DELAWARE HEALTH & SOCIAL SERVICES (DHSS)

Division of Developmental Disabilities Services (DDDS)

# Limited Lay Administration of Medications (LLAM)

## Course Training & Resource Manual

**Revised 8/31/18**

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# Introduction

## Historical Overview

Beginning in 1978, the media announced that a nursing shortage in hospitals and nursing homes plagued the country. Three major consequences of the shortage were identified: a decline in the diversity and availability of health services, erosion in the quality of care client's received leading to concerns over client safety, and an increase in healthcare cost.' The identified nursing shortage did not develop as a result of a decline or leveling off of the supply of nurses but, from the increased demand for nursing services in hospitals and nursing homes in the 1970s.[ii]

To meet the increased need for client care services, the Delaware Board of Nursing received a proposal from the then Delaware Nursing Home Association (DNHA) at its December 1981 meeting. The proposal outlined the collaboration between the DNHA and Delaware Technical and Community College (DTCC). In the proposal, nurses' aides who were currently employed in a nursing home would be offered a course in pharmacology and after successful completion would be able to pass medications. After holding public hearings on the proposal to allow unlicensed personnel to administer medications, the Board declined the proposal.

Prior to 1983, registered nurses were hired to administer medications in Residential Treatment Centers (RTC's) that were licensed by Child Care Licensing for the State of Delaware. A cost cutting decision was made to eliminate RTC nursing positions and have lay staff administer medications. This triggered a strong reaction from the Board of Nursing who maintained that only licensed nurses could safely administer medications. Coincidentally there was spill over into the child day care system where historically, day care providers administered the children's medications. The legislative response came May 10, 1983 by the revision of Chapter 19, Title 24 of the Delaware Code.

A public meeting was held following this amendment where the President of the Board of Nursing (BON) and several board members were asked how to obtain a "board approved medication training program." The President responded that the providers would have to find someone to write the program and then submit the proposed program to the board. This frustrated and even angered some of the individuals present. It was eventually proposed by the Board of Nursing that a committee be formed to develop a core course to meet the needs of residential child care. A committee was formed to develop a program to "assist" clients in taking medications for use by all authorized facilities educating non-licensed people. The program was named Assistance With Self-Administration of Medications (AWSAM).

Over the years, the AWSAM program evolved and expanded beyond residential child care and is used in various settings such as group homes, schools and assisted living facilities. In 2011, the Board of Nursing re-convened the AWSAM committee and discovered that the AWSAM program diverged from assisting with self-administration to administration of medications. This identified action prompted the committee to move forward with a new initiative replacing AWSAM. The current program is Limited Lay Administration of Medication (LLAM).

The information that follows provides an overview for LLAM as well as the curriculum for the LLAM program.

## LLAM Overview

Under Title 24, Chapter 19, medication administration is the responsibility of licensed registered nurses (RNs) and licensed practical nurses (LPN's). In the case of LLAM, medication administration is not a delegated duty by a RN or a LPN. All individuals acting under the LLAM program are the responsibility of the employer. Completing a LLAM course does not authorize an unlicensed individual to act beyond the scope of the LLAM training.

The purpose of this Medication Training Course is to provide approved organizations with a curriculum for LLAM that will assist with public protection. It also provides uniformity in the education of LLAM in various settings. This course can and should be augmented with the policy and procedures of individual organizations.

It is the mission of Delaware's Board of Nursing to protect the public. In meeting that mission, the Board of Nursing developed this curriculum to ensure that unlicensed individuals meet the minimum educational and skill requirements for safely administering medications. LLAM individuals must be at least 18 years old. Qualifications for a LLAM trained UAP include successful completion of a Board approved LLAM training program conducted in a manner that assures that clients receive safe and competent care, the ability to read, speak and write English; and demonstration of basic math skills. Continued competency by the LLAM individual is essential to ensure public safety and to meet the continued changes being made in the pharmacological management of clients.

This curriculum requires a minimum of 8 hours of didactic training, which will include work in a demonstration of skills in a supervised clinical practicum. The elements of this standardized curriculum include the essential content, demonstration of skills and a competency examination. Content areas in the curriculum include: legal and ethical issues, medication fundamentals, safety, communication and documentation, medication administration, and a practicum. Successful completion of a final comprehensive examination including content and performance of medication administration skills is required for passing the training course.

## Authorized Organizations

It is the responsibility of parties interested in using the LLAM program to verify eligibility under 24 Del.C. Ch.19 §1932.

The goal of the **Limited Lay Administration of Medication (LLAM)** course is to prepare unlicensed assistive personnel (UAP) for the role and responsibility of administering medications safely.

When an agency assumes responsibility for the support of individuals with disabilities, it requires them to provide learning opportunities for staff to achieve a consistently safe and supportive environment. The knowledge and skill obtained in this course will enable the LLAM trained UAP to administer medications safely in an environment that values individual independence and encourages quality of life supports.

## *After completing this course, the Learner will:*

- Define scope of practice of the LLAM Trained UAP.
- Explain the role and responsibilities of the LLAM trained UAP in the administration of medication.
- Administer or assist with the administration of medication by utilizing the process of the *Three (3) Checks*, and *The Six (6) Rights* every time medication is given.
- Identify the routes of medication and safely administer medication by each route.
- Observe and identify changes in the physical or behavioral condition of the individual and report/communicate them appropriately.
- Document correctly using the required forms.
- Identify and respond appropriately to emergency events.
- Handle, store and dispose of medications safely.
- Communicate effectively with the healthcare provider, pharmacist, nurse, supervisor and other staff on the behalf of the safety of the individual.

## *Course Content:*

The course is divided into 5 Sections. Each of these sections includes core content considered to be the foundations of medication knowledge the LLAM trained UAP must know to safely and correctly administer medication in the adult home care setting. Each section contains objectives for the lesson.

### *Lesson:*

- Lesson 1 - *Medication Administration and the Individual*
- Lesson 2 - *Medication Administration Fundamentals*
- Lesson 3 - *Handling Medication*
- Lesson 4 - *Medication Administration Documentation*
- Lesson 5 - *Safe Medication Administration*

## *Classroom Instruction*

Classroom instruction is interactive and student centered, providing activities and exercises designed to facilitate learning. Principles of adult learning are emphasized by providing relevant scenarios. There are handouts, activities, and exercises provided with each section as indicated, and reviews and quizzes to evaluate learning.

Student workbooks serve as training and resource manuals and students are encouraged to write in them. Cell phones are utilized as well for resource instruction use.

***Skill Demonstrations are critical to correct medication administration practice and are included in Section 5.***

| DAY 1 | | | |
|---|---|---|---|
| **Class Start** | **9:00 am** | to | **10:00 am** |
| *1st Break* | 10:00 am | to | 10:15 am |
| **Class** | **10:15 am** | to | **12:00 pm** |
| ***Lunch*** | 12:00 pm | to | 12:30 pm |
| **Class** | **12:30 pm** | to | **2:30 pm** |

| DAY 2 | | | |
|---|---|---|---|
| **Class Start** | **9:00 am** | to | **10:00 am** |
| *1st Break* | 10:00 am | to | 10:15 am |
| **Class** | **10:15 am** | to | **12:00 pm** |
| ***Lunch*** | 12:00 pm | to | 12:30 pm |
| **Class** | **12:30 pm** | to | **2:30 pm** |

| DAY 3 | | | |
|---|---|---|---|
| **Class Start** | **9:00 am** | to | **10:00 am** |
| *1st Break* | 10:00 am | to | 10:15 am |
| **Class** | **10:15 am** | to | **12:00 pm** |
| ***Lunch*** | 12:00 pm | to | 12:30 pm |
| **Class** | **12:30 pm** | to | **2:30 pm** |

**Class starts promptly at 9:00 am on all days.**

**Late participants will reschedule class for following month.**

**Anyone not able to attend class for full 3 days will not complete course.**

# LLAM Program Definitions

*The following are words and phrases used in the **LLAM Program** provided by the **Board of Nursing** and shall be defined as follows:*

| ***LLAM PROGRAM WORDS*** | ***LLAM PROGRAM DEFINITIONS*** |
|---|---|
| 1. ***Administrator*** | *Is the person responsible for running the agency or program. He/she ensure that rules and regulations are followed by employed staff, and that individuals receive care, support and services as mandated by federal and state guidelines.* |
| 2. ***Annual*** | *For purposes of LLAM training or re-training, annual shall mean within the month that it is due (**Example:** initial LLAM training 03/15/2016, re-cert due by 03/31/2017).* |
| 3. ***Core Curriculum*** | *Means the educational course of study developed and approved by the Board of Nursing (BON).* |
| 4. ***Eligible Programs*** | *Means those programs specified under Title 24, Chapter 19 that may utilize LLAM.* |
| 5. ***Healthcare Provider (HCP)*** | *Under Federal Regulations, a "Healthcare Provider" is defined as: a doctor of medicine or osteopathy, podiatrist, dentist, chiropractor, clinical psychologist, optometrist, nurse practitioner, nurse-midwife, or a clinical social worker who is authorized to practice by the State and performing within their scope of practice. Often referred to as the Practitioner or Prescribing Practitioner, or Primary Care Provider, the term Healthcare Provider (HCP) is used throughout the DDDS LLAM curriculum.* |
| 6. ***Individual*** | *Refers to the population served by the Division of Developmental Disabilities Services and Provider Agency staff. Also, sometimes referred to as client, resident, patient or consumer, "Individual" is the preferred and most appropriate term.* |

# LLAM Program Definitions

*The following are words and phrases used in the **LLAM Program** provided by the **Board of Nursing** and shall be defined as follows:*

| ***LLAM PROGRAM WORDS*** | ***LLAM PROGRAM DEFINITIONS*** |
|---|---|
| 7. ***Limited Lay Administration of Medication (LLAM)*** | *A process by which LLAM trained Unlicensed Assistive Personnel (UAP) helps individuals take of receive medication as ordered for the individual by a licensed healthcare practitioner authorized to prescribe.* |
| 8. ***LLAM Trained UAP*** | *Means Unlicensed Assistive Personnel (UAP) who have completed a Board of Nursing approved Limited Lay Administration of Medications (LLAM) training course.* |
| 9. ***Medication*** | *A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of any illness, condition or disease in humans.* |
| 10. ***Medication Administration*** | *The safe physical application of the medication into or onto the body according to practitioner's instructions, by licensed nursing personnel, LLAM trained Unlicensed Assistive Personnel (UAP), or others as allowed by local and state laws and program regulations.* |
| 11. ***Medication Administration Record (MAR)*** | *Is the written record that lists the client's name; date of birth; allergies; names of all current, ordered medications; reason the medication is given, as appropriate; prescribing or primary practitioner; special instructions; and the dosage, route(s) and time(s) of administration for all medications. The MAR is signed/initialed after each individual has taken and/or received the appropriate medication.* |
| 12. ***Medication Container*** | *Refers to the container closure system and labeling, associated components (**e.g.,** dosing cups, droppers), and external packaging (**e.g.,** cartons, or shrink-wrap). Only the pharmacy container or manufacturer's container for over the counter (OTC) medications with an original label and specific directions may be used.* |

# LLAM Program Definitions

*The following are words and phrases used in the **LLAM Program** provided by the **Board of Nursing** and shall be defined as follows:*

| LLAM PROGRAM WORDS | LLAM PROGRAM DEFINITIONS |
|---|---|
| 13. **Medication Error** | *Any preventable event that may cause or lead to inappropriate medication use or individual harm while the medication is in control of the UAP. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, monitoring and use.* |
| 14. **Module** | *Means a Board of Nursing approved educational training unit that is eligible program specific and used in addition to the core curriculum. 5.2 LLAM Training.* |
| 15. **Policy** | *A policy is defined as a course of action or a plan adopted by an organization to guide decisions and practices. DDDS and agency policies provide staff with direction and support for what, where, when and how to do something. Policies dictate practices, procedures and protocols. It is very important for employees to follow the employer policy, which is the main reason for "orientation" to an agency.* |
| 16. **Provider Agency** | *An agency authorized by DDDS to provide day and/or residential services to DDDS individuals.* |
| 17. **Supervisor** | *The person that you report to for immediate guidance in any given situation. He/she is responsible for ensuring that staffs work efficiently in providing care and support to individuals, and assesses situations to determine the next step to take when presented with a problem.* |
| 18. **Unlicensed Assistive Personnel (UAP):** | *Individuals who help clients with physical disabilities, mental impairments, and other health care needs. They provide care for healthcare consumers in need of their services in a variety of approved settings. UAP's do not hold a license or other mandatory professional requirements for practice though many hold various certifications.* |

