

Medication Administration

Student Manual



Colorado Department of Human Services

Division of Developmental Disabilities

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Colorado Department of Human Services, Division for Developmental Disabilities
Medication Administration Manual

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Types of Medications

This medication administration course has been developed by the Colorado Department of Human Services, Division for Developmental Disabilities and approved by the Colorado Department of Public Health and Environment. This medication administration course is *only* applicable to the Colorado Developmental Disabilities System.

INTRODUCTION

OBJECTIVES OF THE COURSE

- To accurately administer medications to individuals in Developmental Disabilities Services approved programs: Day Habilitation Services and Supports (DHSS), Group Residential Services and Supports (GRSS), Individual Residential Services and Supports (IRSS), Adult Supported Living Services (SLS), Children's Extensive Services (CES).
- To administer medications according to written physician or other authorized practitioner orders.
- To maintain proper documentation of the administration of both prescription and non-prescription medications.
- To use the proper techniques when administering medications by the various routes.

FOR THIS COURSE MEDICATION ADMINISTRATION IS:

- As defined by law: 'Assisting a person in the ingestion, application, inhalation, or using universal precautions, rectal or vaginal insertion of medication, including prescription and non-prescription drugs according to the written or printed directions of a licensed physician or other authorized practitioner and making a written record thereof with regard to each medication administered, including the time and amount taken.' [25-1.5-301 (1) C.R.S.]
- Accurately and safely administering medications from Medication Reminder Boxes (MRB) with oversight from a licensed person (nurse or pharmacist) or Qualified Manager.
- Filling of Medication Reminder Boxes with oversight by a Qualified Manager, or a licensed person (nurse or pharmacist).
- Administering medications through a Gastrostomy tube (MUST ALSO MEET REQUIREMENTS FOR GASTROSTOMY SERVICES PRIOR TO ADMINISTERING ANY MEDICATION, NUTIRENT OR LIQUID THROUGH A GASTROSTOMY TUBE!).

CAUTIONS:

- This is not a course that leads to certification or licensure to administer medications. If you have passed this course you are considered **QUALIFIED** to administer medications, a **Qualified Medication Administration Personnel (QMAP)**.
- Persons successfully completing this course are not trained or authorized to make any type of medical or psychological judgment, assessment, or evaluation of the individual being assisted.
- QMAPs may **ONLY** administer medications by the following routes: oral, sublingual, topical, eye drops/ointments, eardrops, nasal, transdermal, inhaled, rectal and vaginal.
- Completion of this course does **NOT** allow administration or monitoring of medications by injection, or performing finger pricks for glucose testing.
- QMAPs **MAY NOT** administer any medications other than what the physician or other authorized practitioner (e.g. dentist, physician assistant, nurse practitioner, podiatrist, psychiatrist) has prescribed in writing.
- QMAPs **MAY NOT** take phone orders for any medications including changes in medications or orders.

REMEMBER: WHEN ADMINISTERING MEDICATION, YOU ARE RESPONSIBLE FOR YOUR ACTIONS!

MEDICATIONS

Medications are chemical compounds that act in various ways on the body. They may alter the body's chemical reactions, reverse a disease, relieve symptoms, maintain health, prevent disease, alter a normal process or aid in diagnosis.

MEDICATION METABOLISM

Medication metabolism, in the broadest sense, refers to everything that happens to the medication from the time it enters the body until it has been eliminated from the body. The process consists of:

Absorption- getting into the bloodstream.

Distribution- carrying the substance to various parts of the body.

Bioretransformation- breaking substance down, chemically change substance.

Elimination/Excretion- getting rid of the substance from the body.

It is important to remember that the entire metabolism of a medication will vary, depending on the medication and the individual taking it. Medications have varying periods of effectiveness in the body depending on the rate of metabolism. This is one reason that the times a medication is taken and the dosage of a medication may vary from medication to medication and person to person.

ROUTES OF MEDICATIONS

The route of administration of a medication is determined by its physical and chemical properties, the rate of the desired response, and the area (location) being treated. As a rule, medications are administered for either a local (acts where you put it) or systemic (acts throughout the body) effect. The approved routes of administration that can be given by unlicensed persons providing supports in Division for Developmental Disabilities Comprehensive and Support Services who have completed this training include:

- Oral (p.o.) - in the mouth and swallowed.
- Sublingual (sl)- under the tongue.
- Topical (top.)- applied to the surface of the skin.
- Inhalants- inhaled into the lungs.
- Nasal- in the nose.
- Otic- in the ears.
- Ophthalmic- in the eyes.
- Vaginal (vag.)- in the vagina.
- Rectal (R)- in the rectum.

This training does not include administration of medications by injection or through tube devices (e.g. g-tube). The Department of Human Services, Division for Developmental Disabilities Rules address specific requirements for training to administer nutrients and/or medications through gastrostomy tubes.

COMMON MEDICATION FORMS

Medications are available in a variety of forms. The form of a medication can impact on ease of delivery, tolerance, as well as absorption. There are five main categories of medications: Solid, Semi-Solid, Liquid, Topical, and Inhalant/Aerosol/Spray. Below are the most common forms of these medications.

Solid

- **Tablet**- compressed powder form of medication. Usually flat and round shaped. May be swallowed, chewed, crushed or administered sublingually depending on medication.
- **Scored Tablet**- a tablet that has a grooved line across the middle to facilitate in breaking it in half.
- **Enteric Coated**- a hard, smooth coating found on tablets and caplets. Not designed to be crushed.
- **Caplet**- a tablet that is shaped like a capsule for ease in swallowing.

