of the Medication Administration Records (MAR).

\*Please note that AFC administrative rules require initiation of a review process to evaluate an individual's condition if the individual requires the repeated and prolonged use of a medication that is prescribed on an as needed basis. The review process shall include the individual's prescribing physician, the individual or his/her designated representative, and the responsible agency. **AFC administrative rules [400.14312(4)(c-d)] [400.15312(4)(c-d)] Resident Medications.**

Medications are powerful substances and can have a significant impact on an individual's overall state of health, behavior, and the ability to prevent, combat, or control disease. Medications affect each individual differently. Usually a medication is taken for a primary or intended effect or action; controlling seizures, lowering blood pressure, or relieving pain.

Many drugs have other known actions beside the primary or intended one. These actions are called secondary actions or side effects, desired side effects, and adverse allergic reactions. Many of these effects are predictable; however, some are not. Side effects may be desirable or undesirable, harmless or dangerous. Sometimes they can even be deadly. Both prescription and OTC drugs have side effects. An example of a side effect is when the medication makes the individual feel nauseated, confused, dizzy or anxious, or when it causes a rash or a change in a bodily function such as a change in appetite, sleep pattern, or elimination.

It is not uncommon for two or more medications to interact with one another, causing unwanted side effects. An example of this would be when iron or Penicillin is given with an antacid. The antacid prevents the iron or Penicillin from being absorbed in the stomach.

What would be some factors that affect a drug's effectiveness?

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

## **COMMON MEDICATION CATEGORIES**

Drugs are classified into categories or classes with other medications that affect the body in similar ways. Thousands of medications are on the market. Many drugs, because of their multiple uses, can be found in more than one category. For example, Benadryl is an antihistamine, which relieves allergy symptoms. It's also a sedative to promote sleep. Some common categories of medications used by individuals with developmental disabilities or mental illness include:

- ❖ Anticonvulsants
- ❖ Antibiotics
- ❖ Pain Medications
- ❖ Topical ointments or creams
- ❖ Psychotropic medications, which include anti-depressants and antipsychotics



## **ANTI-CONVULSANTS OR ANTI-SEIZURE MEDICATIONS**

Seizures may be treated by medications. Medications prescribed to control seizure activity in individuals with epilepsy are often referred to as anti-convulsants. The type of seizures an individual has determines which anticonvulsant the physician prescribes.

It is very important for you to provide accurate information to the physician on the symptoms of the person's seizure so that the most appropriate medication can be prescribed. Some of the more common anticonvulsants are Depakene, Tegretol, Neurontin, Lamictal, and Keppra.

When taken with other drugs in the same or different categories, many anti-convulsants may interact; that is, affect the amount of usefulness or impact each other. Some anti-convulsants deplete vitamins so the person may need a multivitamin supplement and extra folic acid. Be sure to ask the physician or pharmacist. The physician may not think about this nutritional issue unless you bring it up.

A number of prescription and OTC medications such as anti-psychotics, Ibuprofen, as well as alcohol and illicit drugs such as cocaine and amphetamines, may lower the "seizure threshold", or increase the likelihood of a seizure.

### **Common Side Effects of Anti-Convulsants**

- ❖ Sleepiness, lethargy, cognitive impairment, altered gait, seizure breakthrough and memory loss are typically related to the dosage
- ❖ Stomach upset (especially with Tegretol and Depakote), diarrhea, gum growth and swelling (with Dilantin), weight gain, and hair loss or growth
- ❖ Liver or kidney dysfunction, hyperactivity, aplastic anemia, allergic response

To obtain this information, talk to the prescribing doctor and the pharmacist who fills the doctor's order. Also ask the pharmacist for a copy of the medication information sheet and have him or her review it with you.

Other sources of information include medication reference books from your local library or bookstore. Web sites such as ***Safemedication.com*** or ***drugconsult.com*** also provide medication information. Make sure that you know the answers to all of these questions before you assist an individual in taking a medication.

## **PSYCHOTROPIC AND PSYCHIATRIC DISORDERS AND MEDICATIONS USED FOR TREATMENT**



Psychiatric disorders may involve serious impairments in mental or emotional functioning, which affect a person's ability to perform normal activities and to relate effectively to others. Many individuals with developmental disabilities who also have a psychiatric disorder, and individuals who have been diagnosed with a mental illness are treated with psychotropic medications alongside other interventions. Psychotropic medications are central nervous system drugs that affect mental activity, behavior, or perception. The following information is on three classifications of psychiatric disorders for which individuals might take medication.

1. **Mood Disorders** – There are two main types of mood disorders: depression and bi-polar disorder
  - ❖ Depression (lasting two or more weeks): can manifest as feelings of hopelessness or even self-destruction; for example not wanting to eat or get out of bed in the morning. Anti-depressants are used to treat depression.
  - ❖ Bi-Polar also called Manic Depression is often marked by extremes in mood, from elation to deep despair and/or manic periods consisting of excessive excitement, delusions of grandeur, or mood elevation.

2. **Schizophrenia** – Schizophrenia can mean hallucinations and sensory misperceptions; delusions (strange ideas or false beliefs, including paranoia); distorted misinterpretation and retreat from reality; ambivalence; inappropriate affect, and bizarre, withdrawn, or aggressive behavior.
3. **Anxiety Disorders** – Anxiety disorders are typified by tension, fear, apprehension, discomfort, and distress. Two types of anxiety disorders are:

Generalized Anxiety Disorder  
Obsessive-Compulsive Disorder

***\*Note: Psychotropic Medication: Anti-psychotics and Anti-depressants require “informed consent” when prescribed by an AVCMHA licensed prescriber. This means that the parent, guardian, or individual (depending on the situation) must give consent for the medication to be administered in a residential setting.***

***\*Refer to the attachment at the end of this unit for common medications and side effects.***

### **FOLLOWING DOCTOR’S ORDERS FOR TESTS**

Some medications (Tylenol, Lithium, and Depakene) can be toxic and cause damage, especially if taken for a long period of time. Everyone responds differently to medications, some responses are related to how quickly our bodies are able to break down (metabolize) the medication. For this reason, physicians sometimes start a new medication at low doses and increase in response to signs of a positive effect such as a reduction in seizures or the development of better sleep patterns.

Checking blood serum levels by analyzing the concentrations of medications in an individual’s blood can be important. For example: many anti-convulsants require Anti-Epileptic Drug Level (AEDL) every six months. Physician’s orders for lab tests help the physician determine the effectiveness of the medication, make recommendations for changes to the dose, strength, or medication used and develop a treatment plan.

### **MONITORING THE EFFECTS OF MEDICATION**

The unintended effect of medication, called side effects, can occur at any time. Some mild side effects may disappear after a short time. Others will persist the entire time the medication is taken and sometimes beyond. Some side effects are life threatening. It is very important to learn about medications each individual is taking, and to know what possible side effects may occur. Ask the doctor what kind of reactions should be brought immediately to his/her attention. The pharmacy is a good source for information about the effects of medication. Medication information sheets should come with every new medication. Pharmacists are knowledgeable about drugs, side effects, and interactions.

Asking both the doctor and the pharmacist is a good strategy because it takes advantage of two important expert resources within the health care system. It is helpful to write possible side effects on the individual’s Medication sheet and attach the medication information sheet.

Physical and behavioral changes that are due to the effect of a medication are often difficult to identify. There may be many different reasons for the same sign or symptom. A change in behavior may be due to a medication change or a change in the person’s environment. A sore throat may be one of the first symptoms of a cold or may be a side effect of a medication.

Your responsibility is to consistently and accurately observe report and record any change in the normal daily routine, behavior, ways of communication, appearance, physical health, and general manner or mood of the individual you support. Interpretation (deciding the meaning) of an observed side effect is the responsibility of the individual’s doctor.

## Monitoring:

- For each individual you support, know the intended and unintended effects of each medication he or she takes.
- Observe for intended and unintended effects of the medication.
- Document what you observe
- Report observations to the doctor.
- Follow the doctor's directions to continue, change, or discontinue the medication.
- Monitor the individual closely for side effects when a new medication has been prescribed or the dosage increased.