# Medication Definitions

| | WORDS | DEFINITIONS |
|---|---|---|
| 1. | ***Abuse*** | *Unauthorized misuse of medication with malicious intent. Certain medications are addictive or habit forming and are considered 'controlled drugs' under federal law. The use of controlled substances is monitored by state and federal laws. Abuse of these medications is serious and can result in severe legal action against the offender.* |
| 2. | ***Allergy*** | *An adverse reaction to a medication that usually occurs after the first dose, but can occur after multiple doses and may include itching, rashes, hives, or difficulty in breathing.* |
| 3. | ***Behavior*** | *Is the way an individual acts or responds. Behavior is a non-verbal form of communication. The LLAM trained UAP observes changes in the usual behaviors of the individual, just as he/she would listen to what is being verbally communicated. Behaviors can indicate pain, depression, anxiety and are described as observations or signs (**Examples**: crying, pacing, staring, yelling).* |
| 4. | ***Board*** | *Delaware Board of Nursing.* |
| 5. | ***Competency*** | *The ability to do something successfully or efficiently. Sometimes referred to as a "skill". The LLAM trained UAP will be given training that requires "demonstration of understanding" in how to safely administer medications, referred to as "Competencies" or "Competency Checklist".* |
| 6. | ***Controlled Substance Record*** | *Records the administration of controlled substances to client(s) that is updated at the beginning of each shift or no less than every 24 hours. It is a legal document that accounts for the inventory of the controlled medication.* |
| 7. | ***Controlled Substances*** | *Drugs which have been declared by federal or state law to be illegal for sale or use, but may be dispensed under a licensed professional authorized to prescribe. The basis for control and regulation is the danger of addiction, abuse, physical and mental harm (including death), the trafficking by illegal means, and the dangers from actions of those who have used the substances. These medications are stored under double locks and must be inventoried and accounted for in compliance with federal and state laws, as well as facility policy.* ***Examples:*** *phenobarbital, Tylenol ® #3, Valium ®, codeine, Ritalin®, etc.* |

# Medication Definitions

| WORDS | DEFINITIONS |
|---|---|
| 8. ***Diversion*** | *Theft of any medication, including over-the-counter medications. Diversion is punishable by law.* |
| 9. ***Document*** | *To record or write: Documentation of the administration of medications is required on the Medication Administration Record (MAR). A document is an official paper that gives information about something or that is used as proof of something.* |
| 10. ***Documentation*** | *Written communication that provides a record of everything that was done regarding the individuals support and care. The purpose of complete and accurate patient record documentation is to foster quality and continuity of care. Complete and accurate documentation is an essential component of medication administration. Medical record documentation is the 6th "Patient Right", and is a legal document that can either support you in a court of law or subject you to legal liability.* |
| 11. ***Hand Hygiene*** | *A general term that applies to either handwashing, antiseptic hand washing or antiseptic hand rub.* |
| 12. ***Label*** | *Information on the medication package; referred to also as medication label or prescription label.* |
| 13. ***Medication*** | *A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of any illness, condition, or disease in humans.* |
| 14. ***Medication Administration Record (MAR)*** | *Is the written record that lists the client's name; date of birth; allergies; names of all current, ordered medications; reason the medication is given, as appropriate; prescribing or primary practitioner; special instructions; and the dosage, route(s), and time(s) of administration for all medications. The MAR is signed/initialed after each client has taken and/or received the appropriate medication.* |
| 15. ***Medication Error*** | *Any preventable event that may cause or lead to inappropriate medication use or client harm while the medication is in the control of the health care professional, client, or UAP. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing, order communication, product labeling, packaging and nomenclature, compounding, dispensing, distribution, administration, education, monitoring and use.* |

# Medication Definitions

| WORDS | DEFINITIONS |
| --- | --- |
| 16. ***Medication/Drug*** | *A substance intended for use in the diagnosis, cure, mitigation, treatment, or prevention of any illness, condition or disease in humans. Any substance taken internally or applied topically to treat specific health problems. All medications must be prescribed by a practitioner authorized by law to prescribe drugs in the course of professional practice or research.* |
| 17. ***Misuse*** | *medication that is not taken as ordered by the practitioner authorized by law to prescribe drugs in the course of professional practice, and results in the improper action in any of the six rights.* |
| 18. ***Order*** | *Refers to a MAIR, PAIR, or signed statement from a healthcare provider, who is licensed in Delaware to write prescriptions.* |
| 19. ***Over-the-Counter Medication (OTC)*** | *Or non-prescription medications; medications which can be purchased or obtained without a prescription; however, you need a physician's order to administer them.* ***No medications, including OTC medications may be administered to DDDS individuals without a written order from a HCP.*** |
| 20. ***Practitioner*** | *An individual who is authorized by law to prescribe drugs in the course of professional practice.* |
| 21. ***Prescription*** | *A written order from the practitioner, for the preparation and administration of a medicine or other treatment.* |
| 22. ***Prescription Medications*** | *Medications that are prescribed by a licensed professional authorized to prescribe medications to an individual. These medications include controlled and non-controlled substances.* |
| 23. ***PRN "as needed" Orders*** | *A PRN medication is a non- routine medication that is given per HCP order when an individual requests it, or demonstrates behaviors outlined in the written HCP order designating when the medication may be given. The PRN order is very specific to targeted signs and symptoms outlined in the written order, and indicates further instructions if the medication is administered.* |

LESSON

1

# MEDICATION ADMINISTRATION

# AND

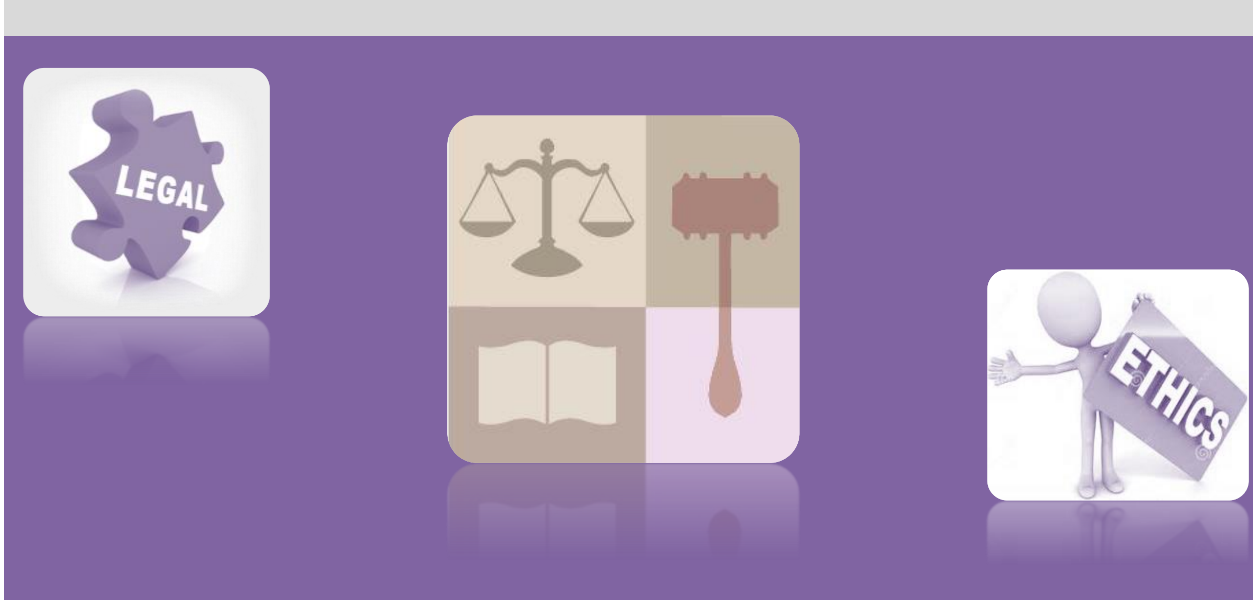
# THE INDIVIDUAL

LESSON

1

# SECTION 1

## LEGAL AND ETHICAL



## Rights of the Individual (A)

### SAFE MEDICATION ADMINISTRATION (KNOW THE INDIVIDUAL)

### Legal and Ethical

**The learner will:**

- ✓ Describe what it means to advocate for the individual
- ✓ Describe the Rights of the Individual
- ✓ Define Professional Boundaries and give examples of crossing and violation

Health support and care for individuals in various settings outlined in Chapter 19, Title 24 often come from unlicensed individuals. A LLAM trained UAP has the legal and ethical obligation to care for clients in a manner that is respectful, caring and supportive, and that does not violate their rights.

Administering medications to the individuals we serve involves an area of responsibility that includes knowledge about how staff are expected to conduct themselves in a professional relationship. As we advocate for those we serve it is important to understand what advocating looks like and what it does not look like. Every individual must be treated with dignity and respect as he/she has the same rights as you do. Maximizing an individual's capabilities while supporting the need for care and safety by fully understanding your role in doing so is critical.

## Summary of Individuals Rights:

### *The Right to Give or Hold Authorization of Disclosures*

The individual generally speaking has the right to control who has access to confidential information except as otherwise provided by law. The client needs to give specific authorization or permission to allow a third part to have access to confidential information.

### *The Right to Privacy*

Only persons directly involved in the care of the individual's health problem should have access to private information. LLAM trained UAP's should protect information revealed during the administration of medication and the care of individuals. The right to privacy and confidentiality includes but is not limited to written and/or electronic records. The LLAM trained UAP should follow the policies and procedures of the employer with regard to protecting individual's confidentiality.

FACTS

### *The Right to Autonomy*

Autonomy is the right of a client to determine what will be done with his or her body, personal belongings, and personal information; this concept applies to any adult person who is mentally competent.

### *The Right to be Informed*

The individual has a right to information about his or her medical diagnosis, treatment regimen, and progress. This allows the individual to make appropriate, informed decisions about his or her health care. This is outside the scope of the UAP completing LLAM training. The LLAM trained UAP should defer to the policy and procedures of the employer regarding any questions or concerns the individual may have regarding their medical condition, treatment and progress.

### *The Right to Due Process*

When interacting with individuals, the LLAM trained UAP should always follow the employers policies and procedures. Due process is an established course for procedures designed to safeguard the legal rights of the individual. It is extremely important that an established course be followed so that all individuals are treated equally and receive attention for their individual needs.

The LLAM trained UAP should follow the policies and procedures of the employer with regard to providing information to individuals and in protecting the confidentiality of individuals.

The use of standard protocols and forms can help ensure that important tasks are not omitted. Documentation is also a crucial part of due process. LLAM trained UAP's should follow employer policy and procedures for documenting:

- individual requests for information;
- concerns about autonomy; and
- decisions about disclosure of client information.

The legal obligation of the LLAM trained UAP is to stay within the defined role of the LLAM UAP in the delivery of medication and to follow the policy and procedures or the employing agency.

**important**

***The following acts may not be completed by a LLAM trained UAP:***

- Convert or calculate medication dosages.
- Administer medication via parenteral routes and through nasogastric, gastrostomy or jejunostomy routes.
- Assess an individual for the need for or response to a medication.
- Use nursing judgment regarding the administration of PRN medications.
- Administer medication to an individual who is unstable or who has changing needs.

# Discuss Each of the "Rights of the Individual" in Medication Administration

1. Individuals have freedom of choice in relation to their medications.
2. Support staff knows what medicines each individual is taking.
3. Medications are given safely and correctly.
4. Medications are stored correctly.
5. Staff who help individuals with their medication are competent to do so.
6. A complete account of medicines is kept.
7. The dignity and privacy of the individual is preserved when medicines are given.
8. Medicines for individuals are available when needed.
9. The UAP has access to advice from a pharmacist.
10. Medications are only use to cure or prevent disease or to relieve symptoms and not to punish or control behavior.
11. Unwanted medications are disposed of safely.
12. Prescribed medications are the property of the person to whom they have been prescribed or dispensed.
13. Respect how the individual is addressed.
14. Do not interrupt resident while eating to give medication such as oral inhalers an eye drops.
15. Do not awaken resident to administer medication that could be scheduled or given at other times.
16. Do not give medication when person is in bathroom or receiving personal care.
17. Inform resident about the procedure that is about to be done.
18. Answer individual's questions about medication.
19. Never force an individual to take medication
20. Knock on closed doors before entering

## Ethical Responsibilities [(B)]

## Ethical Responsibilities:

The responsibility of the LLAM trained UAP is to respect the rights of the individual and acknowledge that the individual has a right to say no. Medication delivery should never be forced, as a replacement of care or out of frustration with an individual. LLAM trained UAP's are **obligated to report** any request to participate in practices outside of the legally defined role, any suspicion of abuse or neglect of the individual and any medication errors. **In all cases, it is the obligation of the LLAM trained UAP to do no harm.**

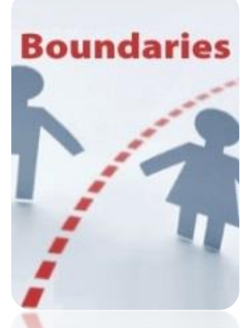
## Maintaining Boundaries (C)

### Maintaining Boundaries:

Care to an individual can be compromised because objectivity diminishes to the same degree that feelings, both positive and negative, develop between an individual and a LLAM trained UAP. LLAM trained UAPs must take care to develop a relationship with individuals that is respectful and caring, while maintaining professional boundaries.

In understanding boundaries, it is important to differentiate a boundary crossing from a violation. A boundary crossing can be a simple gift as a box of cookies to show gratitude for care provided. This type of boundary crossing is usually quite benign but the LLAM trained UAP should be aware that a simple act, such as a box of cookies, is a crossing and has the possibility of leading to boundary violations.

Boundary violations are those crossings which violate the professional relationship between the client and the LLAM trained UAP. A relationship between a client and a LLAM trained UAP should be friendly, caring and professional while remaining within the bounds established by the purpose of the relationship.