Semi-solid

- **Gel Cap**- liquid medication enclosed in a thick gelatin container. Not designed to be opened.
- **Capsule**- gelatin container filled with powder. Generally not designed to be cut, crushed or opened.
- **Spanules**- gelatin container filled with medicated small balls that are typically time-released products. May be opened.
- **Sprinkles**- medicated small balls that are typically time-released products.
- **Suppositories**- semi solid vaginal or rectal medication that melts at body temperature and is absorbed into the tissue.
- **Lozenges**- preparations in a hard candy form, which are dissolved in the mouth.

Tablets and Capsules may be ordered as extended release (XR), sustained release (SR), controlled release (CR), or long acting (LA).

Liquids

- **Syrup**- liquid preparation that is water and sugar/starch based. Does not need to be shaken.
- **Suspension**- liquid preparation that is usually water based with a powdered medication in it. Needs to be shaken prior to pouring.
- **Elixir**- liquid preparation that is alcohol based. Does not need to be shaken.

Topicals

- **Transdermal Patches**- medicated adhesive pad applied to the skin.
- **Creams**- water or low oil based preparation for topical use.
- **Lotions**- thick preparations with or without oils for topical use.
- **Ointments**- oil based preparation for topical use.

Inhalant/Aerosol/Spray

- **Aerosols**- medication that has a fine spray application for inhalation.
- **Sprays**- liquid medications dispensed in atomizers that propel the medication in droplets.
- **Inhalants**- fine aerosolized medication designed to be inhaled into the lungs.

DOSAGE OF MEDICATIONS

Dosage is the amount of a medication to be taken at one time. Some medications act quicker than others, some are eliminated quickly, while others have a tendency to accumulate in the body.

Dosage is based on:

- The individual's weight, sex, and age.
- The disease/illness/need being treated.
- The route of administration.
- The individual's tolerance of the medication.

Dosage amount and frequency is determined by:

- The time of absorption: How long it takes to get 'into' the body.
- The duration of action: How long it will be effective.
- The rate of elimination: How long it is effective then eliminated from the body.

NEVER change the dosage of a medication without written documentation from a physician or other authorized practitioner (e.g. dentist, physician assistant, nurse practitioner, podiatrist, psychiatrist) or agency nurse/nurse consultant. When in doubt about a medication or dosage, withhold administration and check immediately with the nurse, physician or other authorized practitioner before administering.

MEDICATION ACTIONS

When a medication is prescribed, there is no absolute assurance that the interaction of the medication, the individual, and the disease/ medical concern will be as intended. There is always an element of uncertainty. The following impacts medication actions:

- **The Medication:** All medications have more than one effect on the body.
- **The Individual:** All individuals vary in age, size, health, etc.
- **The Disease/ Medical concern:** Diseases of the same type/ family may be resistant to a typical treatment plan.

MEDICATION INTERACTIONS

Medication interactions may result when two or more medications that are used concurrently affect each other's action in some way. One or both medications may become more or less effective, or undesirable actions may occur. Some medication interactions are not necessarily bad; in fact, some are brought about intentionally to increase the therapeutic effect of certain medications.

EFFECTS OF MEDICATIONS

The goal of a medication treatment is to obtain the greatest possible relief with the least amount of side effects. All medications have the potential for three categories of effects. Side effects and adverse affects should be reported to the nurse, physician or other authorized practitioner.

- Therapeutic Effects are the desired effects of the medication, the reason the medication is given.
- Side Effects are expected. They may be annoying or bothersome, but are considered non-harmful effects and have only minimal to moderate impact on functions (e.g. dry mouth, drowsiness, rash, nausea, diarrhea, constipation, vomiting).
- Adverse Effects are unexpected, considered harmful and even dangerous. The effects can cause additional medical concerns as well as serious impacts on functions (e.g. medical: respiratory failure, cardiac arrest, liver disorder; and functional: hallucinations, confusion, staxia)

An adverse effect that may happen with any medication and that should be considered harmful is an allergic reaction and must be reported immediately to the physician or other authorized practitioner or agency nurse/nurse consultant. Any medication has the potential to cause an allergic reaction if given to a susceptible individual. Allergic reactions may involve many different types of symptoms, which may appear immediately, or after the person has taken several doses of a medication. Allergic reactions may be in the form of mild redness, itching, rashes and/or swelling. Anaphylaxis is the most dangerous type of an allergic reaction. This is a life threatening condition and involves a decrease in blood pressure and spasms of the breathing passages. This type of reaction may occur immediately and/or soon after the administration of the medication. For an anaphylactic reaction 9-1-1 or the local emergency medical services system should be called immediately!

CHAPTER ONE REVIEW

1. Identify the medication metabolism process using the definitions listed.

_____ Carrying the substance to various parts of the body.

_____ Getting rid of the substance out of the body.

_____ Getting into the bloodstream.

_____ Breaking the substance down.

2. Identify the route of medication by its definition.

_____ In the eyes

_____ Inhaled in the lungs

_____ In the nose

_____ Applied to the surface of the skin

_____ In the rectum

_____ In the ears

_____ In the vagina

_____ Under the tongue

_____ In the mouth and swallowed

3. Label the following medication effects as A= Adverse Effect or S= Side Effect.

_____ Nausea

_____ Cardiac arrest

_____ Respiratory failure

_____ Dry mouth

_____ Constipation

_____ Vomiting

_____ Rash

_____ Liver disorders

4. Identify the medication form.

- _____ Compressed form of drug
- _____ Must be shaken before pouring
- _____ Dissolves in the mouth
- _____ Medication given under the tongue
- _____ Medication breathed into the lungs
- _____ Gelatin container for powdered medication
- _____ Rubbed onto the skin
- _____ Semi-solid medication, melts at body temperature
- _____ Medicated adhesive pad applied to the skin
- _____ Contains time released medication

CATEGORIES OF MEDICATIONS

Medications are divided into two main categories: prescription and non-prescription (over-the-counter) medications. All medications that QMAPs administer and/or monitor (prescription and non-prescription) must have a written, signed physician's or other authorized practitioner's order prior to administration. All medications (prescription and non-prescription) for individuals in comprehensive services (e.g. GRSS, IRSS, DHSS) must have a written, signed physician's or other authorized practitioner's order.