## Common Side Effects of Medication that You Should Report to the Doctor:



	Increased heart rate or feeling like heart is racing	Changes in sleep
	Decreased Energy	Confusion
	Changes in weight or eating patterns	Balance problems
	Changes in ability to concentrate	Muscle pain
Stooped posture	Abnormal movements (face, tongue, body)	Dry mouth
Constipation	Feeling dizzy or light headed	Blurred vision
Diarrhea	Blank facial expression	Nausea
Tremors, shakiness	Increased risk of sunburn	Vomiting
Hyperactivity	Skin Rash	Sedation

## Degrees of side effects:

**Side effects:** \_\_\_\_\_

**Adverse effects:** \_\_\_\_\_

**Allergic reaction:** \_\_\_\_\_

**Anaphylactic shock:** \_\_\_\_\_

## ***Tardive Dyskinesia***

Tardive Dyskinesia (TD) is a potential long-term neurological side effect of anti-psychotic medications such as Mellaril, Thorazine, Risperdal and Zyprexa. Symptoms may include rapid eye blinking, puckering or chewing motions of the lips and mouth, or facial grimacing. Symptoms may worsen if the medication is not reduced or discontinued. TD can become permanent. Discuss this risk with the psychiatrist or doctor before starting anti-psychotic medications. You should monitor individuals for these serious side effects on a regular basis. Usually when an individual is taking anti-psychotic medication, an **Abnormal Involuntary Movement Scale (AIMS)** should be completed every six months.

## ***Medication Interactions***

Interactions between two or more drugs and interactions between drugs, food and drink may cause adverse reactions or side effects. Who would ever guess that taking your blood pressure medicine with grapefruit juice instead of orange juice could make you sick? Or that licorice could be lethal when eaten with Lanoxin or



Lasix? How could cheddar cheese, pepperoni pizza, or pickled herring combined with an anti-depressant create a hypertensive crisis? Yet all these interactions are real and could lead to disaster.



### Drug interactions may be between:

- Two or more drugs
- Drugs and food
- Drugs and drink

Drug interactions may also be caused by mixing drugs with alcohol. Alcohol in combination with any of the following is especially dangerous:

- Anti-anxiety drugs, such as Librium, Valium, or Xanax
- Anti-depressants
- Anti-seizure medicines
- Antihistamines
- Ulcer and heartburn drugs such as Zantac and Tagamet
- Some heart and blood pressure medicines.

### **Severe, Life-Threatening Allergies (Anaphylaxis or Allergic Reaction Shock)**

Some individuals have severe allergies to medications, especially penicillin.



- **Allergic Reaction**: is sudden and severe and may cause difficulty breathing and a drop in blood pressure (anaphylactic shock)
- **Anaphylactic Shock**: is a generalized systemic reaction, frequently fatal, which usually occurs within minutes after contact with an allergen.

If an individual has had a severe allergic reaction to a medication (or insect stings or food) he or she should wear an identification bracelet that will tell health professionals about the allergy.

### **Signs of an allergic reaction include:**

- Wheezing or difficulty breathing
- Swelling around the lips, tongue or face
- Skin rash, itching, feeling of warmth or hives

**CALL 911 IMMEDIATELY TO GET EMERGENCY MEDICAL CARE IF SIGNS OF A SEVERE ALLERGIC REACTION DEVELOP, ESPECIALLY SOON AFTER TAKING A MEDICATION.**

Some individuals have a severe allergy to insect stings or certain foods. If an individual shows any of these same signs of a severe allergic reaction soon after eating a food or being stung by an insect, call 911 immediately to get emergency medical care.

### **READING AND UNDERSTANDING MEDICATION LABELS**

Reviewed/Revised 5/11/18





To safely administer medications you must know how to read and understand a medication label (pharmacy label). The pharmacist prepares the medication using the doctor's written order and places a label on the medication container that provides instructions for taking the medication.

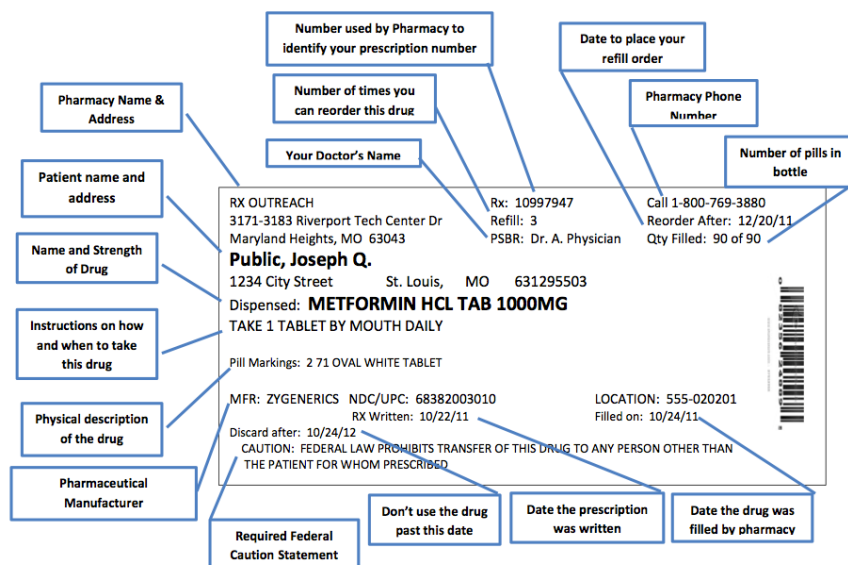
Medications have both a generic name and a trade name.

- The **generic name** is the name given by the federal government to a drug, often a scientific name for the drug.
- The **trade name** or brand name is the name given by the manufacture to a medication

For example, acetaminophen is the generic name for Tylenol. Tylenol is the trade name or brand name. The prescribing doctor may order the medication by either name. The pharmacy label may have either name as well. Most pharmacies will fill prescriptions with a generic medication GEQ (Generic Equivalent) unless the Physician has written DAW (Dispense as Written) on the order.

The pharmacy label will indicate if a generic form of the medication is used. For example: Carbamazepine is the GEQ for Tegretol. Generic medications can be cost effective; the active ingredients are the same, the "fillers" or in-active ingredients will vary. Some individuals will respond differently to generic verses a brand name medication; this is usually related to the in-active ingredients.

Each prescribed medication must be kept in its original container with the pharmacy label attached. Careful reading of the label is critical to ensuring medication safety.



**The information on the pharmacy medication label includes:**

- Pharmacy/pharmacist name and address
- Prescription number or other means of identifying the prescriber (used refills)
- Individual's name
- Prescribers name (doctor)
- Name of medication
- Strength (dose)
- Directions for how to use the medication
- Manufacturer

- Quantity (for example the number of pills or other measurement of the amount of the prescription)
- Date the prescription was filled
- Expiration or discard date
- Number of refills remaining
- Condition for which prescribe (most pharmacies include this information if it is on the doctor's orders)

### **Pharmacy Abbreviations and Symbols**

The following abbreviations and symbols are commonly used on pharmacy medication labels. In order to read and understand medication labels, the DSP must be familiar with these abbreviations and symbols:

Rx = Prescription	TBSP = Tablespoon (3 tsps or 15ml)	OTC = Over the counter
h. = hour	p.r.n. – when necessary, or as needed	Qty = quantity
q (Q) = every	b.i.d. (BID) = twice a day	oz = ounce
BT = bed time	t.i.d. (TID) = three times a day	STAT = Immediately
D/C or d/c = discontinue	q.i.d. (QID) = four times a day	Mg = milligrams
Cap = capsule	GM, gm = grams (1,000 mg)	Tab = tab
A.M. = morning	P.M. = afternoon/evening	HS = hours of sleep
Q.O.D. = every other day	ac = before meals	pc = after meals

**Why are medical abbreviations being phased out?** \_\_\_\_\_

**Dose** is a term used to describe how much medication or how many units are to be taken at any time. A dose can be described as a single dose or a daily dose. For example, an oral medication (capsules or tablets) may be prescribed as:

AMOXICILLIN 500mg capsules  
*Take 1 capsule 3 times a day*

In this example the individual is taking a 500mg single dose and a 1500 mg daily dose.

TEGRETOL 200 mg tabs  
 2 tabs at 7 a.m. 2 tabs at 2 p.m.  
 And 1 tab at 9 p.m.

In this example the individual is taking 2 – 400 mg single doses, and a 200 mg single dose and a 1000 mg daily dose.

*A liquid medication may be prescribed as:*

AMOXICILLIN 250mg/5cc  
 Give 5cc (5cc = 1 teaspoon)  
 4 times a day or Q.I.D.

In this example the individual is taking a 5cc single dose and a 20cc daily dose.