**Examples of Possible Boundary Crossings:**

- Attend/frequent same places
- Sharing mutual friends or people in common
- Self-disclosure
- Establishing dual relationships *(professional/social relationships)*
- Hugs/touching

**Examples of Boundary Violations:**

- Giving or receiving inappropriate gifts
- Ignoring established conventions by making exceptions for certain individuals
- Assuming an individual's values are the same as your own
- Excessive self-disclosure or self-disclosure that is not for the purpose of helping the individual
- Intruding verbally on your individual's personal space. This may include breaching individual's confidentiality, making value judgements about your individual's body or lifestyle, probing for inappropriate personal information, using intimate words (such as dear or darling) or allowing their use by your individual
- Inappropriate touching

***If a LLAM trained UAP feels uncomfortable with the individual's behavior, gift giving or any other boundary violations, it should be brought to the attention of the designated person and documented per the facilities policy.***

## BOUNDARY CROSSING OR BOUNDARY VIOLATION

**In the examples below indicate whether it is an example of a:**

**Boundary Crossing (B)** **Or** **Boundary Violation (V)**

_______ **1.** You gave your name and phone number to the individual you support

_______ **2.** Your co-worker rubs the individual's back regularly throughout the day.

_______ **3.** Someone you work with asked the individual for money.

_______ **4.** Your friend inquiries about an individual's surgery and you tell details.

_______ **5.** Susan tells the individual details about her date

_______ **6.** Jack tell individuals they should go to his church for a change

_______ **7.** Evelyn tells Sandy not to talk to John because she doesn't like him.

_______ **8.** Bob likes to ask personal questions about Joe's family visits.

LESSON

1

# SECTION 2

## OBSERVE, REPORT, COMMUNICATE

## Signs and Symptoms (A)

### MEDICATION ADMINISTRATION (YOU AND THE INDIVIDUAL)

#### Observe, Report, Communicate

**The learner will:**

- ✓ Discuss signs and symptoms indicating a change in the individual.
- ✓ Identify emergency situations.
- ✓ Differentiate between objective vs subjective documentation.
- ✓ Discuss signs and symptoms of the "fatal four".
- ✓ Describe the effects of medication on the body.
- ✓ Observe report and communicate processes appropriately.

While providing support and administering medication to individuals, you will observe for changes that may indicate a health problem, report changes that you have observed, communicate effectively with other staff and sometimes provide an emergency action.

It will be important for you to report and communicate changes you observe in the individual, so that help, if needed, can be provided in a timely manner to maintain or improve his/her health status.

Some individuals will be able to tell you when something is wrong, and others will not be able to verbally communicate, but will instead demonstrate behaviors indicating that something is wrong. When you get to know the individuals you are supporting, you will be able to identify changes in them that may indicate illness, pain or injury or medication effects or reactions.

**The LLAM trained UAP does not** interpret or explain changes in an individual's condition, or make clinical assessments, decisions or judgements, related to medications.

**The LLAM trained UAP observes** for changes in the individual. You will observe for any changes by what you see, hear, smell, or touch.

> ***Example:*** You may **see** a physical change, such as a puffy face, redness or swelling of the skin, or cloudy urine. You may **hear** labored or noisy breathing. You may **feel** hot, moist, or cool skin. You may **smell** an unusual or unpleasant odor coming from a person's mouth, body or body fluids.

When an individual is unable to use words to tell you what is wrong, you must be able to observe through your senses to determine what the individual is telling you.

You will need to **OBSERVE**, **REPORT** and **COMMUNICATE** changes in the individual. This takes practice, but is critical so that you may pick up potentially significant or even life threatening problems related to health or medication.

For you to be able to safely administer medication, you will need to know **who** you are administering it to. You need to know the medication and **why** you are administering it. You will need to observe for any changes in behavior, or possible side effects or adverse reactions to the medication (**what**). If there are any physical, emotional or behavioral changes, you will report and communicate them (**when and where**).

- **Who** (The individual, his/her diagnosis's, medications, routine, habits, preferences, behaviors)
- **Why** (The medications; their side effects)
- **What** (What is different than before)
- **When** (Do I report now? Do I communicate? How?)
- **Where** (Documentation )

## OBSERVE

***Observe the Individual (who)***

- For any change in physical appearance
- For any change in behaviors, habits, routines, moods
- For any change in elimination patterns
- For any change in eating or drinking
- For any change in sleep habits

You need to know the individual's normal habits to be able to identify changes. Every interaction with the individual should include observing for possible changes. Changes may be subtle (drowsiness) or dramatic (sudden collapse).

### *Signs and Symptoms*

**A SIGN: You can see hear, feel or smell.**

**A SYMPTOM: You cannot see hear, feel or smell. The individual tells you.**

***Signals*** that something has changed are presented through **SIGNS** and **SYMPTOMS**.

| SIGNS<br>ARE CHANGES THAT YOU SEE | | SYMPTOMS<br>ARE CHANGES THE INDIVIDUAL FEELS | |
|---|---|---|---|
| **Temperature** | **Rash** | **Chills** | **Hunger** |
| **Rapid Pulse** | **Discharge** | **Nausea** | **Thirst** |
| **Open Wound** | **Sneezing** | **Dizziness** | **Sadness** |
| **Bruising** | **Coughing** | **Head Ache** | **Numbness** |
| **Swelling** | **Wheezing** | **Stomach Ache** | **Visual** |
| **Bleeding** | **Difficulty Swallowing** | | **Hearing** |
| **Bloody Nose** | **Hygiene** | **Pain** | |
| **Swollen Glands** | **Behaviors** | **Tired** | |
| **Postural** | **Limping** | | |
| **Guarding** | **Elimination Patterns** | | |

The above list of **SIGNS** and **SYMPTOMS** identifies some s/s of change.

***How many others can you name?***

***SIGNS*** and ***SYMPTOMS*** are *SIGNALS* that something in the body has changed.

Individuals may be aware of what they feel, but may not always communicate it, or communicate through behaviors:

**Example:**

*Walter bangs his head on the table when his head hurts.*
*Samantha scratches herself when she feels sick.*

- *SIGNS* and *SYMPTOMS* help a healthcare provider diagnose problems.
- Your job is to *IDENTIFY* changes and *REPORT* them.
- You will use your *5 SENSES* to detect change.
- You will *HEAR* when the individual cannot speak.
- Always *ASK* questions and *LISTEN* carefully to what the individual is saying.

## Report and Communicate

When you have observed changes in the individual, you will report and communicate them. How you do this will depend on what it is that you have observed *(the change)*. How will you know whether to communicate an observation to the next staff member, call the HCP or Call 911?

*important*

***The LLAM Trained UAP:***
Does not interpret or explain changes, make clinical assessments or decisions.

***#1 example:*** You notice that Jaime has sneezed twice this morning. This is a change that you would continue to watch for a few hours to see if it may mean that he/she is developing a cold, allergies etc. You would pass this information on in report so that other staff would be alerted to possible developing changes that may indicate a call to the HCP or nurse. You would continue to observe and communicate.

***#2 example:*** Ellen is guarding her left side this morning and grimacing. You would call the HCP immediately, as Ellen is showing signs of pain and holding her side indicates something is going on. You would communicate your findings to your supervisor as well and other staff so that all are aware and know that appropriate action has been taken (a HCP visit). Document in the electronic record exactly what your findings are and actions taken.

***#3 example:*** Jack has fallen and hit his head. You observe that he is disoriented and confused. Call 911. Prepare to provide CPR. Call your Supervisor. Communicate to others about the occurrence once emergency medical services have responded and document carefully.

All changes in the individual, physically or behaviorally are important as even minor conditions can rapidly develop into urgent or emergency health crisis. All changes need to be communicated verbally and documented, even seemingly minor changes so that all staff are alerted to continue observing to see if the change becomes significant or not.

When an individual cannot communicate, or can communicate only in a limited way, we must watch even more closely for signs of behavioral, emotional or physical changes. *For example*, an individual who refuses to eat may be feeling sick to his stomach; an individual who pokes at an ear, may have an earache; and an individual who bangs his head may have a headache. Pain or discomfort is often a reason for grouchy, oversensitive, non-cooperative, or agitated behavior.

The way an individual sits, stands, or walks should be observed too. If an individual lies with her knees held up to her stomach, it may mean she is having stomach pain. You can observe an individual's strength by the way he moves or turns in bed, or his ability to walk, stand or hold up his head.

**If there is any question in your mind about the significance of a change in the individual do not hesitate to call the HCP. Call your Supervisor or Nurse if you have any doubts. It is always better to be safe, so when it doubt, call.**

**important**

**Once the individual is stable, call your supervisor. Remember to document all observations promptly and completely. If you need to call 911, tell them who you are, where you are, what has happened and when it happened. If you have administered the Epi-pen, save it and give it to emergency staff. Give as much information as you can to emergency staff to include list of medication.**

- Always notify the HCP, supervisor or administrator and the consultative nurse in the event of emergency as well as the emergency contact/family member.
- Always notify the HCP as indicated by the HCP order, or when you feel it appropriate to do so. Call the HCP if in doubt. Call the consulting nurse or agency nurse with any questions or for guidance.
- Notify your supervisor *(before or after as indicated)* after any calls to nurse or HCP.
- All emergencies are documented in the electronic record.
  - After the individual is stable or received to emergency medical services
  - Include specifics *(what happened and what you did, any medications that were given, dates and times).*
- All calls to the HCP are documented on the electronic record as indicated by the agency policy. All orders received should be written only and placed on electronic record and MAR.
- All routine treatments must be as ordered, recorded in the electronic record.
- All documentation should be detailed and specific. It should read like a book *(chronological order)* to serve as communication for everyone who needs to know. It is a legal record.
- Give a complete report to oncoming staff and double check all of the electronic records for documentation completion before you leave your shift.

Ask yourself; what was different about this day, the individual? What do I need to remember to report and communicate so that I know the individual is safe and his or her care and support is uninterrupted?

**REVIEW**

- ✓ The LLAM trained individual observes for changes in the individual.
- ✓ Those changes are then reported and communicated to the HCP, supervisor, consultative or agency nurse.
- ✓ Documentation of changes are recorded in the electronic record.
- ✓ When in doubt about whether you should call the HCP, it is better to call.
- ✓ Call 911 if there is any illness or injury that may pose an immediate risk to a person’s life or long-term health.

## Self-Quiz

# SIGNS AND SYMPTOMS

Write **SIGN** or **SYMPTOM** beside each **OBSERVATION**:

| OBSERVATIONS | SIGN or SYMPTOM | OBSERVATIONS | SIGN or SYMPTOM |
|---|---|---|---|
| *Bleeding* | | *Rash* | |
| *Headache* | | *Pain* | |
| *Sore Ankle* | | *Tiredness* | |
| *Swollen Eye* | | *Cold Feet* | |
| *Pain* | | *Thirsty* | |
| *Limping* | | *Constipated* | |
| *Dark Colored Urine* | | | |

| *Why are some of these easy and some are not?* |
|---|
| |

| *Which are more important, signs or symptoms?   Explain.* |
|---|
| |

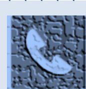
## Signs and Symptoms of Illness (B)

- Fever
- Vomiting
- Unable to urinate
- Diarrhea
- Pain
- Coughing
- Redness
- Increase in thirst
- Changes in eating habits
- Inability to urinate
- Urinating frequently
- Strange color of urine
- Holding ear or any part of the body
- Noisy breathing sounds
- Increased mucous production
- Swelling rash on any part of body

**Also, changes in behavior may be clues that an individual is sick or becoming sick.**

*These may include:*

- crying
- frowning
- irritability
- changes in sleeping
- toileting
- eating patterns
- and/or an unusually short attention span



**When in doubt call the HCP**

# SIGNS and SYMPTOMS Of Illness / Injury Self-Quiz

*Name:* ______________________ *Grade:* ____________ *Pass/Fail*

*Date:* ______________________

## Fill in the Blank

**1)** What is the difference between a sign and a symptom?

______________________________________________

______________________________________________

**2)** List two signs and two symptoms

______________________ ______________________ **SIGNS**

______________________ ______________________ **SYMPTOMS**

**3)** When would a LLAM trained UAP make an Urgent call to the HCP?

______________________________________________

______________________________________________

**4)** List two reasons for calling 911:

☝ ______________________________________________

✌ ______________________________________________

## True or False

**5)** The LLAM trained UAP does not interpret or explain changes.
**True** ☐ **False** ☐

**6)** I should use my senses of sight, hearing, touch and smell when I observe individuals.
**True** ☐ **False** ☐

**7)** Diarrhea is a sign.
**True** ☐ **False** ☐

**8)** Routine treatments do not require a HCP order.
**True** ☐ **False** ☐

**9)** It is important to report, communicate and document signs and symptoms of change.
**True** ☐ **False** ☐

**10)** Difficulty in breathing is a medical emergency. I should call 911.
**True** ☐ **False** ☐

## Allergy Status (C)

### *ALLERGY*

When you are reading the medical record, be certain that you note the "allergy status" of the individual you are caring for. It is critical that you are aware of whether your individual has any allergies before you give medication. Ask yourself this question each time you go to give medication. Giving medication to an individual who is allergic to the medication can cause serious injury or even death. The allergy status of the individual must be documented on the MAR as well.