PRESCRIPTION MEDICATIONS

Prescription medications include all medications that must be prescribed by a physician or other authorized practitioner and dispensed by a pharmacist. These medications are further categorized as either controlled medications or non-controlled medications.

- Controlled medications are prescription medications that have been legally designated as "controlled substances". The medications in this category are considered to have a high potential for abuse. For this reason, each individual dose must be accounted for on a medication administration record and a controlled medication count sheet. Each agency has its own procedures and forms for counting controlled medications.

NON-PRESCRIPTION or OVER-THE-COUNTER (OTC) MEDICATIONS

OTC medications include any medication that can be purchased without a prescription. Persons assisted in the administration of OTC medications must have a written physician's or other authorized practitioner's order for the medication. This includes fever/pain reducers, vitamins, supplements, herbal remedies etc.

MEDICATION NAMES

A medication is usually known by its generic name or its trade name. It is important to know that a physician or other authorized practitioner may order a medication by its trade name and the pharmacist may fill the prescription with the generic medication and label it with its generic name. For example: Motrin may also be called ibuprofen, and Tylenol may be called acetaminophen.

CARE AND STORAGE OF MEDICATIONS

Medications are to be cared for and stored in a manner that will provide the ultimate safety and protection for the medication and the individual and others in the home. Any changes to these guidelines should be documented through the individual's IP (Individual Plan). The following guidelines are to be followed:

- Medications must be safely locked in a storage container (e.g. lock box or medication cabinet) or stored in a safe place in the person's home at all times except when the individual is taking the medication.
- Medication supplies for each individual must be stored under the proper conditions of sanitation, temperature, light, refrigeration, and moisture (as stated by the pharmacy label or manufacturer instructions).
 - Exposure to excessive heat over a period of time causes deterioration of some medications.
 - Refrigeration is required for some medications because they deteriorate if kept at room temperature. These medications must also be stored in a locked storage container in a refrigerator.
 - Exposure to light causes deterioration of some medications. These medications must be kept in a dark bottle.
 - Bottles must always be capped when not in use to prevent deterioration of the medication. Many medications undergo chemical changes when exposed to air for a length of time.
- Prescription medications are to be obtained from a licensed pharmacy and are to be labeled with name, address, and telephone number of pharmacy, the name of the individual, name and strength of the medication, directions for use, date filled, prescription number, the name of the physician or other authorized practitioner, and the prescription expiration date (if no expiration date is found, the prescription expiration date is one year from the date of being dispensed). ~~No one~~ should alter the label by writing on it.
- Non-prescription (over-the-counter) medications, including vitamins, herbal remedies, etc. may be purchased and taken provided the following conditions are met:
 - The physician or other authorized practitioner ordered the medication;
 - The medication is maintained in the original container; and,
 - The individual's name is taped or written on the container in such a manner as to not obscure the original label/ manufacturer's instructions and expiration date.
- The contents of any medication container having no label or with an unreadable label (excessively soiled, damaged, detached) must not be used. Follow the agency's procedure for disposing of medications.

- Prescription medications having a specific expiration date must not be used after the date of expiration on the label. OTC medications must not be used after the date of expiration on the container. Follow the agency's procedure for disposing of medications.
- Medications for external use must be kept in a separate storage container from those medications that are taken internally. The storage container must be marked "External Medications".
- Controlled medications must be counted/documentated on a controlled medication record. Other medications may be counted and recorded according to the agency's procedures.
- Medications may come in the following packaging: pharmacy containers, blister packs, manufacturer's containers, tubes, and medication reminder boxes.

CHAPTER TWO REVIEW

1. Medications are divided into two main categories. They are:

2. T or F A medication is usually known by its generic name or its trade name.

3. List four (4) items that should be on each prescription pharmacy label:

4. T or F Internal and external medications can be stored together.

5. T or F Medications may be used past the manufacturer's expiration date.

ORDERS FOR MEDICATIONS OR TREATMENTS

The items below should be followed whenever the individual attends a physician or other authorized practitioner (e.g. dentist, physician assistant, nurse practitioner, podiatrist, psychiatrist) appointment and orders are given for changes in medications or treatments or new orders are given for medications or treatments.

There should be written documentation of all physician or other authorized practitioner visits! This documentation should include the date of the visit, (month, day, year) and the signature of the physician or other authorized practitioner.

1. All medications or treatments (new, changed or discontinued) must have a written and signed order from the physician or other authorized practitioner. The physician or other authorized practitioner may write a prescription that the staff or provider may take to the pharmacy to fill (staff will need to get a copy of the prescription for the agency records), or the physician or other authorized practitioner may phone the pharmacy with the medication order and give the staff or provider a written order in a different format.
2. Staff or other providers may **NOT** take a prescription order from the physician or authorized practitioner over the phone. They may either:
 - a. Take an agency order form to the physician's or other authorized practitioner's office and ask him/her to write out and sign the order;
 - b. Call the agency nurse consultant who will then phone the physician or other authorized practitioner for the medication order and notify the staff or provider of this order (in writing); or,
 - c. Ask the physician or other authorized practitioner to fax the order to the staff or provider.
3. All medication or treatment orders from the physician or other authorized practitioner should be started in a timely manner. If any concerns contact the agency nurse/ nurse consultant, physician or other authorized practitioner.