Oral medications (capsules or tablets) are usually prescribed in mg (milligrams) or gm (grams). Liquid medications are usually prescribed in ml (milliliters), cc (cubic centimeters), or oz. (ounces). Liquid medications

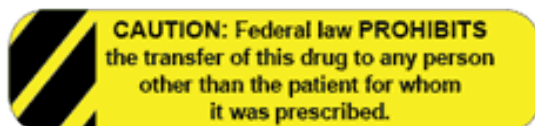
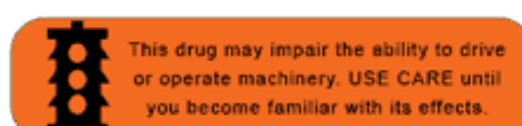
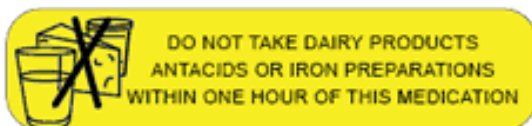
may also be prescribed in tsp (teaspoon) or tbsp. (tablespoon). Label on liquid medications will also show the strength of the medication. (250mg/5cc). A typical medication label looks like the one shown below. Do not “scratch out”, write over, or change a drug label in any way. Any change to the prescription requires a new doctor’s order that must be refilled by the Pharmacist. The doctor must also write an order to discontinue the previous medication or dose.

**Oral medications are the only form of medication that does not require privacy for administration**

<b>ABC Pharmacy</b> Dr. Anderson	
<b>RX 10483</b>	04/25/15
<b>JACOB SMITH</b> TAKE 1 TABLET ORALLY EVERY 8 HOURS FOR 10 DAYS FOR BRONCHITIS 8 a.m., 4 p.m., 12 a.m.	
AMOXICILLIN 250 MG	TABLETS #30
EXPIRES: 07/14/16	NO REFILLS
MGF: MANY MEDICATIONS, INC FILLED BY: BRS	

### Label Warnings

Medication containers may also have separate warning labels affixed by the pharmacist that provide additional information on the use of the medication; for example: “*Medication should be taken with plenty of water*”. Some additional examples are listed below:



## LEARNING ABOUT MEDICATIONS

- Medication Safety includes learning about the medications that you are assisting another to take you need to know the answer to all the following questions:
- What is the medication?
- Why is it prescribed?
- What is the proper dosage, frequency, and method for taking the medication? (for example by mouth, topical)
- How many refills are needed?
- What are the start and end dates for the medication?
- Should it be taken for 7 days? 10 days? A month?
- Are there possible side effects, and to whom should these side effects be reported?
- What should be done if a dose is missed?
- Are there any special instructions for use of this medication? (should certain foods, beverages, other medicines, or activities be avoided?)
- What improvements should be expected and when will they start showing?

To obtain this information, talk to the prescribing doctor and the pharmacist who fills the doctor's order. Also ask the pharmacist for a copy of the medication information sheet and have him or her go over it with you.

Other sources of information include medication reference books from your local library or bookstore.

Websites such as *safemedication.com* or *rxlist.com* also provide medication information.

When talking to the doctor or pharmacist, use the Medication Safety Questionnaire (see example on next page) to make sure you get all your questions answered.



# Medication Safety Questionnaire

Name: _____			
Brand: _____  Generic: _____	Dose (e.g., mg) and form (e.g., tabs)	When to take each dose?	For how long?

1. What is the medication supposed to do? \_\_\_\_\_  
\_\_\_\_\_
2. How long before I will know it is working or not working? \_\_\_\_\_
3. Does the individual require serum (blood) levels? Yes      No
4. Other laboratory work? \_\_\_\_\_
5. How often, where and is there a standing order? \_\_\_\_\_
6. If the individual misses a dose, what should I do? \_\_\_\_\_  
\_\_\_\_\_

## INTERACTIONS

7. Should this medication be taken with food? Yes      No
  - At least one hour before meals? Yes      No
  - At least two hours after a meal? Yes      No
8. Are there any foods, supplements (such as herbs, Vitamins, minerals), drinks (alcoholic for example), or activities that should be avoided while taking this medication? Yes      No  
 What should be avoided: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
9. Are there any other prescription or over-the-counter medications that should be avoided? Yes      No  
 What should be avoided: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## SIDE EFFECTS

10. What are common side effects? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
11. If there are side effects, what should I do? \_\_\_\_\_  
 \_\_\_\_\_
12. If the drug is being prescribed for a long period of time, are there any long term effects? Yes      No  
 If yes, what effects? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Centra Wellness Network**  
Basic Medications  
Activity 1

**Let's Practice!**

Directions: Choose the correct meaning for each abbreviation listed below and write it in the blank.

Afternoon/evening
Morning
Teaspoon
Twice a day
Capsule
Ounce
Four times a day
Tablespoon
Tablet
Three times a day

**q.i.d (QID)** \_\_\_\_\_

**Tab** \_\_\_\_\_

**P.M.** \_\_\_\_\_

**TBSP** \_\_\_\_\_

**b.i.d (BID)** \_\_\_\_\_

**A.M.** \_\_\_\_\_

**t.i.d (TID)** \_\_\_\_\_

**Cap** \_\_\_\_\_

**oz.** \_\_\_\_\_

**tsp.** \_\_\_\_\_

Directions: Use the sample medication label below to answer the following questions:

<p><b>ABC Pharmacy</b> Dr. Bressette</p> <p>RX 10483      04/25/08</p> <p><b>JACOB SMITH</b> TAKE 1 TABLET ORALLY EVERY 8 HOURS FOR 10 DAYS FOR BRONCHITIS 8a.m., 4p.m., 12a.m.</p> <p>AMOXICILLIN 250 MG TABLETS #30</p> <p>EXPIRES: 07/24/09      NO REFILLS</p> <p>MFG: MANY MEDICATIONS, INC. FILLED BY: BRS</p>
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What is the RX number? \_\_\_\_\_

Who prescribed the medication? \_\_\_\_\_

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

What is the individual dose? \_\_\_\_\_

When should it be taken? \_\_\_\_\_

For how long? \_\_\_\_\_

What date did the pharmacy fill the medication? \_\_\_\_\_

Who is the medication prescribed for? \_\_\_\_\_

How many refills? \_\_\_\_\_

What is the expiration or discard date? \_\_\_\_\_

Is there any missing information? \_\_\_\_\_

Who is the manufacturer? \_\_\_\_\_



## Basic Medications Activity 2

**Directions:** Fill in the answers on the medication Safety Questionnaire using the following prescription and attached information sheet.

**ABC Pharmacy**  
 248 Main St. West Branch, MI  
 Phone: 989-345-0000 Fax: 989-345-0001  
 Dr. Diaz

**RX10387** 05/05/15

**JACOB SMITH**  
 TAKE ONE TABLET EVERY DAY ORALLY (8 a.m.)  
 FOR SEIZURES

TEGRETOL 400mg #30 Tablets

EXPIRES: 05/02/16 2 REFILLS

MFG: MANY MEDICATIONS, INC.  
 FILLED BY: BRS

### Medication Safety Questionnaire

Name: _____			
Brand: _____ Generic: _____	Dose (e.g., mg) and form (e.g., tabs)	When to take each dose?	For how long?

1. What is the medication supposed to do?

\_\_\_\_\_

\_\_\_\_\_

2. How long before I will know it is working or not working?

\_\_\_\_\_

3. Does the individual require serum (blood) levels?  Yes  No

4. Other laboratory work?

\_\_\_\_\_

5. How often, where and is there a standing order?

\_\_\_\_\_

6. If the individual misses a dose, what should I do?

\_\_\_\_\_

\_\_\_\_\_

**INTERACTIONS**

- 7. Should this medication be taken with food? Yes No
  - At least one hour before meals? Yes No
  - At least two hours after a meal? Yes No
- 8. Are there any foods, supplements (such as herbs, Vitamins, minerals), drinks (alcohol for example), or activities that should be avoided while taking this medication? Yes No

What should be avoided:

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- 9. Are there any other prescription or over-the-counter medications that should be avoided? Yes No

What should be avoided:

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**SIDE EFFECTS**

- 10. What are common side effects?

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- 11. If there are side effects, what should I do?

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- 12. If the drug is being prescribed for a long period of time, are there any long term effects? Yes No

If yes, what effects?

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# Basic Medications

## Activity 3

### Documenting Medication Errors

Read each scenario and identify the error. Describe what action the Direct Service Professional (DSP) should take and what actions can prevent this in the future.