All changes in an individual should be noted and communicated both verbally as in report, and in the medical record. Signs of illness should be reported to your supervisor immediately, and if advised to the individuals health care provider. If you have any questions about the condition or behavior of the individual you care for, get help, either by reporting to your supervisor or by calling 911. You will probably be the first person to observe change in the individual you care for, this is why your job is so important to the safety and well-being of those you serve.

## Recognizing Emergency (D)

### Medical Alert Form

When an individual has signs or symptoms of illness or injury it is important to know what you should do. All observations may not be urgent or life threatening, but could become so if unattended. When in doubt it is better to call the HCP.

***REPORT***

***Report information (what)***

- Any change in physical appearance or abilities *(walking, swallowing)*
- Any change in physical appearance, behaviors, habits, mood *(sleepy, sad)*
- Any change in elimination, eating, drinking, talking
- Refusing or requesting medications *(pain, agitation)*

**Examples:**

- Any change in behavior
- Sleeping more than usual
- Holding Abdomen
- Incontinent of urine or stool
- Diarrhea or vomiting
- Has change from normal boundaries of seizure activity as defined by physician order.
- Sore throat or difficulty in swallowing
- Swelling
- Holding one or both ears
- Dramatic change in facial expression
- Fever
- Signs of infection at site of injury site

## When in doubt, always call the Doctor !!!

### *Call 911 if there is*

- Complaint of chest pain, or difficulty breathing
- Has pressure in chest
- Has become unresponsive
- Changing level of consciousness
- Has shortness of Breath
- Has a severe injury
- Is choking *(not breathing or coughing)*
- Has trouble breathing
- Is sleepy or dizzy
- Has head injury from fall
- Has numbness, paralysis or confusion
- Has new seizure or increase in seizure activity
- Has anaphylactic reaction
- Has prolonged seizure

**Be prepared to administer CPR**

If you need to call 911, tell them who you are, where you are, what has happened and when it has happened. If you have administered the epi-pen, save it and give to emergency staff. Give as much information as you can to emergency staff to include list of medications.

Call **Poison Control** if you feel the individual may have been poisoned.

(1-800-222-1222) **Get advice and then call 911.**

## ***COMMUNICATE***

***Report Information*** ***(when, where)***

- Always notify the HCP, supervisor or administrator and the consultative Nurse in the event of emergency as well as the emergency contact/family member.
- Always notify the HCP as indicated by the Doctor's order, or when you feel it appropriate to do so. Call the Doctor if in doubt. Call the consulting nurse or agency nurse with any questions or for guidance. Notify your supervisor *(before or after as indicated)* after any calls to nurse or HCP.
    - All emergencies are documented in the **Electronic Record.** After Individual is stable or received to emergency medical services.
    - Include specifics: what happened and what you did, any medication that were given, dates and times.
- All calls to the HCP are documented on the electronic record as indicated by the agencies policy. All orders received should be written only and placed on electronic record, and MAR.
- All routine treatments must be as ordered recorded in the electronic record.
- All documentation should be detailed and specific. It should read like a book to serve as communication for everyone who needs to know. It is a legal record.
- Give a complete report to oncoming staff and double check all of the electronic records for documentation completion before you leave your shift.

Ask yourself, what was different about this day, the individual? What do I need to remember to report and communicate so that I know the individual is safe and his or her care and support is uninterrupted?

**The LLAM Trained UAP Does Not:**

- Interpret or Explain changes in an individual's condition.
- Make clinical assessments, decisions or judgements related to medication administration.

Careful Observation takes practice. Changes in condition may be dramatic and easy to detect (for example, a sudden collapse). Or changes may be subtle and harder to detect *(for example, drowsiness).*

When an individual cannot communicate, or can communicate only in a limited way, we must watch even more closely for signs of behavioral, emotional, or physical change. For example, an individual who refuses to eat may be feeling sick to their stomach; an individual who pokes at an ear, may have an earache; and an individual who bangs their head may have a headache. Pain or discomfort is often a reason for grouchy, overly sensitive, non-cooperative, or agitated behavior. The way an individual sits, stands, or walks should be observed too. If an individual lies with their knees held up to their stomach, it may mean the individual has stomach pain. You can observe an individual's strength by the way he/she moves or turns in bed, or his/her ability to walk, stand or hold up his/her head.

## Medical Alert Form *(D-1)*

**The Medical Alert Form** is completed for people considered to have the potential for life threatening or medically significant health issues. This document is completed upon admission, reviewed at the time of the annual assessment and updated as changes occur. This form is printed on bright green paper and filed in the front page of the MAR.

In a Shared Living home, the form is filed in the front page of the Shared Living Provider (SLP) notebook. A copy must also be sent to the person's day service program.

### Medical Alert Form Guidelines:

- Completed for people with life threatening or medically significant health issues. These may include but are not limited to:
  - Aspiration, fall risk, seizures, order for Diastat, history of bowel obstruction, significant allergies, cardiac issues, asthma or pain management concerns.
  - Kept Updated by the nurse as conditions warrant.
  - Prioritize and completed for individuals with the most significant or major concerns first.
  - Completed form must be printed on bright green paper to be more visible and easier to locate.
  - Completed form must be filed in the first page of the medication administration record (MAR) or in the front page of the Shared Living Provider notebook.
  - Copy of the completed form must also be sent for day service file.
  - Form is to be reviewed as needed, but minimally when the annual Nursing assessment is completed.

**important**

These forms are bright green in color and are found in the front of the medication administration record for each individual. They have a list of critical conditions which could become life threatening at any time. These are to be reviewed by each staff member and updated as medical conditions change or progress.

## Subjective and Objective Observations (E)

# MEDICATION ADMINISTRATION & THE INDIVIDUAL

### Observe, Report, Communicate

## Subjective vs Objective Documentation

You will be documenting on the MAR each and every time you administer medication. You will also be documenting in the electronic medical record individual responses to medications and observations or changes either physically or behaviorally. You will also document what you have reported and who you have reported to. Administering medication involves a cyclic process of observing, reporting, administering, observing, reporting, and documenting.

Your documentation as we have discussed previously should be clear, and in chronological order *(as events happen).* What you document in the electronic record should reflect the facts about what you are observing, not your opinion.

## Subjective vs Objective Documentation

- **Subjective Documentation**
  - Provides a statement of opinion based on a witnessed event or conversation
  - Reflects the perspective of how the speaker views reality
  - Opinion, belief, judgment, interpretation biased
  - Not suitable for documenting
- **Objective Documentation**
  - Provides an unbiased opinion of an event using a description of events observed.
  - Uses direct quotations from an individual or a conversation with another person. Not touched by the speaker's view of reality.

## Self-Quiz

**For each sample progress not below, decide whether the writer is giving a subjective or an objective description and any suggestions to improve the documentation:**

1) **04/14/2016:** William came to me after dinner and said he had a headache and a sore throat. His temperature is 100.2 and he fell asleep in his chair at 7:30 pm. I called Eduardo *(the supervisor)* and he advised me to follow the Standing Medical Orders (SMO) written for William. I gave him Tylenol for the fever and pain. I rechecked William's temperature at 8:30 pm and it was 98.7. William also says his head and throat feel better.

   *Subjective or Objective Documentation?* ________________________________________

   *Suggestions?* ______________________________________________________________

2) **05/01/2016:** Mary has been combative tonight-Watch out! I think she is mad because we didn't give her dessert because the health care provider says she is getting too fat. She has been nasty all week. She probable needs her medication increased. I called Eduardo to tell him.

   *Subjective or Objective Documentation?* ________________________________________

   *Suggestions?* ______________________________________________________________

3) **05/22/2016:** John has a headache and a sore throat tonight. He is coming down with a cold so I gave him Tylenol and Robitussin (according to the SMO). He went to bed early and slept well.

   *Subjective or Objective Documentation?* ________________________________________

   *Suggestions?* ______________________________________________________________

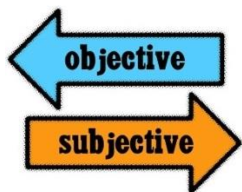
4) **05/31/2016:** Nicole hit me three times on the arm when I tried to talk to her today. The first times she hit me was during dinner when I reminded her that her doctor wants her to lose weight. I told her that she could not eat ten cookies for dessert. She hit me again when I helped her take off her shirt, an again when I helped her out of the chair at dinnertime.

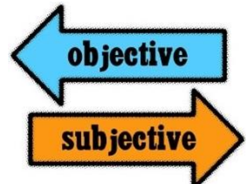
   *Subjective or Objective Documentation?* ________________________________________

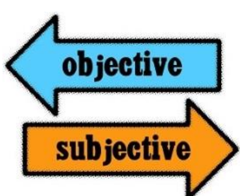
   *Suggestions?* ______________________________________________________________

# Self-Quiz

Read each of the statement below and decide whether it is **Subjective (S)** or **Objective (O)**.








1) _________ John is a behavior problem.

2) _________ Amy is having another temper tantrum.

3) _________ Maria falls down at least once per day.

4) _________ Sammy works 8 hours a day.

5) _________ Fred yells and screams at his housemates.

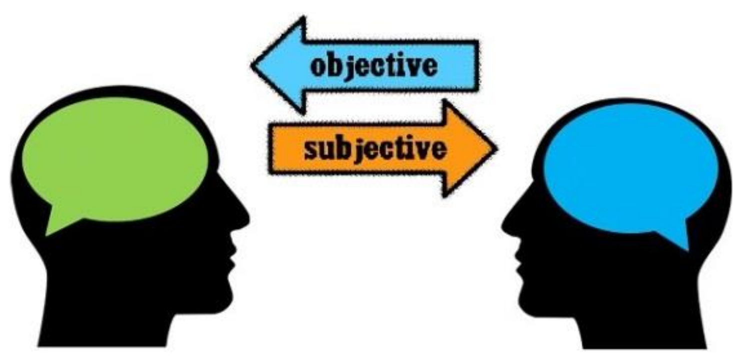
6) _________ Charlie is suicidal.

7) _________ Ashley seems happy.

8) _________ I think Julie is angry.

9) _________ Kyrin is withdrawn.

10) _________ Joey skinned his knee at the day program.



## The Fatal Four [F]

### THE "FATAL FOUR"

**There are four major health issues that occur more frequently and with more intensity in individuals with developmental disabilities.**

They are referred to as the ***"Fatal Four"*** because if unrecognized can become life threatening. We will discuss them here because they are relevant to the continued observations we make regarding the health and well- being of those we support. Remember, signs and symptoms indicating a change in the health status of the individual require constant vigilance, and reporting and communicating these changes promptly make a difference in health outcomes of the individuals we serve.

**The "Fatal Four" are:**

✓ *Aspiration* ✓ *Constipation* ✓ *Dehydration* ✓ *Seizure*

### Aspiration

***Aspiration is a common problem among people who have difficulty swallowing (Dysphagia).***

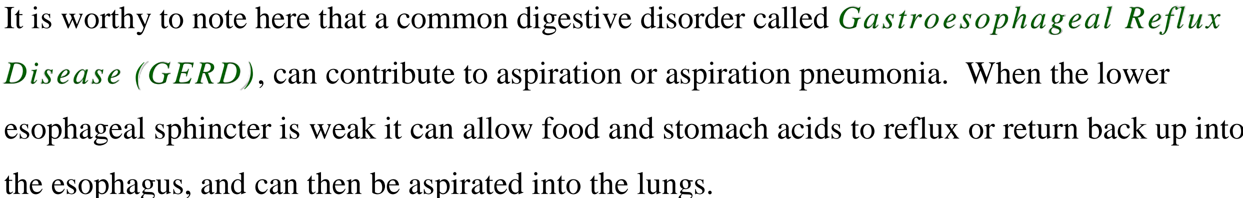
Aspiration means that food or fluids that should go into the stomach go into the lungs instead. When food or liquid goes into the lungs it can cause aspiration pneumonia. Aspiration Pneumonia can worsen quickly if not properly identified and treated. Aspiration pneumonia can result in death. The LLAM trained UAP must become familiar with the signs and symptoms of aspiration pneumonia.

### Common signs of Dysphagia and/or Aspiration are:

- ✓ Coughing before or after swallowing
- ✓ Unexplained weight loss
- ✓ Excessive drooling, especially during meals
- ✓ Unexplained fevers that come and go
- ✓ Pocketing food inside the cheek
- ✓ Repeated episodes of choking
- ✓ Choking on certain foods, for example bread
- ✓ Coughing when lying flat
- ✓ Nose running or sneezing while eating
- ✓ Coughing from getting up quickly
- ✓ Complaining of something caught in throat
- ✓ Trouble chewing
- ✓ Getting tired while eating
- ✓ Taking a very long time to finish a meal
- ✓ A gurgling voice during or after eating or drinking
- ✓ Refusal to eat certain foods or finish a meal
- ✓ Trouble swallowing certain types of food or liquids

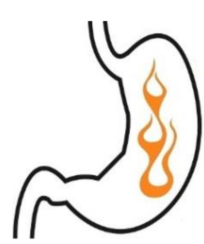
## ***Common signs of Aspiration Pneumonia are:***

- ✓ Frequent cough-foul smelling mucus or phlegm - may contain pus or streaks of blood.
- ✓ Sputum greenish in color and the person may cough up frothy fluid
- ✓ Shortness of breath/noisy breathing
- ✓ Heartbeat or breathing may seem faster than normal.
- ✓ Fever of chills accompanied by sweating
- ✓ Pain in the chest while coughing or when taking a deep breath
- ✓ Trouble swallowing
- ✓ Feeling as if something is stuck in their throat.
- ✓ Confusion, dizziness, faintness, unusually upset or anxious



It is worthy to note here that a common digestive disorder called *Gastroesophageal Reflux Disease (GERD)*, can contribute to aspiration or aspiration pneumonia. When the lower esophageal sphincter is weak it can allow food and stomach acids to reflux or return back up into the esophagus, and can then be aspirated into the lungs.