WEIGHTS AND MEASUREMENTS

Dosage is measured by systems- The Metric System and the Household System are the most widely used.

1. The Metric System includes:

cc = cubic centimeter
 ml = milliliter
 mg = milligram
 mcg = microgram
 G or Gm = gram

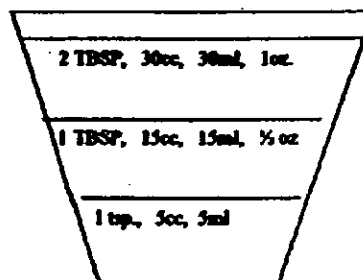
2. Household equivalents are sometimes used, but care must be taken to use standard measuring devices (e.g. measuring spoons). Never use serving spoons, tableware etc. due to the variation in amounts they hold (e.g. a tableware teaspoon may hold 4-7ml).

3. It is best to use standard measuring devices such as measured medication cups, a medication spoon, or a medication syringe (contains no needle).

Conversion Chart :

cc/ml*	tsp.	TBSP	oz.
5	1		
15	3	1	½
30	6	2	1
*1cc=1ml			

Measured Medication Cup:



COMMON MEDICAL ABBREVIATIONS

bid, BID	2 times daily	NKDA	No known drug allergies
tid, TID	3 times daily	cap	Capsule
qid, QID	4 times daily	tab	Tablet
qod, QOD	Every other day	supp	Suppository
q, Q	Every	cc	Cubic centimeter
qd, QD	Every day	mg	Milligram
h	Hour	ml	Milliliter
ac	Before meals	tsp	Teaspoon
pc	After meals	Tbsp	Tablespoon
HS	Bedtime	i	One
prn, PRN	As needed	ii	Two
po	By mouth	iii	Three

CHAPTER THREE REVIEW

1. T or F Staff and other providers may take a verbal order to change a medication dosage from the physician over the telephone.

2. You need to give one ounce of milk of magnesia. How many cc's will you pour in the med cup? _____

3. You need to give 1 tsp. of medication. How many cc's will you give? _____

4. You need to give 15cc of a medication. How many TBSP will you give? _____

5. Define the abbreviations

PRN _____

BID _____

QD _____

HS _____

PO _____

QID _____

NKDA _____

Q _____

TBSP _____

tsp _____

CHAPTER 4

THE FIVE RIGHTS OF MEDICATION ADMINISTRATION

Each time you assist with a medication you need to review the **FIVE RIGHTS** of medication administration. These **FIVE RIGHTS** provide you with a systematic and conscientious check before each medication is taken. By using the **FIVE RIGHTS** each time you administer medication you will safeguard yourself from making medication errors. The **FIVE RIGHTS** of medication administration are:

1. **The RIGHT PERSON:** Make sure you know each person you are working with. If you have any questions, do not administer the medication until you check with another staff member, supervisor, or nurse to assure you have the right person.
2. **The RIGHT MEDICATION:** To make sure you are administering the right medication follow these guidelines: compare the physician's or other authorized practitioner's written order, the medication administration record, and the pharmacy label; triple check for each medication to make sure the written order, the medication administration record and the pharmacy label agree/match. Do this when removing the medication from the storage area, after pouring/ before giving, and before replacing in the storage area. If all of the above do not agree/match do not give the medication and call the nurse consultant.
3. **The RIGHT DOSAGE:** Be sure to give the right amount of medication (dosage). The written physician's or other authorized practitioner's order will tell you how much is to be given (e.g. one, two or three pills). If it is an ointment or liquid, check the label and measure the amount to be given exactly.
4. **The RIGHT TIME:** The written physician's or other authorized practitioner's order, the prescription label and the medication administration record will specify when the medication is to be taken. If the prescription label says daily or twice daily, and does not specify the exact time, check the medication administration record for the schedule of when the medication is to be taken. If unsure, check with the nurse, physician or other authorized practitioner.
5. **The RIGHT ROUTE:** The method for using the medication (e.g. oral, topical) is described as the route. The written physician's or other authorized practitioner's order, prescription label and medication administration record will specify how the medication is to be taken.

Remember, your careful observation of the **FIVE RIGHTS** of medication administration is extremely important to the safety of the individuals you work with. You can only administer a medication once you are positive you have the **RIGHT PERSON**, the **RIGHT MEDICATION**, the **RIGHT DOSAGE**, the **RIGHT TIME**, and the **RIGHT ROUTE**.

THE MEDICATION ADMINISTRATION RECORD

The final step in medication administration is to accurately document what you gave to the person! The medication administration record (MAR) is part of the individual's permanent record. It is important since it describes the medications (prescription and non-prescription/over-the-counter) used by the individual, the doses, the routes, and the times medications were taken.

REMEMBER:

**ALL MEDICAL FORMS ARE CONSIDERED LEGAL DOCUMENTS!
USE ONLY BLUE OR BLACK INK!
WHITE OUT MAY NOT BE USED!**

In general a medication administration record will contain the following information:
(each agency will have a form that meets its specific needs)

- The name of the individual taking the medication(s);
- The month and year the record is for;
- The name of the primary physician or other authorized practitioner;
- The name of the medication(s) and how it is to be taken, as ordered by the physician or other authorized practitioner;
- The time the medication(s) is to be taken;
- Any medication sensitivities and allergies. If there are not any known allergies then 'NKA' (no known allergies) or 'NKDA' (no known drug allergies) should be listed on the record;
- The identifying initials of the staff or other provider assisting the individual at the time each of the medications are taken, for each day and each time the medication was taken;
- The signatures and identifying initials of ALL staff or other providers who assisted with medications; and,
- Each time a PRN (as needed) medication is given the above items apply as well as the staff or other provider will note the reason the PRN medication was given and the results of the medication.