#### **Scenario #1**

You are working as a DSP on the evening shift. All six individuals living in the home are present. This morning Ruth Ann Jones, age 55 moved into the home. Ruth Ann is diagnosed with Mental Retardation, cause unknown. You are assisting with the evening medications, and this is the first time you are assisting Ruth Ann. When you look at the Medication Log you notice Ruth Ann takes many medications.

These include:

- Tegretol – 200 mg daily (12 p.m.)
- Prilosec – 20mg daily (8 a.m.)
- Prozac – 20mg twice daily (8 a.m. and 12 p.m.)
- Haldol – 2mg 3 times a day (8 a.m., 12 p.m. and 5 p.m.)
- Inderal – 40mg, 3 times a day (8 a.m., 12 p.m. and 5 p.m.)
- Peri-Colace – 2 capsules at bedtime

You prepare the medications and assist Ruth Ann in taking them. When you sit down to document the medications given, you notice that only two Haldol and Inderal were to be given at 5 p.m. You gave the four medications ordered for earlier in the day which included Prilosec and Prozac as well as Tegretol and Inderal.

What was the error?

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What should you do?

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What can the DSP do to prevent this from happening again?

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**Scenario #2**

You are a DSP working the day shift. There are six individuals living in the home. You have prepared the medications for Sarah who is 22 years old.

The medications include:

Proventil syrup – 2mg/5ml, 5ml daily in the morning

Tegretol – 100mg/5ml, 5ml twice daily

Cisapride – 1mg/1ml, 3ml four times a day, before meal and before sleep.

It is 8 a.m. You help Sarah take 5ml of each medication. When you document on the Medication Sheet you notice the Cisapride was ordered 3ml four times a day.

What was the error?

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What should you do?

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What can the DSP do to prevent this from happening again?

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**Scenario #3**

You have prepared morning medications for Guy. Jack calls from another room and wants assistance. You get up and go to the other room. When you return you see Mike, Guy's roommate finishing Guy's medications.

What was the error?

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What should you do?

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What can the DSP do to prevent this from happening again?

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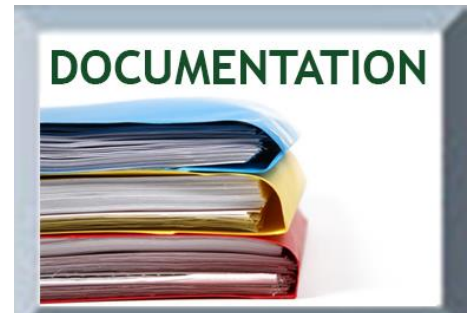
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## DOCUMENTATION

Medication safety also includes recording each dose of medication taken (or missed for any reason). The DSP will use the Monthly Medication Sheet or ask the pharmacist to provide a form for documentation of medication. Most pharmacies will print a Medication Sheet for home use.



The use of a Medication Sheet for each individual, also known as a Medication Administration Record (or MAR) increases medication safety and reduces the risk of errors. The Medication Sheet provides a way for the DSP to document each dose of medication taken, any medication errors, and other pertinent information related to assisting with administration of medication.

The DSP should **document each dose of medication given immediately after administration**, and should only set up **one person's medications at a time**. The Medication sheet includes key information about the individual, including any known drug allergies, and information about the individual's medications, including the name of the medication, dose, and the times and way the medication is to be taken.

To avoid errors, it is advised that pre-made medication labels from the pharmacy be placed on the Medication Sheet. When possible, appropriate pre-made warning labels should also be placed on the Medication Sheet (such a "take with food"). Whenever a prescription is changed, the Medication Sheet must be updated. To document that a medication has been taken, the DSP should write down the date and time in the place provided, and initial for each dose of medication. This must be done at the time the medication is taken by the individual, not before and not hours later.

*\*A note about pre-made medication labels. Not all Pharmacies offer this service. If you work in a residential setting that does not have this service, it may be the responsibility of the DSP to "set up" the medication sheet, and this is referred to as Transcribing. Transcribing is transferring the information from the medication label on the pill bottle or bubble pack to the medication sheet. You must first check to make sure that the pharmacy label matches the doctor's order exactly before transcribing the information.*



## SIX RIGHTS OF ASSISTING WITH MEDICATION ADMINISTRATION

*Following the Five Rights is basic to medication safety. The DSP needs to be sure he/she has the:*



Following the Five Rights each time is the best way for the DSP to prevent medication errors. When assisting an individual, you must read and compare the information on the medication label to the information on the Medication Sheet **THREE** times before the individual takes the medication. Checking **THREE** times helps the DSP to ensure that you are assisting the right individual with the right medication and dose at the right time and in the right route (way).

### **NEVER ASSIST AN INDIVIDUAL WITH MEDICATION FROM A CONTAINER THAT HAS NO LABEL!**

If at any time you discover that any of the information does not match, STOP. You may have the wrong individual, be preparing the wrong medication in the wrong dose at the wrong time, or the individual may be about to take the medication in the wrong way.

Think through each of these possibilities and decide what to do. If you are unsure, you may need to get help. Ask another DSP, the home manager, the nurse, or in some situations you may need to call the doctor or pharmacist.

***Check the Six Rights three times by reading the medication label information and comparing it to the Medication Sheet as follows:***

- ✓ **First Check**  
When you remove the medication from the storage area
- ✓ **Second Check**  
When you remove the medication from the original labeled container
- ✓ **Third Check**



Just before you assist the individual to take the medication

## ***Remember Prevention is the #1 Priority!***

### **THE SIX RIGHTS**

#### **1. Right Individual**

First, read the name of the individual on the pharmacy label for whom the medication is prescribed. When assisting an individual with any medication, it is essential that you know the individual. If uncertain of an individual's name or identity, consult another staff member who knows the individual. The DSP can also refer to the individual's record book and check the picture located there.

#### **2. Right Medication**

After you have verified that you have the right individual, read the name of the medication on the label. To make sure that you have the right medication for the right individual, **read the label three times** and compare it to the individual's medication sheet. The label and medication sheet must match exactly. If they do not match, do not administer the medication until you have contacted the nurse for clarification.

#### **3. Right Dose**

Read the medication label for the correct dosage. Be alert to any changes in the dosage.

- Question the use of multiple tablets providing a single dose of medication.
- Question any change in the color, size or form of medication.
- Be suspicious of sudden large increases in medication dosages.



#### **4. Right Time**

Read the medication label for directions as to when and how often the medication should be taken. Medication must be taken at a specific time(s) of the day. Stay with the individual until you are certain he/she has taken the medication.

*You need to know:*

- How long has it been since the individual took the last dose?
- Is food or liquids to be taken with the medication?
- Are there certain foods or liquids to avoid when taking the medication?
- Is there a certain period of time to take the medication in relation to foods or liquids?
- Is it the right time of day, such as morning or evening? The rule is hour before and hour after the prescribed time. If a medication is ordered at 8 a.m. the DSP has from 7:00 a.m. – 9:00 a.m. to administer the medication.
- What time should a medication be taken when it is ordered for once a day? In the morning? At 12:00 noon? At dinnertime? Usually when a medication is ordered only once a day, it is given in the morning; however it is best to check with the nurse, doctor or pharmacist.
- Some medications may be prescribed by the physician using the individual's Standing Medication Order Form (Ancillary Orders) to be given when certain conditions exist. Medications for headache, constipation, and upset stomach are some examples that may fall into this category. There should be specific written instructions from the physician regarding when and under what conditions the medication should be administered.

#### **5. Right Route:**

Read the medication label for the appropriate route or way to take the medication. The route for tablets, capsules, and liquids is "oral". This means the medication enters the body through the mouth. The oral route is the most convenient and most common route of medication administration.

#### **Other routes include:**

**Eye drops or ointment** (ophthalmic)

**Nose** (nasal sprays)

**Ear Drops** (otic)

**Vaginal/Rectal**

**Topical** (which includes dermal patches or ointments to be applied to the skin)

**Injection**

*\*Note: if you work in a residential setting where individuals need injections, tube feeding, or glucose monitoring, you will receive additional training per the established medical protocol specific to the individual and the person centered plan.*

## DRUG FORMS

Drugs are manufactured in several forms. Some of the common forms are listed below:



### Capsules:

Small containers made from gelatin. The medicine is placed in the capsule which readily dissolves in the stomach.