### Symptoms of Gastroesophageal Reflux Disease (GERD) include:



- ✓ Dyspepsia (Indigestion)
- ✓ Hoarse Voice
- ✓ Bad Breath
- ✓ Breathing Problems
- ✓ Chronic Cough
- ✓ Sore Throat
- ✓ Regurgitation
- ✓ Excessive Salivation
- ✓ Chest Pain
- ✓ Failure to Thrive

Observe for any signs/symptoms of aspiration or aspiration pneumonia and educate other staff about what to watch for and what to do if they see the signs. Listen carefully to complaints from individuals.

* * * Individuals with who are at risk for aspiration are placed on **"Aspiration Precautions"**. * * *

This means that you are extra careful at meal times to ensure the individual has plenty of time to eat slowly, and the individual remains sitting up for at least 30 minutes after meals. There may be special orders from the HCP about how food should be prepared (i.e. cut up in small bites, thickened or thinned foods or liquids). Read orders carefully and always observe for signs or symptoms of aspiration.

* * * Review the **Medical Alert Form** and **Nursing Assessment** for **Aspiration Precautions** * * *

## Constipation

The normal length of time between bowel movements varies widely from person to person. Some individuals have bowel movement three times a day; other, only one or two times a week. However, going longer than three days without a bowel movement is too long. After three days, the stool or feces becomes hard and more difficult to pass.

### Common Causes of Constipation:

- ✓ Inadequate Fluid Intake
- ✓ Inadequate Fiber in the Diet
- ✓ Inactivity or Immobility
- ✓ Hypothyroidism
- ✓ Eating large amounts of Dairy Products
- ✓ Antacid Medicines Containing Calcium of Aluminum
- ✓ Medicines (especially Narcotics, Antidepressants, or Iron Pills)
- ✓ Overuse of Laxatives which can weaken Bowel Muscles
- ✓ Stress
- ✓ Colon Cancer
- ✓ Irritable Bowel Syndrome
- ✓ Pregnancy
- ✓ Depression
- ✓ Eating Disorders
- ✓ A Disruption of Regular Diet or Routine *(**For Example:** While Traveling)*
- ✓ Neurological Conditions Such As Parkinson's Disease Or Multiple Sclerosis
- ✓ Resisting Having Bowel Movements *(sometimes results from pain due to hemorrhoids)*

Symptoms of constipation that last longer than 2 weeks, symptoms of constipation that are severe *(regardless of duration),* changes in normal bowel habits and complications of constipation should be evaluated by a healthcare provider. Bowel Obstructions are ALWAYS fatal if not recognized and treated within 36 to 48 hours. In addition, other fatal complications can develop from bowel obstruction such as sepsis, which is an infection throughout the body. It is possible to have diarrhea *(loose stools)* and still have constipation or a bowel obstruction. Closely monitor an individual's bowel function if he/she has had recent abdominal surgery, injuries, medication changes, diet changes or changes in activity.

* * * Review your agency's ***"Bowel Protocol"***, as all individuals will have one on their Medication Administration Record (MAR). The bowel protocol will give you directions on how to prevent constipation and also to document when the individual has a bowel movement. * * *

# Dehydration

***People with disabilities, in particular older adults, have an increased chance of becoming dehydrated because they:***

- Don't drink enough because they do not feel as thirsty as other people.
- Have kidneys that don't work well.
- Choose not to drink because of an inability to control the bladder *(incontinence).*
- Have stomach and bowel disorders that cause fluid to move through the body too quickly.
- Have a physical condition which makes it:
  - ✓ Hard to hold a glass
  - ✓ Difficult or painful to get up from a chair
  - ✓ Painful or exhausting to go to the bathroom
  - ✓ Hard to talk or communicate to someone about symptoms
  - ✓ Necessary to take medication that increases urine output

***Watch closely and report any signs or symptoms of dehydration to your supervisor especially if there is any fever, vomiting, or diarrhea.***

## Symptoms of Mild to Moderate Dehydration include:

- ✓ Dry sticky mouth
- ✓ Thirst
- ✓ Few or no tears when crying
- ✓ Dry skin
- ✓ Headache
- ✓ Constipation
- ✓ Sleepiness or tiredness
- ✓ Dizziness or lightheadedness
- ✓ Decreased urine output *(eight hours without urination)*

## Symptoms of Severe Dehydration (a medical emergency)

- ✓ Extreme thirst
- ✓ Low blood pressure
- ✓ Fever
- ✓ Irritability or confusion
- ✓ Rapid breathing
- ✓ Sunken eyes
- ✓ Rapid heartbeat
- ✓ No tears when crying
- ✓ Little or no urination
- ✓ Very dry mouth, skin and mucous membranes
- ✓ Lack of sweating
- ✓ In serious cases, delirium of unconsciousness
- ✓ Dry skin that lacks elasticity and doesn't *"bounce back"* when pinched into a fold

**important**

There should be a plan for how the individual is remaining hydrated, and you should continuously remain diligent in offering fluids. Eight *(8 ounces)* glasses of water are recommended per day unless the individual is on fluid restrictions or there is some other contraindication as in the HCP order. Observe for any signs of dehydration and encourage fluids, as some individuals will not ask.

## Seizure Disorder (Epilepsy)

Seizures of all types are caused by disorganized and sudden electrical activity in the brain. About 2 in 100 people in the United States will experience an unprovoked seizure once in life. A solitary seizure doesn't mean someone has a seizure disorder (epilepsy). At least two unprovoked seizures are generally required for diagnosis of a seizure disorder.

### Causes of Seizures can include:

- ✓ Low Blood Sugar
- ✓ Head Injury
- ✓ Brain Tumor
- ✓ Toxemia of Pregnancy
- ✓ Very high blood pressure
- ✓ Uremia related to kidney failure
- ✓ Heart Disease
- ✓ Brain injury
- ✓ Poisoning
- ✓ Kidney or liver failure
- ✓ Venomous bites and stings
- ✓ Brain infection, including meningitis
- ✓ Drug abuse
- ✓ Stroke
- ✓ Choking
- ✓ Fever
- ✓ Abnormal levels of sodium or glucose in the blood
- ✓ Withdrawal from alcohol after drinking a lot
- ✓ Heat illness (heat intolerance/ heat exhaustion/heat stroke)
- ✓ Withdrawal from benzodiazepines (such as valium)
- ✓ Withdrawal from certain drugs, including some painkillers and sleeping pills

It may be difficult to tell if someone is having a seizure, especially if you are not yet familiar with the person and his or her typical way of being. Some seizures may only cause a person to have staring spells and may go unnoticed. Specific symptoms depend on what part of the brain is involved and they can occur suddenly. Be aware of the individual's diagnoses as seizure disorder may be one of them.

### Symptoms of Seizure may include:

- ✓ Eye Movements
- ✓ Sudden Falling
- ✓ Grunting or Snorting
- ✓ Teeth Clenching
- ✓ Shaking of the entire body
- ✓ Loss of bladder or bowel control
- ✓ Drooling or frothing at the mouth
- ✓ Temporary halt in breathing
- ✓ Changes in typical behavior such as picking at one's clothing
- ✓ Uncontrollable muscle spasms with twitching and jerking limbs
- ✓ Brief blackout followed by period of confusion *(can't remember a period of time)*
- ✓ Mood changes such as sudden anger, unexplainable fear, panic, joy, or laughter

Symptoms may stop after a few seconds or minutes, or continue for 15 minutes. They rarely continue longer.

**A person may have warning symptoms, sometimes called an "AURA" before seizures such as:**

- ✓ Fear or anxiety
- ✓ Nausea
- ✓ Vertigo
- ✓ Visual symptoms *(such as flashing bright lights, spots, or wavy lines before the eyes)*

***important***

***Call 911 if:***

- This is the first time the person has had a seizure
- A seizure lasts more than 5 minutes or as otherwise directed by HCP
- The person does not awaken or return to typical behavior after a seizure
- Another seizure starts soon after a seizure ends
- The person had a seizure in water
- The person is pregnant, injured, or has Diabetes
- There is anything different about a seizure compared to the person's usual seizures
- As outlined in the person's Diastat protocol *(as applicable)*

**All staff who work with an individual who has a seizure disorder are required to receive specific training related to the person's seizures and the proper care and reporting of events.**

## Refusal of Medication (G)

# Medication Refusals

***When an individual refuses medication, which he/she has every right to do, it could indicate a potential problem. Your observation skills are needed to determine what is going on.***

***Ask yourself why this may happen:***

- Is the individual experiencing unpleasant side effects?
- Does the individual dislike the taste?
- Is the individual having problems swallowing the medication?
- Is the individual afraid of the medication for some reason?

***Persons may resist medication in different ways. Careful observation may help us understand an individual's resistance and adjust their treatments.***

- Does the individual refuse to take the medication at all-or spit it out immediately?
- Does the individual not swallow the medication, and spit it out later?
- Does the individual vomit the medication later? Intentionally vomiting with ½ hour of taking medication is considered refusal of medication.
- Does the individual hoard medication in mouth instead of swallowing it?
- Does the individual regurgitate the medication after swallowing?
- Does the individual bite when administering medication?

***Some ways to help solve these problems:***

- Observe and report any side effects of medication. Report any side effects to the healthcare provider.
- If individual can't swallow pills ask HCP about switching to a liquid.
- If individual suffers from dry mouth, offer water prior to administering the medication
- If individual hoards medication in mouth instead of swallowing it, ask to show that mouth is empty.
- If individual has history of regurgitating medication after swallowing, stay with them for 30 minutes. If continues to refuse notify HCP.
- If individual bites use paper or plastic medication cup to place medication to the lips of the individual. Never put your fingers in an individual's mouth.
- If an individual refuses a medication and does not give a reason why, try again in 15 minutes. If the individual refuses again, try one more time, in another 15 minutes, before considering this a final refusal.
- Always notify the supervisor immediately when an individual refuses medication.
- The refusal needs to be documented on MAR, an incident report needs to be written, and the HCP needs to be consulted.

REVIEW

***Review Questions:***

1) What rights do individuals have?

2) How are you an advocate for the individual?

3) Why is it important to differentiate between personal & professional boundaries?

4) Why is it important to observe report and communicate changes in the individual?

5) How do you observe for change in the individual?

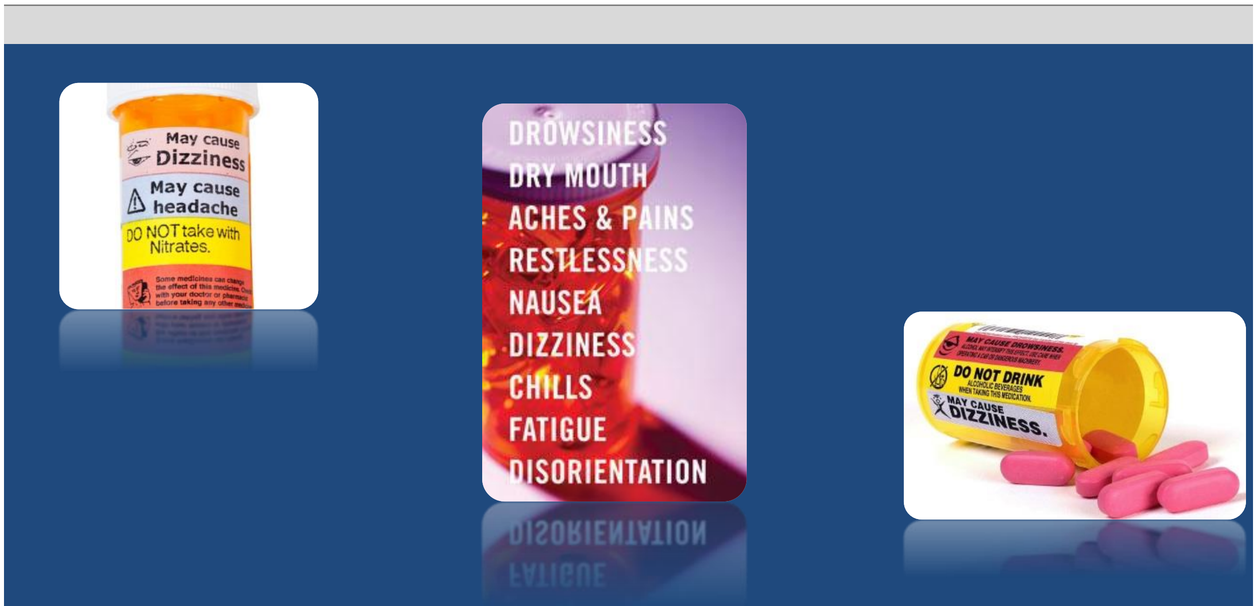
6) When should you call the HCP?

7) How do you know if the individual is having a life threatening medical emergency? What do you do?