RULES FOR DOCUMENTATION ON THE MEDICATION ADMINISTRATION RECORD

- Use blue or black ink. Never pencil.
- Never use white out.
- Chart each time after giving the medication, not before. Do not wait until end of shift.
- Only chart what you give. Never document medications given by another person and never allow another person to document for you.
- If the medication cannot be given or a person refuses a medication then initial the appropriate box, circle the initials, provide an explanation on the back of the MAR and notify the appropriate person as outlined by the agency's procedures.
- Follow specific agency procedures for medication administration, errors, etc.

MEDICATION ERRORS

The possibility of medication errors occurring is a constant danger. By following proper procedures (e.g. The 5 Rights) errors can be minimized. However, errors occasionally do happen and must be dealt with properly. The severity of an error will vary depending on the medication and the individual involved. When an error occurs, it is extremely important that you are willing to admit it, seek help, notify the nurse/nurse consultant and/or the physician or other authorized practitioner and document the error (e.g. MAR and incident report). For any medication error you must follow the agency's procedures. Some of the more common errors are:

- An individual taking or given the wrong medication.
- An individual taking a medication that is prescribed for someone else.
- A medication taken in the wrong dosage.
- A medication taken at the wrong time.
- A medication that is forgotten or not taken at all.
- A medication that is administered by the wrong route.
- The wrong procedure is followed in administering the medication.

CHAPTER FOUR REVIEW

1. List the Five Rights of medication administration:

2. Match the situation with the appropriate category.

- | | |
|---|---------------------|
| _____ Tim's pharmacy label reads: Take Prilosec 20mg TID ac. He took it right before meals. | A. Wrong Person |
| _____ Ben put his nose drops in his eyes. | B. Wrong Medication |
| _____ Sue gave 3 TBSP Mylanta to Bob. The order reads give 30cc/ml. | C. Wrong Dosage |
| _____ Stacy's heart medication was sublingual. She swallowed it with the rest of her medications. | D. Wrong Time |
| _____ Mary was going to the movies. Dan gave her 8pm meds at 6:30pm before she left. | E. Wrong Route |
| _____ Glenn told Bill his name was Rich. Bill gave Glenn Rich's 5pm medications. | F. No Error |
| _____ Kyle gave Bill his 5pm medication at 7pm when he ate dinner because the label said to give with food. | |
| _____ Jill gave Thorazine to Sam. The order was to give Thioridazine. | |
| _____ Jim gave 5cc's of cough syrup to Marc. The order reads give 1 TBSP. | |
| _____ Sarah gave Joe Field's medication to Jo Feld. | |

3. T or F It is permissible to use white out to correct errors on the medication administration record.

4. Answer the following questions using the sample pharmacy label below.

ABC Pharmacy 1234 Main Street Anytown, CO 12345 (303) 987-6543		
Rx# 23579	Greene, Hazel	April Jones, MD
	Take 10mg po qd	
	BuSpar 5 mg.	
Refills: 2	Qty: 60	Date filled: 7/1/02 Expir: 7/1/03

- What is the dosage being prescribed?
- How many tablets are in the bottle?
- What is the prescription number?
- What is the route of the medication?
- How many times can the prescription be refilled?
- How often per day do you give this medication?

PROCEDURES FOR MEDICATION ADMINISTRATION

In an attempt to provide staff and other providers with a systematic method of administering medication, the following procedures were designed. It is important to free the environment of distractions. Preparations made before, such as fresh water, applesauce, disposable cups, spoons, medication cups, clean cutters or crushers will add to your readiness and decrease the possibility of errors. Remember to keep the storage container locked (where applicable), except at times of removing and or replacing medications. Do not pre-dispense medications for later in the shift, day, etc. If the individual has an ISSP (Individual Service and Support Plan) regarding medication administration it should be available and followed. Be sure to triple check for each medication to make sure the physician's or other authorized practitioner's written order, the medication administration record and the pharmacy label agree/match.

ORAL MEDICATIONS:

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and medication administration record.
2. Wash hands (yours and the individual you are assisting) and apply gloves if necessary.
3. Assist or observe the individual to count out/measure the correct dosage of medication. It may be necessary to use individual methods to allow the individual to participate in the medication process.

When measuring liquids, hold the container so that the line indicating the desired quantity is at eye level. Pour away from the label. Take care not to pour more than is needed.

Dosage forms such as tablets and capsules should be handled in such a way that the staff's or other provider's bare fingers do not come in contact with the medication. Use tweezers, gloves or the cap of the container to guide or lift the medication if necessary. Medications that come in bubble packs can be popped into a medication cup. It is recommended that medications be placed in a medication cup and handed to person rather than placed into persons open hand to prevent dropping.

4. After counting out or pouring medication and before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.

5. Observe the individual taking the medication. Observe the individual swallow the medicine. If the individual cannot take the medication by him/herself, place the medication in his/her mouth.

Some individuals can swallow medication easier if it is mixed in applesauce or pudding. Remember, the individual must be told if the mixture contains medication. Staff/providers may not 'hide' medication in foods or drinks without the individual's knowledge. Be careful not to crush enteric-coated tablets or capsules.