### Tablets:

Pressed or molded preparations of powdered drugs. When exposed to liquid they expand and break apart. Some tablets have a coating, these are called “**enteric coated**” tablets. The coating prevents the tablet from dissolving until it has passed through the stomach. Usually medications that have the potential (side effect) of stomach upset/distress come with this type of coating. Some tablets are “scored” which means there is a visible line and these tablets may be cut in half.



***Note: Don't crush tablets or open capsules unless the prescribing physician gives specific directions to do so.***

### Ointment/Creams:

For external application to the skin or mucus membranes



### Suppositories

Drugs for insertion in the vagina or rectum. The suppository will dissolve or melt releasing the drug for absorption through the mucus membrane. These are usually stored in a lock box in the refrigerator.

### Elixirs

Liquid preparations of drugs.



### **Eye drops/Ear drops**

When administering eye drops, put pressure on the bridge of the nose for \_\_\_\_\_minutes.

If administering two drops of the same medication, allow \_\_\_\_\_ minutes between each drop.

If administering two different drops, allow \_\_\_\_\_minutes between each drop.

**Many drugs come in several different forms!** If an individual has trouble taking a medication, talk to the individual about their needs and preferences and then talk with the Doctor about other forms of the medication or optional ways to take the medication.

## **6. Right Documentation:**

### **REFUSAL OF MEDICATION**

An individual has the right to refuse his or her medication. It is the DSP's responsibility to work with and support the individual in taking his/her medicine. If an individual refuses to take the medication, ask "Why?" **Do not try to crush or hide the medication in the individual's food** to get him or her to take the medicine. 99% of the time the DSP can figure out a way to encourage the individual to take his/her prescribed medication without being coercive.



#### Reasons for Medication Refusal and Possible Helpful Suggestions

The following is a list of some common reasons for an individual might refuse to take his or her medication and suggestions on how to provide assistance:

#### **Unpleasant Taste:**

Give the individual ice chips to suck on just before taking the medication. This will often help mask the bad taste. Ask the doctor or pharmacist if the medication can be diluted to cover a bad taste. Ask the physician or pharmacist if there is a juice compatible with the medication that can be used (for example, apple juice). A note to this effect should be on the prescription label.

#### **Unpleasant Side Effect – Drowsiness:**

Report the unpleasant side effect and ask the prescribing doctor if the individual can take the medication at a different time (such as before bedtime). Also ask about changing the medication or treating the side effect.

#### **Lack of Understanding:**

Provide simple reminders on what the name of the medication is and what the medication does. For example, "This is Depakene a medication that stops your seizures". Remember all the individuals you support should be involved in their health care. This involves providing information about medications, doctor appointments, healthy life style choices, etc. The role of the DSP is to support the individual in taking the medication by listening to what his/her concerns are and trying to address them.

#### **Denial of Need for Medication:**

Discuss the need for the medication, but do not argue. It may help to show the individual a statement written by the physician; for example, "Alma, you take your heart medication every day."

### **Documenting and Reporting:**

Medication refusal needs to be documented on the medication sheet and brought to the attention of the nurse and/or the prescribing doctor. The doctor may be able to accommodate an individual's medication preference or special health consideration. Any unused dose should be set aside and destroyed in an acceptable way.

***Remember: Never force an individual to take medication: he/she has the right to refuse medication. If an individual refuses medication often or has a history of refusals the physician can provide instructions on how the DSP should proceed.***

***Medications are to be offered three times before charting a refusal. Allow about 15 minutes between offers and approach in a positive manner.***

***How do you dispose of refused or contaminated medications? 1. \_\_\_\_\_  
2. \_\_\_\_\_***

***What do you do with Medications that can't be used? \_\_\_\_\_***

### ***EXCEPT:***

***Controlled or Scheduled II drugs. They must be returned to the \_\_\_\_\_ and have two signatures verifying their disposal.***

## **MEDICATION ERRORS**



The Food and Drug Administration evaluated nationwide reports of fatal medication errors that it received during a five year period and found that most common types of errors involved:

- Administering an improper dose (41%)
- Giving the wrong drug (16%)
- Using the wrong route of administration (16%)

***Errors were caused by a lack of skill and /or knowledge and communication errors.***

***An error is defined as a discrepancy between what the physician ordered and what was administered to the consumer***

Every medication error is serious and could be life threatening. The DSP's job is to safely assist individuals to receive the benefits of medications. Preventing medication errors is a priority. In this training have learned the best way to help individuals take medication safely and to reduce the risk of errors. But even in the best of situations, errors may occur. When they do you need to know what to do.

### **A medication error has occurred when:**

- The **wrong** person took the **wrong** medication
- The **wrong** dosage was taken
- Medication was taken at the **wrong** time
- Medication was taken by the **wrong** route

- Medication was **not** taken

***Every medication error is serious and could be life threatening.***

If an error does occur, it must be reported on an Incident Report. The error must be recorded on the Medication Sheet by initialing the square or box and putting a circle around it in red ink. Check with the home manager for documentation requirements specific to that home.



The documentation should include:

- Date
- Time
- Medication involved
- Description of what happened
- Who was notified
- Doctor or Nurse's name
- Instructions given
- Action taken.

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The DSP may be able to determine what action to take when a medication error occurs by using the drug insert provided by the pharmacy. The drug insert will provide answers to common medication questions. The guidelines provided in the drug inserts do not give enough direction should the following medication errors occur:

- When a person is accidentally given more of their own medicine than has been ordered
- The individual was given someone else's medications

***In the event that either of these errors is made, call the Nurse and/or home supervisor, Prescribing Physician(s), Primary Care Physician, Psychiatrist, Neurologist, etc.) IMMEDIATELY.***

All residential settings should have drug inserts readily available for DSP's to review and refer to as questions and concerns arise. Additionally, each residential setting may have policies and procedures related to medication errors, which will provide specific information to the DSP on how to document, who to notify, and how to proceed.

## **Remember – Prevention is the #1 Priority**

### ***You can prevent errors by:***

- Staying alert
- Following the 6 rights
- Avoiding distractions
- Knowing the individual and his/her medications
- Asking the agency nurse or home supervisor for help if you are unsure about any step in preparing, assisting or documenting medications.
- Always completing the medication count before beginning to administer medications

## **HANDLING MEDICATIONS IN LICENSED RESIDENTIAL SETTINGS**

### **Ordering Medications from the Pharmacist:**

It is essential that medications are ordered from the pharmacist on a regular basis so that the individual always has needed medication. It is a good idea to order refills a week before running out. New medications should be ordered immediately after being prescribed by the doctor. Some pharmacies provide extra services and package medications in ways that can be helpful, such as bubble packs. Prepackaged bubble packs are popular, but it is essential for the DSP to understand how to use them.



### **Packaging Medications for Dose Away From Home:**

The DSP may package a single dose for each medication needed for no more than a day when an individual will be away from home for trips, activities in the community, or elsewhere.

The medication can be given to a responsible party in an envelope or container labeled with the individual's name, name of medication and instructions for assisting with administration of the dose.

If an individual is regularly taking a dose of medication at school or at a day program, tell the physician and pharmacist. The doctor may order a separate prescription for a particular dose of medication or the pharmacist can divide the medication into two labeled containers. A signed doctor's order must be given to the appropriate program staff.

### **Leave of Absence**

#### **Guidelines for Preparing Leave of Absence Medications for an Individual**

The AVCMHA Administrative Policies and Procedure Manual (pg. 96) states:

Staff that takes any resident into the community is responsible for passing medication(s) to the resident(s) in a timely fashion. Staff will take relevant medication with them in LOCKED box/container along with the medication sheet (copy). At the prescribed times staff will give the medication and document as described by the policy and procedures established by the agency.



## Procedure

A copy of the Medication Administration Record will accompany the consumer when medications need to be given.

When the medication is bubble-packed, cut out the number of doses needed from the bubble pack. **DO NOT REMOVE MEDICATIONS FROM THE BUBBLE PACKS.** If the medication is not bubble packed, they should be put into a Ziploc bag or pill container and labeled with the residents name, medication name, dosage, and ordered time of administration (i.e. Jane Doe, Tylenol ES 500mg two tabs by mouth @ 10 a.m.)

If multiple doses are to be give, prepare separate Ziplocs with the day and time clearly marked with a permanent marker; for example, one bag for Monday 2 p.m. and a second one for Monday 6 p.m. and a third for Monday 10 p.m., etc.

You may wish to contact the nurse to see if the medication administration times can be shifted to make it possible not to carry medications with you.