LESSON 1

# SECTION 3

## EFFECTS OF MEDICATION



# LESSON 1 - MEDICATION ADMINISTRATION & THE INDIVIDUAL

EFFECTS OF MEDICATION

## ꩟ The Purpose of Medication [A]

**The Learner Will:**

- ✓ Define what a medication is.
- ✓ Communicate how medication can affect the individual.
- ✓ Give examples of desired effects of medication in the body.
- ✓ Give examples of undesired effects of medication in the body.
- ✓ Give examples of how medication is influenced by age, sex, genetics, illness, timing.
- ✓ Give 1 example of how combining medications can affect the individual.

## MEDICATION AND THE INDIVIDUAL

The body is made up of many systems that all work together. These systems help us to do the things like eat and digest our food, breathe normally, move our muscles and many other things.

**Six of the systems we most often talk about are:**

- The nervous system helps us to think and to feel. We move a hand off of a hot stove because our nervous system tells us the stove is hot.
- The cardiovascular system keeps our blood pumping and our heart beating.
- The respiratory system keeps us breathing.
- The digestive system takes the food we eat and uses it to fuel our bodies.
- The musculoskeletal system gives us strength and shape and movement.
- The integumentary system is our skin.

These systems work together to keep us healthy. If one system is hurt or not functioning due to conditions such as disease or injury, it could affect the way other systems work too.

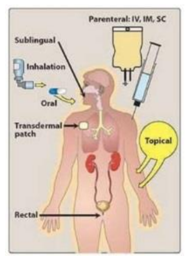
Medications may go to all the systems in the body, therefore some systems may be affected by the medication that should not be. For example, a medication may be given medication to help his or her heart, but then the medication may also affect their skin.

What we put into our bodies whether food or medication has an effect on us. Alcohol, caffeine, and nicotine also have an effect on our bodies and can affect how other medications work.

**Medication** is a substance that when placed into the body helps the body to do one of the following things:

| | |
|---|---|
| To **cure** a disease or a condition | (*example:* **antibiotics** are given to cure infection) |
| To **treat** a medical condition | (*example:* **anti-depressants** are used to treat depression) |
| To **relieve** symptoms of illness | (*example:* **analgesics** are given to reduce pain) |
| To **prevent** diseases | (*example:* **vaccinations** are given to prevent disease) |
| To **replace** deficient substances | (*example:* **Insulin** in the Diabetic) |

***All medications must be prescribed by a practitioner authorized by law to prescribe drugs in the course of professional practice.***




Medication gets into the body in a number of ways. The way a medication goes into the body is called a "Route".

## The "4 Routes" of giving medications:

1. **Ingestion:**
   - *a.* oral tablets, capsules or liquids
   - *b.* lozenges *(in the mouth, not swallowed)*
   - *c.* sublingual tablets *(under the tongue, not swallowed)*

***UAPs are allowed to utilize the barrel of a syringe to administer oral medications.***

2. **Application:** ***(Topical)***
   - *a.* skin ointments, gels, lotions, liniments
   - *b.* skin sprays or aerosols
   - *c.* throat gargles
   - *d.* transdermal patches
   - *e.* eye ointment or drops
   - *f.* ear drops
   - *g.* nose drops or nasal sprays
3. **Inhalation:**
   - *a.* inhalers, nebulizers *(respiratory)*
4. **Insertion:**
   - *a.* rectal suppositories
   - *b.* vaginal suppositories or creams

***The LLAM does not allow for administration of injectables with the exception of an epi-pen, which is given in life saving emergencies for severe allergic reactions.***

- **How Medication Works in the Body** (B)

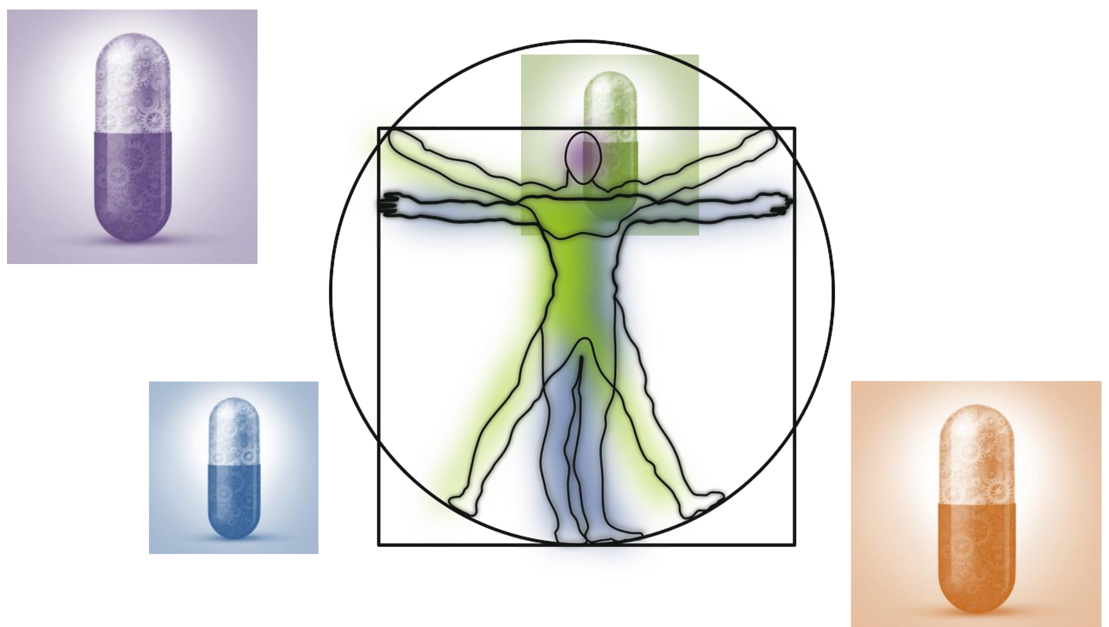
## How medication works in the body

Medications are given with the purpose of bringing about a change in one or more systems in the body. When the medication goes into the body, by one of several routes, it begins to act on body processes either locally or systemically. It is absorbed, usually by the digestive system, distributed to the targeted areas, metabolized to produce the appropriate effect and then excreted through elimination.

## *The way a person responds to a medication depends on:*

- ***Age*** — All drugs have standard doses that are considered safe for infants children and adults.
- ***Size*** — A larger individual may require a larger dose than a smaller one.
- ***Diet*** — Certain foods can alter the desired effect of the medication. *(**i.e.** grapefruit juice may inhibit effect of certain medications; some medications cannot be taken with milk products)*
- ***Sex*** — Women may react more strongly to medication than men do. *(related to size and body fat)*
- ***Genetic Factor*** — Some people are more sensitive to medications because of the way they are made up.
- ***Disease Processes*** — Diseases can impair organs necessary for metabolism and excretion. *(**i.e.** kidney failure, Liver Disease)*
- ***Persons Attitude or Mental State*** — A person with a good attitude responds better to medication.
- ***Route of Administration*** — Affects how quickly the medication is absorbed.

- ***Time of Administration*** — Some medication is ordered at meal times to avoid irritation on an empty stomach, others need a time when food is not in the stomach to absorb properly; some at bedtime because of the effect of drowsiness; and others in the morning for many reasons.
- ***History*** — How the individual has responded to similar medications in the past.
- ***Environmental Conditions*** — Effects of heat and cold; the constriction and dilation of blood vessels and slowing down or speeding up of circulation.



## Effects of Medication on the Body

Medication is given to bring about desired changes, but sometimes there are also undesirable changes or maybe even no effect at all. There are many factors (as described above) that may alter how medications affect the body systems. *(**Example:** poor kidney function influences the ability to process or eliminate medication).* This is why the HCP monitors the types, doses, routes and forms of medication the individual is taking.

## ꟷ Desired Effects and Undesired Effects of Medication (C)

### DESIRED AND UNDESIRED EFFECTS

***Desired Effects:*** The medication is **bringing** about the desired results.

***Example:*** *Cough suppressant eliminates cough.*

***No Response:*** Medication does not appear to be working

***Example:*** *Cough suppressant does not eliminate cough.*

***Side Effects:*** The medication is bringing about effects that may or may not be desirable. Not part of the main effect.

***Example:*** *Cough suppressant eliminates cough and may cause drowsiness.*

***Precautions:*** Caution labeling on the medication container. These labels warn of interactions with the environment and or foods.

***Example:*** *Do not take this cough suppressant while driving.*

***Allergic Reaction:*** Medication that causes rashes (sometimes with itching), hives, or fatal shock. An allergy can occur several days after an individual has been on a medication, or from a medication the individual had many times before.

***Example:*** *After taking cough suppressant, the individual is itching.*

If the individual is having trouble breathing, call 911 and notify appropriate supervisor/personnel per facility policy.

***Adverse Reaction:*** This is different from a side effect. Adverse reactions are negative responses to medications. An adverse reaction is an injury caused by the drug and any harm associated with the use of the drug (at a normal dosage and/or due to overdose).

***Example:*** *The individual became unresponsive after receiving the cough suppressant.*

**LLAM trained UAP's are not expected to identify adverse drug reactions but instead must immediately report any changes in status or physical behavior.**

***Drug Interactions:*** Two or more medications that react with each other. Can make one drug less effective. Or more effective, and sometimes harmful.

***Example:*** *Taking cough syrup containing a decongestant, while taking a cold tablet containing the same decongestant.*

***Food Interaction:*** Drugs reacting with food or beverages.

***Example:*** *Mixing alcohol with sleep aides or sedatives*

***Drug- Condition Interaction:*** May occur when an existing condition makes certain drugs ineffective or potentially harmful.

***Example:*** *Grapefruit juice interacts with cholesterol and blood pressure medications.*

It is important to watch for medication side effects and interactions. Medications mixed together may cause problems for the individual that will show up as signs and/or symptoms that you will be able to identify. Even food or alcohol, caffeine and nicotine can mix with medications to cause interactions.

***Important to remember:***

- ✓ Alcohol is a drug, not a medication, and can cause problems if an individual is taking medication. Sometimes alcohol makes the medication stronger, sometimes it cause the medication not to work well.
- ✓ The more medications taken by an individual, the greater the possibility that he or she might have a medication interaction.
- ✓ The health care provider and you need to know all the medication the individual is taking, including over-the-counter medication and herbal medications, and non-medical substance such as coffee, tea, tobacco and alcohol.
- ✓ Many medications taken for mood and behavior take time to work.
- ✓ Give medications only as prescribed in the Doctor's order.
- ✓ Observe for any changes (signs and symptoms) in the individual, either physically or behaviorally. (what you see, hear, smell, and feel)
- ✓ Report changes to the Supervisor, Consultative Nurse, Healthcare Provider.
- ✓ Document changes in the medical record communicate with staff.

## Drug Information and Resources (D)

It is the responsibility of LLAM trained UAP to review possible side effects of the medications(s) being given. Information on medication side effects should be available in each entity using LLAM.

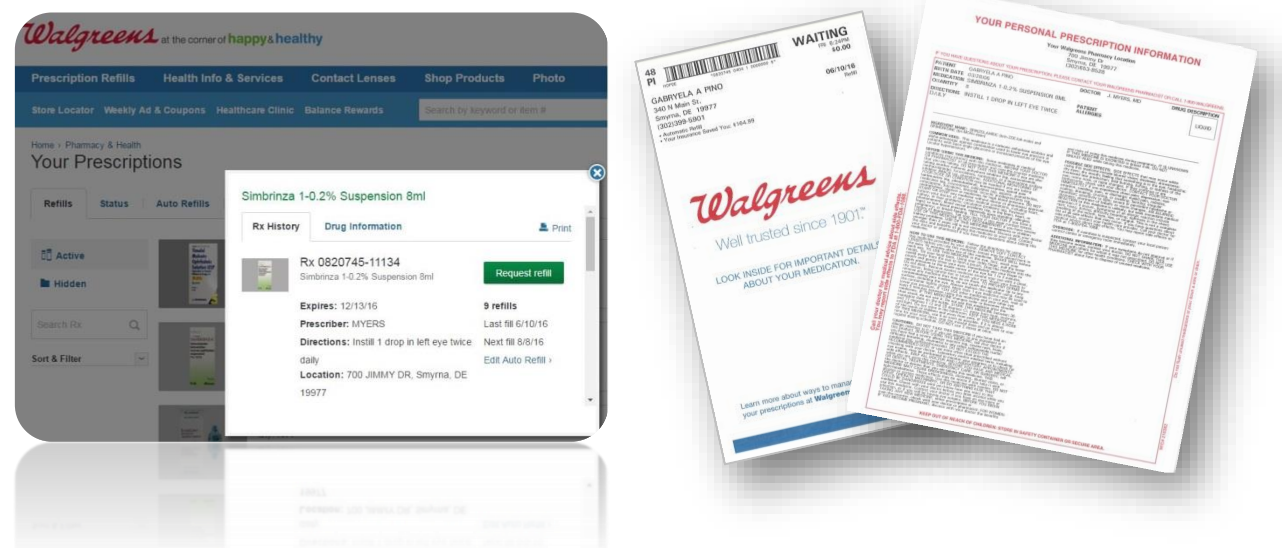
The LLAM trained UAP is not responsible for assessing side effects but should observe individual's for mental, physical and behavioral changes. Report all observations of mental, physical, and behavioral changes per facility policy.

For over the counter (OTC) medication, the information concerning how to use the medication and how to properly store it is printed on the package or bottle. Also, any pharmacist can provide answers to questions on use and storage.