6. Re-read and compare the label of the container to the written physician or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
7. Document by recording your initials on the medication administration record each time a medication is given in the appropriate place. If giving a PRN medication, remember to document the reason given and the results of the medication.
8. Repeat this procedure with each medication to be taken at each time.

EYE MEDICATIONS:

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and medication administration record.
2. Wash your hands and put on gloves if secretions are in or around the eyes.
3. If secretions are present in the eyes, remove secretions by wiping the eyelid from inner corner to outer corner of the eye with a cotton ball, gauze, or tissue.
4. Remove and discard gloves and contaminated items. Wash hands again. Re-glove if necessary.
5. Before giving the medication re-read and compare the label of the container to the written physician or other authorized practitioner's order and the medication administration record.
6. Tilt the head back and hold steady, or have the individual lie down. Someone may need to assist you.
7. Expose the inside of the lower eyelid by placing a finger on the skin beneath the eye and gently pulling the eyelid down.

8. **FOR EYE DROPS:** Always hold the dropper with the tip straight down. The solution should be at room temperature (less irritating). Drop the prescribed number of drops into the pocket of the lower eyelid. Be careful not to let the drops fall on the eyeball, as this can be painful. Do not allow the drops to fall on the lower lid close to the nose, as the medicine will immediately be lost through the tear duct. If the dropper touches the eye, wash the dropper with soap and water.
9. **FOR EYE OINTMENT:** Squeeze a small amount of the medication along the inside of the lower eyelid. Instruct the individual to keep the eye closed for 1 - 2 minutes to allow the medicine to spread and be absorbed.
10. Re-read and compare the label of the container to the written physician or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
11. Wash hands and discard gloves.
12. Document by recording your initials on the medication administration record each time a medication is given in the appropriate place. If giving a PRN medication, remember to document the reason given and the results of the medication.

EAR MEDICATIONS:

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and medication administration record.
2. Wash hands and put on gloves if secretions are present.

DROPS THAT REQUIRE REFRIGERATION SHOULD BE WARMED TO ROOM TEMPERATURE BEFORE ADMINISTRATION. COLD SOLUTION STRIKING THE EARDRUM MAY CAUSE PAIN OR DIZZINESS.

3. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
4. Position the individual with the affected ear up. Gently pull ear up and back. Someone may need to assist you.
5. Always hold the dropper with the tip straight down. Instill the drops into the ear canal.
6. Keep the person's ear tilted for at least 3 minutes to allow the drops to penetrate deeply into the ear canal.

7. Re-read and compare the label of the container to the written physician or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
8. Wash hands.
9. Document by recording your initials on the medication administration record each time a medication is given in the appropriate place. If giving a PRN medication, remember to document the reason given and the results of the medication.

NASAL MEDICATIONS:

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and medication administration record.
2. Wash hands and put on gloves if secretions are present.
3. If the individual has a nasal discharge ask them to gently blow their nose and assist as needed. Remove and discard gloves and contaminated items.
4. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
5. **FOR NASAL SPRAY:** The tip of the spray nozzle is placed just inside the nostril/nostrils and directed backward. Instill the spray with just enough force to bring the spray into contact with the nasal membranes. Too much force may drive the solution and contamination into the sinuses and into the eustachian tubes.
6. Re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
7. Wash hands.
8. Document by recording your initials on the medication administration record each time a medication is given in the appropriate place. If giving a PRN medication, remember to document the reason given and the results of the medication.

INHALED MEDICATIONS:

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and medication administration record.
2. Wash hands.
3. Check the manufacturer's instructions for the medication to see if the medication needs to be shaken before administering – most do.

4. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
5. Position the individual in an upright position.
6. Grasp the medication dispenser and remove the mouthpiece cover.
7. Hold the dispenser per physician and manufacturer's instructions for administering.
9. Wipe off the mouthpiece and replace the mouthpiece cover.
10. Re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
11. Wash hands.
12. Offer the individual a drink after administering inhaled medications.
13. Document by recording your initials on the medication administration record each time a medication is given in the appropriate place. If giving a PRN, remember to document the reason given and the results of the medication.

TOPICAL SKIN MEDICATIONS:

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and medication administration record.
2. Wash hands and put on gloves.
3. Expose the area to be treated. Always respect privacy. Cleanse the area as ordered completely in order to remove old medication and crusted secretion.
4. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
5. Apply the medication by the method described on the container label, (e.g. aerosols are sprayed, lotions are rubbed, etc.) Some medications may be applied with an applicator, such as cotton balls, Q-tips, or gauze.
6. Re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
7. Remove gloves and wash hands.

8. Document by recording your initials on the medication administration record each time a medication is given in the appropriate place. If a PRN remember to document the reason given and the results of the medication.

RECTAL SUPPOSITORIES: (Ensure Privacy!)

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and medication administration record.
2. Wash hands and put on gloves.
3. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
4. Remove the outer wrap from the suppository if needed.
5. Lubricate the pointed end of the suppository with a water base lubricant (e.g. K.Y. jelly). Place the suppository on a tissue and avoid handling it as melting begins rapidly at body temperature.
6. Position the individual on his/her left side in the privacy of his/her own room. Position the top leg up toward the abdomen.
7. Gently insert the lubricated tip of the suppository, using one gloved finger, into the rectum to the second knuckle. Push the end of the suppository so that it touches the wall of the colon. It is not effective if inserted into the stool.
8. Hold the buttocks together a full minute. This relieves the feeling of having to defecate and prevents the suppository from being expelled.
9. Dispose of gloves in the trash and wash hands.
10. Re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
11. Document by recording your initials on the medication administration record each time a medication is given in the appropriate place. If giving a PRN medication, remember to document the reason given and the results of the medication.
12. Document any results from the suppository.