For extended leaves, such as a vacation with family please contact the agency nurse before sending the bubble pack.

Upon return from the Leave of Absence, if there are unused medications, contact the nurse for instructions.

At the end of the month, the Leave of Absence copies and the original Medication Administration Report should be sent to the nurse.

### **Proper Medication Storage:**

- The following guidelines for medication storage should be followed in all licensed residential settings:
- All medications must be stored in locked cabinets or drawers, unless ordered otherwise. The medication storage area should provide an environment that is cool, dry, and away from direct sunlight.
- Medications must be stored in original containers from the pharmacy that dispensed them.
- The medication cabinet should be clean an orderly with adequate space.
- There should be adequate lighting in this area.
- Medication should never be left unattended.
- Any **controlled substances** must be **double locked and in a** Separate box/storage container in the storage cabinet
- Only one staff per shift per shift should have a key to the cabinet.
- Refrigerated medications must be in a locked container. Refrigerator temperature should be in the 36-40 degree range.
- Topical medications, such as ointments, creams, etc. must be stored separat medications. If they are in the same cabinet, they must be in a separate bask medications must be also be locked.
- The keys to the medication cabinet must be on the person assigned to medic times.
- Never leave the keys out where they may be picked up.
- Medications must not be stored over a stove, or near a heat source. Heat car properties in medications.
- Medications should never be stored with any other products.





## **Disposal and Destruction of Medication**

Each residential facility should have a written plan for the disposal of medications. There are several acceptable ways to dispose of medications. The DSP should review the policy in the residential setting where they work. All medications which have been discontinued, contaminated, deteriorated, or expired will require disposal. Medications should be labeled for disposal and separated from other medications in a locked cupboard or container.

DSP staff must complete the medication disposal sheet for all destroyed medications. If medications are returned to the pharmacy the pharmacist or designee should sign the form. These forms are located at the end of this unit.

The following procedures are recommended when disposing of medications:

### ***Remember to refer to home policy.***

1. Check with local pharmacy to see if they have a “take back program”. Keep the medication in their original container, scratch out, or use permanent marker to make person information unreadable. If no “take back program”, keep the medication in the original container scratch out or use permanent marker to make personal information unreadable.
2. To reduce the opportunity for misuse, prepare the drugs for disposal by:
  - For solid medications such as pills or capsules, add a small amount of water to at least partially dissolve them and add to coffee grounds or kitty litter.
  - For liquid medications add to coffee grounds or kitty litter.
  - For blister packs, return to the pharmacy unless controlled substance.
3. Double bag the contained drugs in a closable bag, or put it in another container with the lid taped closed and put it in the trash. This helps prevent immediate identification that the package contains drugs and helps contain any leaks if the container breaks during the disposal process, e.g., when plastic garbage bags tear, the trash can tips over, etc.
4. Medications must be disposed of so that animals or humans cannot retrieve them.
5. Controlled substances must be disposed of by the RN (with a witness).

If the pharmacy does not have a “take back program”, medication except controlled substances may be destroyed by two DSP’s, one acting as a witness. **ALWAYS FOLLOW HOME POLICY.** Medications can be disposed of in the home in wet coffee grounds or dampened kitty litter. These can be then be put into the regular garbage.

## **ASSISTING AN INDIVIDUAL TO TAKE THEIR OWN MEDICATIONS**

The following is the step-by-step process for assisting an individual with administration of medications:

1. Remember to complete the medication count before medication administration!
2. Help the individual you are assisting to wash his/her hands.
3. Wash your hands. Hand washing reduces the risk of contamination.
4. Get the Medication Sheet for the individual you are assisting. Double check that you have the Medication Sheet for the right individual. It’s important for you to work with only one individual at a time and to complete the task with that individual before assisting another.
5. Gather supplies. Take the medications out of the locked storage container or area. It is a good idea to keep all the medications for one individual in one storage unit labeled with the individual’s name. Get

paper cups for tablets and capsules and a plastic calibrated measuring cup or medication spoon for liquid. Get a glass of water. Gather tissues. Get a pen.

6. As you take each medication container from the individual's storage unit, read the medication label out loud and compare to the Medication Log for the 6 rights:
  - Right individual
  - Right medication
  - Right dose
  - Right time
  - Right route.
  - Right documentation
7. Talk with the individual you are assisting about what you are doing and why he/she is taking each medication.
8. Again, just before putting the medication within the individual's reach, read the medication label and compare to the Medication Sheet for the Five Rights.
9. Place the medication within the individual's reach.
10. Offer a glass of water, at least 4 ounces.
  - It is a good idea to suggest to the individual that he/she tilt his head forward slightly and take a small sip of water before placing the pill in the mouth. Wetting the mouth may make swallowing easier and tilting the head slightly forward as opposed to throwing it back, may decrease the risk of choking. If pills are not taken with liquids they can irritate the throat and intestinal tract and they may not be correctly absorbed. Medications must never be given in the lying-down position.
  - Some medications must be **taken with food**, and there may be other special instructions. Make sure that you have read any warning labels and are familiar with any special instructions for taking the medication.



11. Make sure the individual takes the medication and drinks the water.
  - Stay with the individual until you are sure that he/she has swallowed the medication.
  - If the individual has difficulty drinking an adequate amount of water or swallowing liquids, the DSP can ask the doctor about the individual taking the medication with: Jell-O that is semi-liquid or jellied apple juice or other "medication-compatible" juice thickened with cornstarch or other thickening agent.
  - Medications should never be disguised by putting the in food or liquid.
  - Tablets should never be crushed unless the prescribing physician gives the specific direction to do so.
  - Capsules should not be opened and their contents emptied out. If the individual has trouble taking a medication, talk to the individual about their needs and preferences and then talk to the doctor about optional ways to take the medications.

12. Record that the individual took his/her medication by initialing the date and time in the proper box on the Medication Sheet.
13. Return the medication containers and/or bubble pack to the individual's storage unit. As you do so, read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.

**Never leave the medication container unattended or give to someone else to return to the locked storage container or area.**

When assisting an individual with other types of medications such as topical creams and ointments, ear drops, nose drops, and eye drops, consult with the prescribing physician and the pharmacist for specific procedures for administration of the medication. Also, refer to the Administration Guidelines which describe the process for assisting with these types of medications.

**If you have any doubt as to whether the medication is in the correct form as ordered or that you can assist the individual with administration as directed on the label, consult with the nurse, prescribing doctor or the pharmacist.**



## **GUIDELINES FOR ASSISTING WITH ADMINISTRATION OF MEDICATION**

1. There must be a written, dated, and signed **physician's order** in the individual's record **before a DSP can assist** the individual with administration of any medication, prescription, or over-the-counter medication.
2. **Only one DSP** should assist an individual with medications at any given time. That DSP should complete the entire process. Never hand a medication to one individual to pass to another.
3. **Always wash your hands** before assisting an individual with self-administration.
4. The DSP should **always prepare medication in a clean, well-lit quiet area**. Allow plenty of time, avoid rushing, and stay focused. Check the **Six Rights** by reading the medication Label out loud and comparing to the Medication Log **three times** before the individual takes the medication.



5. **To avoid errors, it is recommended that the medications be set up immediately before assisting an individual with administration of medications.**

6. **DSPs should ask for help from the Nurse, the prescribing doctor or pharmacist** if he or she is unsure about any step in the preparation of, assistance with, or documentation of medications.

7. **Medication should never be disguised** by putting it in food or liquid.

8. **The DSP should always ask, the physician (and pharmacist) to give the medicine in the proper form for the individual based on the individual's needs and preferences.** For example, one individual may have difficulty swallowing capsules and prefer liquid medication, while another may prefer capsules.

9. **Tablets should never be crushed** unless the prescribing physician has given specific directions to do so. **Capsules should not be opened and their contents emptied out.** Controlled release tablets can deliver dangerous immediate doses if they are crushed. Altering the form of capsules or tablets may have an impact on their effectiveness by changing the way an individual's body absorbs them.



10. **Read the medicine warning label,** if any. It will give you important information about how the medication should be taken.