For prescription medication, the following resources are available concerning how to use the medication and how to properly store it:

- The container itself will give directions for use including whether it should be taken with or without food. Also if a drug must be refrigerated or has to have special handling, the pharmacist will put it on the container or labeling.
- The pharmacy listed on the container can be called to ask for information concerning use and storage.
- The individual's practitioner listed on the container can be contacted for information in accordance with facility policy.
- ***The Drug Reference Manual*** and/or online resources may be used for medication look up.

The nurse, pharmacist, prescriber and supervisor/designated person per facility policy can be used as a resource for questions related to the medication and/or its administration.



## WRITTEN INFORMATION REFERENCES

***Written Information about medication is available upon request from the following sources:***

- The pharmacy package insert from particular medications can be provided. In general, the insert will describe the drug, its intended use, side effects which can occur with use, side effects which warrant immediate medical consultation, warning about individuals who should not be using the drug, and any special handling or storage directions as appropriate. The insert is available for prescription medication. Similar information can be found on the packaging of OTC medications.
- The Office of Narcotics and Dangerous Drugs can provide information on a specific medication.

The ***Medication Information Sheet*** is for all medications the individual is receiving *(1 sheet for each medication)*. The information sheet is kept with the medication administration record (MAR).

Information for this sheet can be obtained from the health care provider, the pharmacist, and an approved medication resource book. Pharmacy most often provides these sheets with the medication. You may also find medication information on online websites.

The LLAM trained UAP's are responsible for reviewing the drug information and for reporting physical, mental behavioral or social changes.

### *The Medication Information Sheet contains:*

**(1)** The name of the medication
**(2)** The reason the individual is taking the medication *(the individual's diagnosis)*
**(3)** The therapeutic *(desired)* effects of the medication and how long it should take to get this effect.
**(4)** Possible side effects, and what to do about them
**(5)** Possible adverse *(unwanted)* effects to look for and how to call the healthcare provider or for emergency treatment if they happen
**(6)** Possible interaction with other drugs or foods *(medication interactions)*
**(7)** Any limits on food *(dietary restrictions)*
**(8)** Ways to give and store the medication *(special instructions)*

- *Is the medication to be taken with food? Or on an empty stomach?*
- *Is the medication to be stored in the refrigerator?*
- *Can the individual go out in the sun?*
- *Are there special foods or drinks that the individual cannot take when on the medication?*

**important**

***Read these sheets carefully. It is important that you know the possible side effects of medication as you observe for any changes in the individual.***
***Remember, it is not your job to evaluate or interpret; it is your job to observe, identify and report. You can help prevent problems, even serious ones by knowing the individual. Recommendations made in the medication information sheet do not substitute for DDDS policy and procedures. The Poison Control Center is a valid resource for emergency information provided the individual is not having difficulty breathing or other acute crises. 911 should be called for individuals having difficulty breathing or other acute distress.***

## Medication Information Sheet (D-1)

**YOUR PERSONAL PRESCRIPTION INFORMATION**

Your Walgreens Pharmacy Location
700 Jimmy Dr
Smyrna, DE 19977
(302)653-8528

IF YOU HAVE QUESTIONS ABOUT YOUR PRESCRIPTION, PLEASE CONTACT YOUR WALGREENS PHARMACIST OR CALL 1-800-WALGREENS.

PATIENT GABRYELA A PINO
BIRTH DATE 03/28/05
MEDICATION SIMBRINZA 1-0.2% SUSPENSION 8ML (1)
QUANTITY 8
DIRECTIONS INSTILL 1 DROP IN LEFT EYE TWICE DAILY

DOCTOR J. MYERS, MD

PATIENT ALLERGIES

DRUG DESCRIPTION: LIQUID

(1) **INGREDIENT NAME:** BRINZOLAMIDE (brin-ZOE-lah-mide) and BRIMONIDINE (bri-MON-i-deen)

(2 & 3) **COMMON USES:** This medicine is a carbonic anhydrase inhibitor and alpha-adrenergic agonist combination used to lower eye pressure in patients with open-angle glaucoma or increased pressure of the eye (ocular hypertension).

(6 & 7) **BEFORE USING THIS MEDICINE:** Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE if you are also taking another carbonic anhydrase inhibitor (eg, acetazolamide, methazolamide), furazolidone, topiramate, or a monoamine oxidase inhibitor (MAOI) (eg, phenelzine). ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking barbiturates (eg, phenobarbital), bromocriptine, opioid pain medicines (eg, oxycodone), salicylates (eg, aspirin), guanethidine, entacapone, tolcapone, linezolid, tricyclic antidepressants (eg, amitriptyline), digoxin or medicines for high blood pressure. DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including heart, kidney, or liver problems; circulation problems (eg, Raynaud phenomenon); blood vessel problems (eg, in the brain, heart, or legs); or low blood pressure, especially upon standing; allergies; pregnancy; or breast-feeding. TELL YOUR DOCTOR if you have a history of depression. Tell your doctor if you wear contact lenses. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have severe kidney problems. USE OF THIS MEDICINE in newborns or children younger than 2 years old is not recommended. Discuss with your doctor the risks and benefits of giving this medicine to your child. Contact your doctor or pharmacist if you have any questions about taking this medicine.

(8) **HOW TO USE THIS MEDICINE:** Follow the directions for using this medicine provided by your doctor. REMOVE SOFT CONTACT LENSES before you use this medicine; lenses may be placed back in the eyes 15 minutes after use of this medicine. SHAKE WELL before each use. TO USE THIS MEDICINE in the eye, first, wash your hands. Tilt your head back. Using your index finger, pull the lower eyelid away from the eye to form a pouch. Drop the medicine into the pouch and gently close your eyes. Immediately use your finger to apply pressure to the inside corner of the eye for 1 to 2 minutes. Do not blink. Remove excess medicine around your eye with a clean, dry tissue, being careful not to touch your eye. Wash your hands to remove any medicine that may be on them. TO PREVENT GERMS from contaminating your medicine, do not touch the applicator tip to any surface, including the eye. Always replace the cap after using. Keep the container tightly closed. More than 1 eye medicine may be used to lower eye pressure. IF YOU USE other medicines in your eye, wait at least 5 minutes between using this medicine and your other eye medicines. IF THIS MEDICINE changes color or becomes cloudier than usual, do not use it. Do not use this medicine after the expiration date on the bottle. STORE THIS MEDICINE between 36 and 77 degrees F (2 and 25 degrees C), away from heat, moisture, and light. Do not store in the bathroom. KEEP THIS MEDICINE out of the reach of children and away from pets. IF YOU MISS A DOSE OF THIS MEDICINE, use it as soon as possible. If it is almost time for your next dose, skip the missed dose and go back to your regular dosing schedule. DO NOT use 2 doses at once.

**CAUTIONS:** DO NOT TAKE THIS MEDICINE if you have had an allergic reaction to it or if you are allergic to any ingredient in this product. BEFORE USING THIS MEDICINE, tell your doctor if you have had a severe allergic reaction (eg, severe rash, hives, difficulty breathing, dizziness) to any other sulfonamide (sulfa) medicine (eg, sulfamethoxazole). DO NOT EXCEED THE RECOMMENDED DOSE or use more often than prescribed without checking with your doctor. Laboratory and/or medical tests, including eye exams, may be performed to monitor your progress or to check for side effects. KEEP ALL DOCTOR AND LABORATORY APPOINTMENTS while you are using this medicine. BEFORE YOU HAVE ANY MEDICAL OR DENTAL TREATMENTS, EMERGENCY CARE, OR SURGERY, tell the doctor or dentist that you are taking this medicine. THIS MEDICINE MAY CAUSE DROWSINESS, dizziness, blurred vision, or light-headedness. These effects may be worse if you take it with alcohol or certain medicines. Use this medicine with caution. DO NOT DRIVE, OPERATE MACHINERY, OR DO ANYTHING ELSE THAT COULD BE DANGEROUS until you know how you react to this medicine. Check with your doctor before you drink alcohol while you use this medicine. Contact your doctor if you have an eye injury or infection, or if you will be having eye surgery. BEFORE YOU BEGIN TAKING ANY NEW MEDICINE, either prescription or over-the-counter, check with your doctor or pharmacist. FOR WOMEN: IF YOU BECOME PREGNANT, discuss with your doctor the benefits and risks of using this medicine during pregnancy. IT IS UNKNOWN IF THIS MEDICINE IS EXCRETED in breast milk. DO NOT BREAST-FEED while taking this medicine.

(4 & 5) **POSSIBLE SIDE EFFECTS:** SIDE EFFECTS that may occur while using this medicine include blurred vision; dizziness; drowsiness; dry eyes; dry mouth; feeling that something is in the eye; headache; increased tear production; mild burning, itching, or redness of the eye; runny nose; or taste changes. If they continue or are bothersome, check with your doctor. CONTACT YOUR DOCTOR IMMEDIATELY if you experience chest pain; depression; eye irritation, swelling, pain, or discharge; eyelid pain, redness, scaling, drooping, crusting, or swelling; fainting; irregular heartbeat; sensitivity to light; severe or persistent headache or dizziness; shortness of breath; or vision changes. AN ALLERGIC REACTION to this medicine is unlikely, but seek immediate medical attention if it occurs. Symptoms of an allergic reaction include rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider. Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

**OVERDOSE:** If overdose is suspected, contact your local poison control center or emergency room immediately.

**ADDITIONAL INFORMATION:** If your symptoms do not improve or if they become worse, contact your doctor. DO NOT SHARE THIS MEDICINE with others for whom it was not prescribed. DO NOT USE THIS MEDICINE for other health conditions. CHECK WITH YOUR PHARMACIST about how to dispose of unused medicine.

**(1)** The name of the medication
**(2)** The reason the individual is taking the medication *(the individual's diagnosis)*
**(3)** The therapeutic *(desired)* effects of the medication and how long it should take to get this effect.
**(4)** Possible side effects, and what to do about them
**(5)** Possible adverse *(unwanted)* effects to look for and how to call the healthcare provider or for emergency treatment if they happen
**(6)** Possible interaction with other drugs or foods *(medication interactions)*
**(7)** Any limits on food *(dietary restrictions)*
**(8)** Ways to give and store the medication *(special instructions)*

- *(a) Is the medication to be taken with food? Or on an empty stomach?*
- *(b) Is the medication to be stored in the refrigerator?*
- *(c) Can the individual go out in the*

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

Do not flush unused medications or pour down a sink or drain.

KEEP OUT OF REACH OF CHILDREN: STORE IN SAFETY CONTAINER OR SECURE AREA.

WIC# 216382

## Questions:

1) ***What will you do if the pharmacy does not provide a medication information sheet with the medication you received?***

______________________________________________________________

______________________________________________________________

______________________________________________________________

2) ***Where is this sheet kept?***

______________________________________________________________

______________________________________________________________

______________________________________________________________

3) ***Do I need the medication sheet for OTC medications? PRN's?***

______________________________________________________________

______________________________________________________________

______________________________________________________________

## Online Resources you may use:

- **National Library of Medicine** https://www.nlm.nih.gov/learn-about-drugs.html
- **Drugs.com** https://www.drugs.com
- **FDA** http://www.fda.gov/Drugs/ResourcesForYou/default.htm

**REVIEW**

***Exercise:*** ***Using your cellphone, look up a medication (any Medication) from one of the resources listed above and answer the following questions.***

1. Name the medication you chose to resource:

   ______________________________________________________
2. Name two side effects of this medication:

   ______________________________________________________
3. What, if any, are the contraindications for using this medication?