VAGINAL MEDICATIONS: (Ensure Privacy!)

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and medication administration record.
2. Wash hands and put on gloves.

3. Prepare the medication. Remove the wrap from suppository and/or load the applicator according to its instructions.
4. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
5. Have the individual prepare for bed, (e.g. take shower, put pajamas on, go to the bathroom etc.) prior to starting procedure accompany person to her bedroom and ensure privacy.
6. Follow manufacturer's illustrated instructions for positioning of person and administration of medication.
7. Separate the applicator, the barrel and the plunger. Wash as instructed on the package and store or dispose of appropriately.
8. Dispose of gloves in the trash and wash hands.
9. Re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
10. Document by recording your initials on the medication administration record each time a medication is given in the appropriate place. If giving a PRN medication, remember to document the reason given and the results of the medication.

**DO'S AND DON'Ts IN ASSISTING
INDIVIDUALS WITH MEDICATIONS**

DO

1. Do keep the medication area and equipment clean.
2. Do keep the medication storage container area locked or stored in a safe place in the person's home at all times except when the individual is taking the medication.
3. Do separate internal and external medications.
4. Do always read the container labels and cross-reference them with the written physician's or other authorized practitioner's order and medication administration record.
5. Do discuss all questions about medications with the nurse, the prescribing physician or other authorized practitioner, or the pharmacist.
6. Do stop an individual from taking a medication with a questionable appearance or odor.
7. Do allow the individual to assist in the medication process as much as possible.

8. Do be sure the individual swallows the medications.
9. Do record all medications immediately after administrating and only those you observed and assisted with.
10. Do report all medication errors.

DON'T

1. Don't leave the medication storage container unlocked (if applicable) or medications unattended.
2. Don't allow individuals to take medications from an improperly labeled bottle.
3. Don't re-label medications yourself.
4. Don't allow the individual to take medications until you have checked the label for proper information.
5. Don't leave medications out in opened containers.
6. Don't allow individuals to take a medication without a written order by the physician or other authorized practitioner.
7. Don't put off recording medications.
8. Don't deny medication errors.
9. Don't be afraid to ask for help.
10. Don't give oral medications to an unconscious person because of the danger of choking.
11. Don't give oral medications to an individual who has vomited.
12. Don't pre-dispense medications for later in the shift/day.
13. Don't give medications you have not prepared/set up.
14. Don't chart medications in the medication administration record for other staff/providers.
15. Don't borrow or substitute someone else's medications for another person.
16. Do not mix medications from an old container into a new container.

**ADMINISTRATION OF MEDICATIONS FROM
MEDICATION REMINDER BOXES**

A medication reminder box (MRB) is a device that is compartmentalized and designed to hold medications according to a time element (day or week or portion thereof). There are rules and regulations specific to the use of these devices which must be followed in addition to the basic procedures for administering medications and documenting medication administration that have previously been reviewed.

- Only qualified medication administration persons (QMAPs) may administer or monitor administration of medications from a medication reminder box (MRB).
- Qualified medication administration persons may **NOT** prepare (fill and label) MRBs. Filling and labeling of MRBs can occur **ONLY** after being specifically trained to do so and **ONLY** when overseen by a Qualified Manager. *(A qualified manager is a person designated by the owner or operator of a facility/agency to oversee the work of unlicensed person in filling and labeling MRBs. The qualified manager must have completed training in the administration of medication, the filling of medication reminder boxes and must successfully re-test in medication administration every 4 years, or be a licensed nurse, licensed physician, or pharmacist).*
- Persons receiving services that are independent in the administration of medication and have received training or are receiving training (e.g. ISSP) from a qualified staff in filling the MRB may prepare their own MRB. Persons receiving Support Services (SLS) may have a non-paid family member or friend prepare the MRB.
- MRB may not be filled for more than two weeks at a time.
- MRB must be labeled with the name of the individual, the name of each medication, the dosage, the quantity, the route of administration, and the time that each medication is to be administered.
- Original medication container(s) as labeled by a pharmacist must be maintained at the person's home.
- Medication reminder boxes cannot be used for PRN or "as needed" medications.
- Only "oral" medications can be placed in a medication reminder.
- Medications in the MRB may only be used at the time specified on the medication reminder box.

- Medications that must be administered according to special instructions such as “thirty minutes before meals” or “give before a dental appointment” may not be placed in a medication reminder box.
- If the physician or other authorized practitioner orders a change in an individual’s medication regime, the agency must discontinue the use of the MRB until the designated qualified medication administration person, nurse, individual if independent or family member/friend in support services has refilled the MRB according to the order change.
- If the medications in the MBR are not consistent with the labeling or the written physician’s or other authorized practitioner’s orders, the qualified medication administration person must NOT proceed with the administration of medications from the medication reminder box until the problem is resolved. The staff should not correct the discrepancy; a licensed person, qualified manager or the qualified medications administration person who filled the MRB should resolve any/all difference(s). Staff will need to follow agency procedures as to whom to contact for assistance. In addition, the agency must ensure that the person receive his/her medications during the time it takes to resolve any issues with the use of a medication reminder box. Once the problem with the medications is resolved and the medications are correctly assigned to the compartments of the MRB, the qualified medication administration person may resume the administration from the medication reminder box. All medication problems must be resolved prior to the next administration.
- A medication administration record (MAR) is required for recording all medication administrations from the MRB. The MAR must contain all of the information listed in Chapter 4. The general guidelines reviewed for documentation of medication administration apply to medication reminder boxes.