### **Tablet and Capsule Administration Guidelines**

1. Wash your hands and put on gloves
2. Do not touch the medication or the inside of the medication cup when pouring. When popping medication from a bubble pack, place the medication cup under the slot where the medication is to be extracted from and push the medication through from the front of the card using your thumb.
3. **A physician's order must be obtained before any medication can be crushed.** If a medication is to be crushed, crush according to your pharmacy guidelines and the agency policy and procedure. If the medication is crushed, assure the individual takes the complete dosage.
4. If a medication is ordered to be given with food, follow agency policy and individuals dietary plan.
5. Always offer adequate and appropriate liquid with the medication as permitted by individual's dietary plan.
6. If you should drop a tablet or capsule during administration, discard it according to agency policy.
7. **Never** save an unused dosage to be used at a later time.

8. If it is necessary to cut a scored tablet to ensure the proper dosage:
  - Wash your hands and use gloves
  - Use a tablet splitter to avoid touching the medication
  - Cut on the scored area.
9. The following medications should **NOT** be crushed:
  - Enteric coated tablets
  - Effervescent tablets
  - Sustained or extended release tablets
  - Sublingual or buccal tablets.

### **Topical Medication Administration Guidelines**

Topical Medications are those applied to an individual's skin or mucous membrane surface. Examples include: Eye, Ear, nose, and skin.



Creams and lotions should be rubbed in well. Ointments should be applied to the surface of the skin.

1. Wash your hands and put on gloves.
2. Provide explanation of procedure to individual. Frequently, if an individual has a problem requiring topical application of liquid, cream or an ointment, the skin will not be intact but will have breaks or sores on the surface.
3. Be mindful of privacy, assist the individual with having the area where the topical medication to be applied exposed. Make sure clothing and bedding are protected.
4. Open the container and remove just a small quantity of the product to be applied. Remove medication from jars with tongue blade or cotton tipped applicators. **DO NOT USE YOUR FINGERS.** Insert applicator or tongue blade into container only once, **NEVER RE-INSERT.**
5. Use cotton tipped applicators, sterile gauze, or gloved hand. Apply the lotion or cream with gentle firm strokes. Be sure the medication is rubbed in well.
6. Remove gloves carefully and dispose using standard precautions.
7. Wash hands carefully.
8. Put lid back on container and return to locked storage area.
9. Wash hands and document administration.

### **Nose Drop/Spray Administration Guidelines**



1. Wash your hands and put on gloves.
2. Check the dropper tip for chips or cracks.
3. Tell the individual the name of the medication and its purpose.
4. Have the individual gently blow his/her nose.
5. Have the individual tip their head back while either sitting or lying flat.
6. Draw up the medicating into the dropper.
7. Place the dropper just inside the nostril, about 1/3 inch and administer medication. Avoid touching the dropper to the sides of the nose.
8. Encourage the individual to keep head tilted back for 3-5 minutes. Provide a tissue for nasal drainage.
9. Wash hands and document administration

### **Ear Drop Administration Guidelines**

1. Wash your hands and put on gloves.
2. Shake the medication and warm it by rubbing the container between the palms of your hands
3. Tell the individual the name of the medication and its purpose.





4. Position the individual with the affected ear up.
5. Administer the ear drops by pulling the mid-outer ear backward and upward then giving the prescribed number of drops. (Pulling the ear up and back helps straighten the ear canal so that the drops run in). To prevent contamination do not touch any part of the dropper to the inner ear.
6. Encourage the individual to stay in the original position for 3-5 minutes.
7. Wash hands and document administration.



### **Eye Drop/Ointment Administration Guidelines**

1. Wash your hands and put on gloves.
2. Check the dropper tip for chips and cracks.
3. Tell the individual the name of the medication and its purpose.
4. Position individual with the head back and looking upward, or have them lie down if it is more comfortable.
5. Draw the prescribed amount of medicine into the dropper OR apply the amount of ointment prescribed (usually about ½" long "ribbon" of ointment).
6. **Drops:** Separate lids by raising upper lid with forefinger and lower lid with thumb. Approach the eye from below with the dropper and remain outside the individual's field of vision avoiding contact with the eye. The drop is applied gently near the center of the inside lower lid and is not allowed to fall more than one inch before it strikes the lower lid. To prevent contamination, do not touch the end of the bottle or the dropper on any part of the eye.
7. **Ointment:** Separate lids by raising upper lid with forefinger and lower lid with thumb. Approach the eye from below and remain outside the individual's field of vision avoiding contact with the eye. Apply the ointment in a thin layer along inside of the lower lid. Break off ribbon of ointment from the tube by relaxing the pressure and removing the tube. Do not use your fingers. To prevent contamination do not touch the end of the ointment tube on any part of the eye.
8. Allow the eyes to gently close. Have the individual remain in position for 2-5 minutes. He/she can keep eyes closed or blink gently. When administering two of the SAME drop, wait three minutes before administering the second one. When administering two DIFFERENT drops, wait five minutes before administering the second one
9. Wipe excess medication from eye with a tissue.
10. If both eyes require treatment DSP must assure that there is no cross contamination from one eye to the other. After the medication has been administered and the excess wiped off the first eye, the DSP must change gloves before completing administration to the next eye.
11. Wash hands and document administration.

### **Inhaled Medication Administration Guidelines**

1. Wash hands and put on gloves.
2. Observe the inhaler, making sure the mouthpiece is clean and free of any dirt or debris
3. Shake the inhaler well before use. Remove the mouthpiece cap.
4. Ask the individual to breathe out through his/her mouth, take a deep breath and exhale.
5. Assist the individual to place the mouthpiece in mouth, holding the inhaler in an upright position. The lips must be completely closed around the mouthpiece.
6. Assist in squeezing the inhaler as he/she breathes in deeply, hold breath up to ten seconds before exhaling.
7. Wait at least one minute between puffs of the same medication, and FIVE minutes for a different inhaler.
8. Make sure that you offer the individual a mouth rinse after steroid inhalers.
9. Clean mouthpiece after each use, dry thoroughly, and store inhaler in separate container.
10. Dose pack must be discarded within 30 days.
11. Wash hands and document administration.



12. Individual must be cognitively able to follow these directions in order to utilize inhaler.
13. The technique of using an inhaler with a spacer is different than using an inhaler by itself. Refer to the manufactures instructions for spacers use.

### **Liquid Medication Administration Guidelines**

1. Wash hands and put on gloves.
2. If instructed, shake the medication vigorously to guarantee that the active form of the medication is well distributed throughout the bottle. Failure to do so will result in a less than prescribed dose when initially opening a full bottle and a larger than prescribed dose as the bottle becomes more empty.
3. If a precise measurement of the medication cannot be obtained by pouring into a med cup, use an oral syringe to draw up the correct measurement. If a dropper is not provided, use a syringe for any dose less than 5ml.
4. During pouring of the medication, if you pour too much, discard the excess. **NEVER** pour the excess liquid back into the original container.
5. Always pour liquid medications away from the label to protect it from drips. If medicine does run down the side of the bottle, wipe with a clean tissue.
6. When pouring liquid medication, place the cup on a flat surface and measure the liquid at eye level to ensure accuracy.
7. Be sure to dilute medications as needed and per physician's/pharmacists orders.
8. Dilute existing medication in cup with water to be sure all medication is ingested.
9. When assisting with antacids, check with your nurse/pharmacist regarding the order of the medications and the time between medications. Antacids may interfere with the absorption of some medications.
10. Wash hands and document administration.



### **Rectal Suppository Administration Guidelines**

1. Wash hands and put on gloves.
2. Remove suppository from storage container. (Store suppositories in a cool place to avoid melting or in a locked box in the refrigerator if the label recommends refrigeration).
3. Explain the procedure to the individual and provide privacy.
4. Have the individual remove undergarments. Position the individual on his/her left side. With lower leg straight and upper leg bent forward toward the stomach. Cover the exposed are with a towel or sheet. Do not administer when the individual is in a sitting position.
5. Remove wrapper if present.
6. Put on disposable gloves. Lubricate the suppository, your finger, and the rectal opening with a water soluble lubricant.
7. Lift the upper buttock to expose the rectal area. Encourage the individual to take several deep breaths to help relax.
8. Slowly insert the suppository into the rectum beyond the muscle at the opening (sphincter), pushing gently with your gloved, lubricated forefinger. (About one inch in adults). Place the suppository against the rectum wall. If not inserted past the sphincter muscle the suppository may pop back out.
9. After slowly withdrawing your finger hold the buttocks together until the urge to expel the suppository is gone.
10. Leave the individual in a comfortable position lying down for about 15 minutes. Then provide assistance needed to the restroom, commode chair, or bed pan.
11. Wash hands and document administration. The DSP must also document results achieved after the prescribed length of time.
12. With both rectal and vaginal suppositories, self-administration is possible for those consumers who can understand and follow directions. Supply gloves and give instructions for handwashing.