CHAPTER SIX REVIEW

1. T or F If staff or provider administering medications notice an extra tablet in a compartment of the medication reminder box staff should remove the extra tablet and administer the remaining medications.

2. T or F Medication reminder boxes may be used for PRN medications.

3. The label on the medication reminder box gives the following information: Name of person, name of medication, quantity to be given, and time to be administered. What information is missing?

TYPES OF MEDICATIONS

Psychotropic Medications

Psychotropic medications are those medications that are capable of modifying mental activities and behavior.

These medications should be used only for diagnosed psychiatric disorders (DDD Rule 16.623 D 7) and based on recommendations of a psychiatric evaluation by a psychiatrist.

Continuous re-evaluation by the interdisciplinary team, physician or other authorized practitioner, based on observations of the individual, is needed to determine recommendations to increase, reduce, or discontinue a dosage.

When a psychotropic medication is prescribed for an individual in services, it must be used in accordance with DDD Rules (16.623 D 8). Some of the requirements regarding the administration of psychotropic medications are:

- Reviewed at least annually by a psychiatrist;
- Be the minimum effective dose possible;
- Allow for gradual reduction of the dosage and ultimate discontinuation of the medication, unless clinical data establishes the presence of a psychiatric condition requiring that a maintenance level of the medication be administered;
- Ensure employees and contractors are knowledgeable of potential side effects and adverse reactions to the medications;
- Include documentation of the effects of medications and any changes in medication;
- Not be ordered on a PRN or "as needed" basis.

Some common psychotropic medications include:

- Antipsychotics (Neuroleptics): Treat a range of thought process disorders and psychotic symptoms.
- Antidepressants: Treat severe depression and sadness.
- Mood Stabilizers: Treat mood disorders.
- Antianxiety: Treat anxiety disorders.

It is not the staff or provider's responsibility to make the judgment and/or diagnose a particular side effect. However, this section has been included to make staff and providers aware of possible adverse effects. If at any time staff or providers notice any of the following they should notify the nurse and/or prescribing physician or other authorized practitioner immediately. Adverse effects include:

- Extra pyramidal symptoms (EPS) may develop after a single dose or after prolonged usage. These symptoms include: tremor, rigidity, restlessness, fatigue

or weakness of arms and legs and continual movements of hands, mouth and body.

- Tardive Dyskinesia is involuntary, rhythmic movements of the face, jaw, mouth, tongue, and sometimes extremities. Tardive dyskinesia symptoms may be permanent.
- Jaundice is a serious liver disorder that can be easily identified by a yellow discoloration of the skin and whites of the eyeballs. Can be confirmed through lab work.
- Neuroleptic Malignant Syndrome is an uncommon, life threatening reaction to neuroleptic therapy. The medications most commonly involved are the more potent neuroleptics. Signs observed are a very high temperature (102-104°F), difficulty breathing, profuse sweating, rigidity, altered consciousness, seizures and tremors. It can progress to multi-system failure. The nurse and prescribing physician or other authorized practitioner should be notified immediately and 911 called if needed.

Psychotropic medication therapy should not be stopped without the prescribing physician's or other authorized practitioner's supervision!

If you note any adverse effects in any of the individuals you serve, you must call the nurse or the prescribing physician or other authorized practitioner immediately!

Seizure Medications

Seizure (Anticonvulsant) medications are those medications used to help individuals control seizure disorders. Adverse effects include:

- Jaundice: a serious liver disorder that can be easily identified by a yellow discoloration of the skin and whites of the eyeballs.
- Toxicity: the effect of too high of a concentration of a medication in the body. Persons may exhibit lethargy, drowsiness or slurred speech and not be as alert as possible. The nurse, prescribing physician or other authorized practitioner should be contacted if the above occurs. Lethargy and drowsiness may be common side effects of seizure medication, and may be evident when individuals are beginning medication therapy.
- Rash may develop during therapy and should be evaluated by the nurse and/or prescribing physician or other authorized practitioner.

Seizure (Anticonvulsant) therapy should not be stopped without medical supervision because sudden withdrawal may cause an increase in seizure activity or possibly status epilepticus.

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Hormonal Medications

Hormonal medications are used to replace or alter body functions. Common forms of hormonal therapy include:

- Estrogen/ Progesterone/ Testosterone
- Thyroid medications
- Steroids
- Growth Hormones

Herbal Remedies

Unlike pharmaceuticals (prescription and over-the-counter medications), natural supplements such as herbal remedies are not controlled by and have not been approved by the FDA or other government entity for safety and effectiveness.

Herbal remedies, just like pharmaceuticals, may cause serious side effects and toxicity. There also may be interactions with other medications and some supplements may be dangerous for persons with some medical conditions.

The potential for misuse of herbal products is great and their use must be approached with great caution. It cannot be assumed that because something is "natural" it is also safe.

Guidelines for Use:

The following are DDD guidelines for the use of herbal remedies by persons in GRSS, IRSS, and DHSS programs:

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- Herbal remedies and other natural supplements should be approached in the same way as over the counter medications (OTC). This means that the person must have a physician's or other authorized practitioner's order to take the herbal supplement. In addition, requirements for labeling containers and recording the administration of herbal remedies would also be the same as for OTC. (This currently is already required for vitamins and minerals.)
 - The person receiving services, guardian, physician or other authorized practitioner should specifically request the use of the herbal supplement.
 - The agency must guard against any recommendation by agency staff or providers concerning use of herbal or other natural supplements. Staff and providers should not impose their beliefs or practices concerning herbal remedies on persons receiving services.