### **Vaginal Suppository Medication Administration Guidelines**

1. Wash hands and put on gloves.
2. Remove suppository from storage container. (Store suppositories in a cool place to avoid melting or in a locked box in the refrigerator if the label recommends refrigeration).
3. Explain the procedure and ask individual to empty her bladder.
4. Provide privacy and position the individual on their back with knees bent and legs separated unless another position is recommended by the Physician.
5. Place a towel under buttocks.
6. Remove the wrapper if present.
7. Put on disposable gloves.
8. Place medication in the applicator. If using a tablet or suppository, lubricate the tip according to the Physician's orders (usually a water soluble sterile lubricant).
9. Identify vaginal opening, spread the labia with one hand and gently insert the applicator or medication into the vaginal canal with the other hand. Angle the applicator slightly toward the tail bone. It will usually go in about two inches. **DO NOT FORCE.**
10. If using an applicator, push the plunger in while holding the barrel of the applicator still.
11. Remove the applicator and encourage the individual to continue lying down for 15-30 minutes.
12. A sanitary napkin may be used if necessary.
13. Wash hands and document administration.

### **Enema Medication Administration Guidelines**

1. Wash hands and put on gloves.
2. Explain the procedure to the individual.
3. Place protective pad on bed under individual to keep linens from becoming soiled.
4. Provide privacy for individual.
5. Have individual lie down on left side with right leg extended over left knee.
6. Spread the buttock apart and observe the anal opening. If the individual has hemorrhoids, you must carefully move the hemorrhoid to find the opening to the rectum.
7. Carefully insert the pre-lubricated tip of the enema into the rectum.
8. Squeeze the enema slowly and steadily into the rectal area. Never instill large amount of fluid into the rectum, fluid should never be more than 1.5 cups.
9. As the enema is being given, ask the individual to breathe in and out slowly through his/her mouth.
10. Assist the individual to the commode to expel the enema.
11. Cleanse the perineal area well after the enema.
12. Wash hands and document administration.



## Transdermal Patch Administration Application Sites/Guidelines

1. Wash hands before and after application, put on gloves.
2. Select any area of the skin on the body, except the extremities. Do NOT apply on the head, neck, or below the knees or elbows. **The preferred sites of application are the chest, upper back and upper arms.** Also avoid skin folds scar tissue, burned cut or irritated areas.
3. The area should be clean dry and reasonably hairless. If hair is likely to interfere with adhesion or removal, it can be clipped.
4. Be sure to rotate application sites to prevent skin irritation and reduce skin tears. Use at least 4 different sites.
5. Do not apply immediately after showering or bathing. It is best to wait until the skin is completely dry. Contact with water as in bathing or showering will not generally affect the transdermal patches. Perspiration does not interfere with action of the system as long as it stays lightly attached to the skin.
6. The DSP is required to chart every transdermal patch application site on the individual's Medication Record.



FRONT

BACK

## COMMON MEDICATION CATEGORIES

Drugs are classified into categories or classes with other medication that affect the body in similar ways. Many

Here is the way the *Nursing Drug Handbook* categorizes medications:

- **Anti-infective drugs:** antibiotics, antifungals'
- **Cardiovascular system drugs:** antihypertensive, antiarrhythmic
- **Central nervous system drug:** Anticonvulsants, analgesic, Sedative-hypnotics, Antidepressants, antianxiety Antipsychotics
- **Autonomic nervous system drugs:** skeletal muscle relaxants, adrenergics
- **Respiratory tract drugs:** antihistamines, expectorants
- **Gastrointestinal tract drugs:** antacids, antidiarrheals, laxatives
- **Hormonal drugs:** estrogen, progestin, thyroid hormones
- **Antidiabetic drugs:** glucagons
- **Drugs for fluid and electrolyte balance:** diuretics, acidifier, alkalinizers
- **Hematologic drugs, anticoagulants**
- **Antineoplastic drugs, alkylating drugs, antimetabolites**
- **Immunomodulation drugs:** vaccines and toxoids; immunosuppressants
- **Ophthalmic, otic and nasal drugs;** ophthalmic and anti-inflammatory
- **Topical drugs:** corticosteroids, scabicides, anti-infectives
- **Nutritional supplements:** vitamins and minerals; calorics
- **Miscellaneous drug categories:** antigout drugs; enzymes; gold salts



## PSYCHIATRIC DISORDERS AND PSYCHOTROPIC MEDICATIONS USED FOR TREATMENT

Psychiatric disorders may involve serious impairments in mental or emotional functioning which affect a person's ability to perform normal activities and to relate effectively to others. Many individuals with developmental disabilities who also have a psychiatric disorder, and individuals who have been diagnosed with a mental illness are treated with psychotropic medications in conjunction with other interventions. Psychotropic medications are central nervous system drugs that affect mental activity, behavior, or perception. The following information is on three classifications of psychiatric disorders for which individuals might take medication.

### **Mood disorders:**

One type of mood disorder is **Depression** (lasting two or more weeks), which can mean feelings of hopelessness or even self-destruction; for example not wanting to eat or get out of bed in the morning. Anti-depressants are used to treat depression. Anti-depressant medications include:

- Tofranil
- Norpramin
- Wellbutrin
- SSRIs (selective serotonin reuptake inhibitors-a new class of medications) that include:
  - Luvox (fluvoxamine)
  - Paxil (paroxetine)
  - Prozac (fluoxetine)
  - Zoloft (sertraline)

Another type of mood disorder, Bi-polar Disorder, also called Manic Depression is often marked by extremes in mood, from elation to deep despair and/or manic periods consisting of excessive excitement, delusions of grandeur, or mood elevation. Lithium, Zyprexa, Depakote and Lamictal are used to treat bipolar disorders. Taking these types of drugs requires close monitoring and consultations with a Physician or Psychiatrist and may include frequent blood tests as well.

### **Schizophrenia:**

Schizophrenia can mean hallucinations and sensory misperceptions; delusions (strange ideas or false beliefs, including paranoia); distorted misinterpretation and retreat from reality; ambivalence; inappropriate affect; and bizarre, withdrawn, or aggressive behavior.,

Major Tranquilizers are used for schizophrenia, anxiety, and sever behavior problems. These include:

- Haldol (haloperidol)
- Mellaril (thioridazine)
- Proloxin (fluphenazine)
- Risperdal (risperidone)
- Serentil (mesoridazine)
- Thorazine (chlorpromazine)

Newer medications in this category are:

- Zyprexa (olanzapine)
- Abilify (aripipazole)
- Clozaril (clozapine)



## **Anxiety Disorders:**

Anxiety disorders are typified by tension, fear, apprehension, discomfort, and distress. Two main types of anxiety disorders are:

- **Generalized Anxiety Disorder**
- **Obsessive-Compulsive Disorder**

Anti-anxiety medications are used to treat anxiety disorder and include:

- Busbar (buspirone)
- Librium (chlordiazepoxide)
- Valium (diazepam)
- Xanax (alprazolam)



Note: Psychotropic Medication: Anti-psychotics and Anti-depressants require **“informed consent”**. This means that the parent, guardian, or individual (depending on the situation) must give consent for the medication to be administered in a residential setting when prescribed by AVCMHA licensed prescribers.

### **Common Side Effects Associated with Psychotropic Medications**

*Source: Psychotropic Medications in Person with Developmental Disabilities by Dr. Bryan King*

<b>Common Side Effects Associated with Psychotropic Medications</b>		
<b>Medication</b>	<b>Examples</b>	<b>Side Effects</b>
SSRIs (selective serotonin reuptake inhibitors)	Prozac, Paxil, Zoloft, Luvox, Celexa	Stomach upset, sleeping problems, behavioral problems
Tricyclic anti-depressants	Anafranil, Elavil, Tofranil, Norpramin	Constipation, dry mouth, dizziness
Other anti-depressants	Desyrel, Serzone, Remeron	Sleepiness, dizziness, dry mouth
Stimulants	Ritalin, Dexedrine, Cylert	Insomnia, loss of appetite, mood changes
Neuroleptics/antipsychotics	Haldol, Risperdal, Mellaril	Sedation, weight gain, movement problems, restlessness
Mood Stabilizers	Lithium	Memory problems, thirstiness, shakiness
Anxiolytics	Valium, Xanax, Ativan	Sedation, unsteadiness, disinhibition