   ______________________________________________________
4. Are there any adverse reactions?

   ______________________________________________________
5. Are there any special instructions for using this medication?

   ______________________________________________________

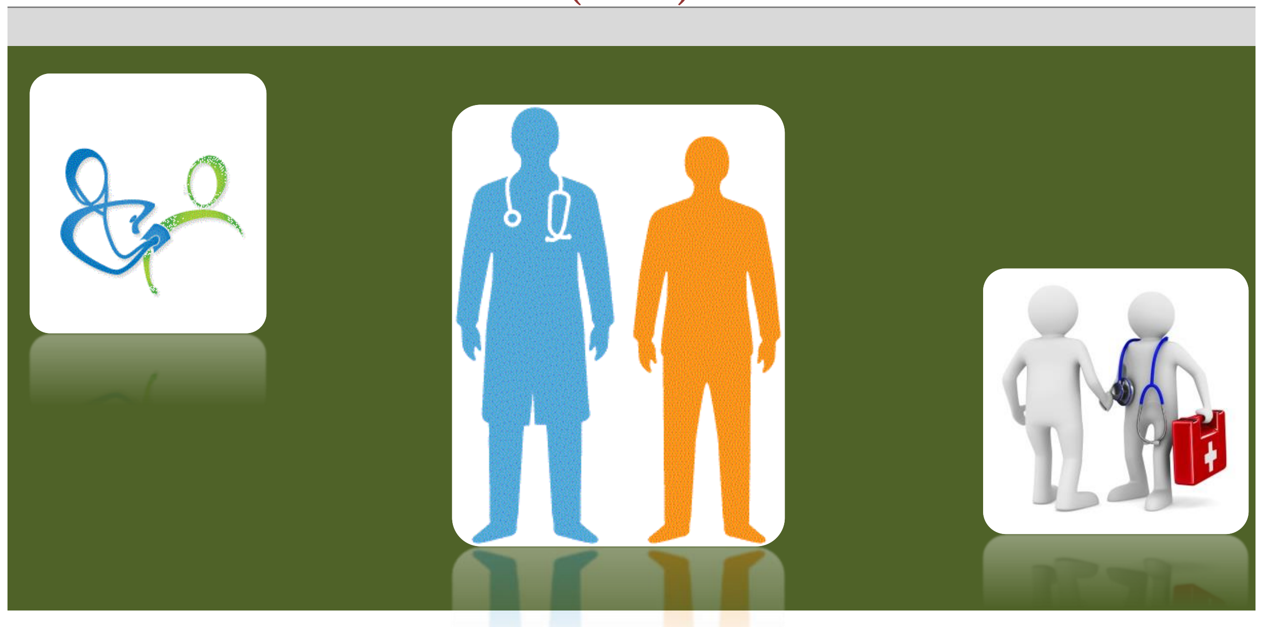
***(Discuss your finding with fellow student to left or right of you)***

LESSON

1

# SECTION 4

## INDIVIDUALS VISIT TO THE HEALTHCARE PROVIDER (HCP)



## What to Take (A)

**The learner will:**

- ✓ Define your role as advocate for the visit
- ✓ Identify the information/forms needed for the visit
- ✓ Identify what information you will need from the healthcare provider
- ✓ Discuss what you need to do after the visit to make sure treatment occurs

You will be taking the individual you support to his/her healthcare provider for annual and sick visits. This might be for a regular medical check-up or for a particular problem or concern that you, other staff, and/or the individual might want to discuss with the healthcare provider. Your role during the visit is very important. You might need to be an advocate for the individual, to make sure his/her medical needs are met.

You have the responsibility to ask questions of the medical personnel, to speak up for the needs of the individual you are accompanying, or to help ensure that the individual you are with is treated with respect and dignity, and that the medical treatment he or she gets is the same as it would be for anyone with the same condition.

### As you prepare for the visit, ask yourself:

1) What information do I need to ***take with*** us to the health care provider?
2) What information do I want to ***get from*** the health care provider?
3) What do I need to do ***after the visit*** to make sure that the treatment occurs?

### *Information to take to the healthcare provider:*

- ☑ The ***Reason for the Visit***. Put this in writing on the ***Medical Appointment Information Form (MAIR)***, and add ***any other questions*** you want to ask.
- ☑ A written summary of the individual's **medical history**. ***This if found in the COR***. You are responsible for bringing the ***COR*** with you to the appointment.
- ☑ A ***list*** of ***Current Medical*** or ***Dental Problems***.
- ☑ A ***list*** of ***Medications*** that the individual is now taking. Include all medications (***Prescriptions and OTC's***).
- ☑ A ***list*** of any ***Allergies*** or ***Allergic Reactions*** the individuals might have.
- ☑ In writing, note any ***Physical***, ***Emotional***, or ***Behavioral Changes*** that you or your staff has seen.
- ☑ The individual's ***Health Insurance*** information and ***ID Card.***
- ☑ MAIR

**New Castle Regional Office**
2540 Wrangle Hill Road, 2nd floor
Bear, DE 19701
PH: (302) 836-2100

**Kent Regional: Office, Thomas Collins Bldg.**
540 S. DuPont Hwy., Suite 8
Dover, DE 19901
PH: (302) 744- 1110

**Sussex Regional Office Stockley Center:**
26351 Patriots Way
Georgetown, DE 19947
PH: (302) 933-3100

Delaware Health & Social Services
**Division of Developmental Disabilities Services**

**Medical Appointment Information Record [MAIR]**

Name:__________________________ MCI#:_________________________ Date: ___________________

Ht: ________ Wt: ________ BP: ________ P: __________ Temp: ______________________________

Doctor seen: __________________________Specialty:_________________________________________

Known Drug Allergies: ___________________________________________________________________

Symptoms Present:_______________________________________________________________________

_______________________________________________________________________________________

Physical findings:_________________________

_________________________________

_________________________________

Tests Done:______________________

_________________________________

_________________________________

Diagnosis and Prognosis:__________

_________________________________

Restrictions: _____________________

_______________________________________________________________________________________

_______________________________________________________________________________________

**The MAIR that you have brought to the visit will contain the information you need for an order here.**

***(The HCP writes on this side of the form)***

**Remember the components of an order?**

Prescriptions & Treatment:______________________________________________________________

_______________________________________________________________________________________

Return Appointment Date:_________________________________________________________________

Signature of Doctor: ________________________________

Address: ________________________________

________________________________

Phone: ________________________________

**MAIR Page 2**
Name of Individual: ________________________________

## MEDICAL APPOINTMENT CHECKLIST

This form must be completed and taken on every doctor's appointment:

**The following items must accompany you on this appointment**

| ☐ | Medical Appointment Information Record | ☐ | COR (Client Oriented Record) |
|---|---|---|---|
| ☐ | Current MAR | ☐ | Physical Exam form and Standing Medical Orders (for annual physical only) |

**The following questions must be answered prior to the doctor's appointment:**

What is the nature (purpose) of this appointment?

Do this before the appointment.

- ☐ An annual physical
- ☐ An illness
- ☐ A follow up appointment

What symptoms are being experienced? How long have the symptoms been present? (Include when the illness started, how often does it occur and how long does it last?) ________________________________

________________________________________________________________

________________________________________________________________

Has this occurred before? ☐ YES ☐ NO If yes when and what was done for it?

________________________________________________________________

________________________________________________________________

What has been done for the individual to help with this condition? Do this before the appointment

________________________________________________________________

________________________________________________________________

Signature/Title: ______________________________ Date: ______________________________

**At the end of the appointment, these questions should be asked of the doctor:**

Do this at the end of appointment.

What care is being ordered? ________________________________

________________________________________________________________

If medication is prescribed, what is the medication supposed to do? (What is the desired effect?) __________

________________________________________________________________

________________________________________________________________

Are there any side effects that we should be concerned about? ________________________________

________________________________________________________________

________________________________________________________________

Signature/Title: ______________________________ Date: ______________________________

**PARC Approved: 11/15/04**
**Revised: 07/21/08, 06/02/09**
**Form #: 12/Admin**

## ഋ Vital Signs

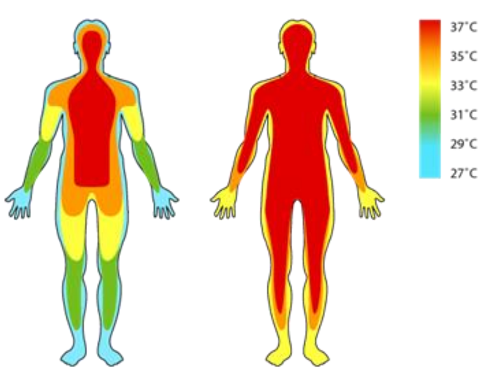
**Refer to skill # 9**
**Vital Signs Competency Skills Checklist**

### *What are vital signs?*

Vital signs reflect the function of 3 body processes that are essential for life. Their values give us information regarding: regulation of body temperature, breathing and heart function. The four vital signs are **Temperature, Pulse, Respirations, and Blood Pressure**. In the body, vital signs vary within certain limits and can be affected by fear, anxiety, eating, noise, pain, sleep, weather, illness, and anger to name a few. Since Vital signs give us critical information in relation to how the human body is functioning, accuracy is essential when you measure, record, and report. Vital signs should be taken when the person is at rest and either lying down or sitting.

### *What is Body Temperature?*

Body temperature is the amount of heat in the body. It is a balance between the amount of heat produced and the amount lost by the body. Heat is produced as cells use food for energy. It is lost through the skin, breathing, urine and feces. The normal core body temperature of a healthy adult is said to be 98.6 F. Temperature rates can vary due to factors such as age, metabolism rate, illness, medications, alcohol consumption, menstrual cycle, sleep disturbance and change in climate to name a few. Body temperature is lower in the morning and higher in the afternoon and evening. Temperature sites are the mouth, rectum, under the arm, ear and forehead. A thermometer is used to obtain temperature.



## ***Points to remember:***

Oral temperature should not be taken if the person:

- Is paralyzed on one side of the body.
- Has a convulsive (seizure) disorder
- Breathes through the mouth
- Is unconscious
- Has had surgery or an injury to the face, neck, mouth, or nose
- Has a sore mouth
- Is receiving Oxygen

Temperature via the ear should not be taken if the person:

- Has ear drainage
- Has an ear disorder

***Rectal temperature should not be taken if the person:***

- Has Diarrhea
- Has a rectal disorder or injury
- Is confused or agitated
- Had rectal surgery
- Has heart disease

## ***What is a pulse?***

Arteries carry blood from the heart to all parts of the body. The pulse is the beat of the heart that is felt at an artery as a wave of blood passes through the artery. The arteries are close to the body surface and lie over a bone. Therefore most pulses are easy to feel. The pulse rate is the number of heartbeats or pulses felt in one minute. Your pulse is lower when you are at rest and increases when you exercise. Pulse rates vary from person to person. For an adult 18 years and over, a normal heart rate is 60-100 beats per minute (BPM). Some medical conditions such as heart disease, high blood pressure or diabetes can affect your heart rate. Heart disease can cause what is called a pulse deficit. This occurs when there is a difference between your heart beats and pulsations in your extremities. A rate less than 60 or more than 100 is considered abnormal. Blood pressure equipment can also count pulses. It is important to report any change in the participants pulse as this may indicate an underlying condition.

## ✓ Points to Remember:

- Recording and reporting the wrong pulse rate can harm the individual
- incorrect blood pressure cuff size can affect pulse value

### What is respiration?

Respiration means breathing air into and out of the lungs. Oxygen enters the lungs when you breathe in (inhalation) and carbon dioxide leaves the lungs when you breathe out (exhalation). The chest rises during inhalation and falls during exhalation. Respirations are normally quiet, effortless and regular. Both sides of the chest rise and fall equally. Respirations should be counted when the person is at rest. A healthy adult has 12 to 20 respirations per minute. Heart and respiratory disease often increase the respiratory rate.

## ✓ Points to remember:

- Seek immediate medical care for noisy respirations or if the person is having pain or difficulty breathing

### What is a blood Pressure?

Blood pressure (BP) is the measure of the force of blood pushing against the blood vessel walls. Stress, smoking, lack of physical activity, sleep apnea, Diabetes, chronic kidney disease, or too much salt in the diet are all factors that can affect one's blood pressure. Blood Pressure is measured using two numbers. The top number is the Systolic number. This number represents pressure on the blood vessels when your heart beats and squeezes blood through your arteries to the rest of your body. A normal Systolic pressure is below 120. The bottom number is the Diastolic number. This number represents the pressure in the arteries when the heart rest between beats. A normal Diastolic pressure is less than 80. Blood pressure increases with age. Women usually have lower blood pressures than men do but blood pressures rise in women after menopause.

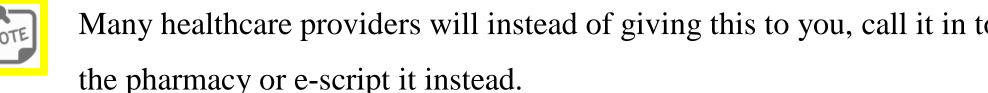
## ✓ Points to remember:

- Ensure Blood pressure cuff size is appropriate for the individual
- Do not take pressure in an arm that has a cast or a dialysis access site
- Do not take blood pressure on the side of breast surgery
- Do not take pressure on an injured arm
- Ensure that the cuff is snug. A loose fitting cuff will cause an inaccurate reading
- Apply the cuff to a bare arm or wrist, clothing can affect the measurement

## What to Get (B)

***Information to get from the healthcare provider:***

- A written prescription for each new medication, *(recorded on the prescription slips taken from a prescription pad)*.

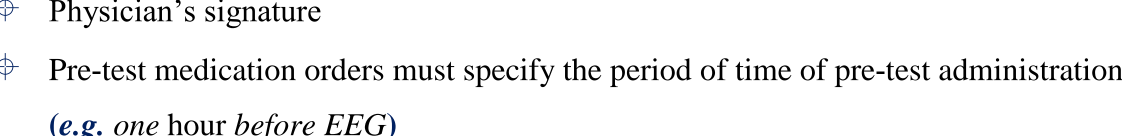


NOTE: Many healthcare providers will instead of giving this to you, call it in to the pharmacy or e-script it instead.

- A written order for each new medication or treatment. This order must be signed by the healthcare provider; (*It is recorded on the MAIR*).

***The order may also be written on a prescription slip. However, each order must specify the following:***

- Time and date ordered, including the year
- Name of the drug
- Dosage
- Route of administration
- Frequency, and duration of administration
- Physician's signature
- Pre-test medication orders must specify the period of time of pre-test administration (***e.g.*** *one* hour *before EEG*)



**important**

Make sure that all of your questions are answered during the visit, and that you get all of the necessary information like the prescription and the signed order sheet. Write down the answers to the questions for both you and other staff. You will not remember this information once you leave the visit so write it down immediately as the health care provider shares it with you.

## After the Visit (C)

### *After the visit:*

- Make sure you get the medication from the pharmacy.
- All orders for medications must be transcribed onto the ***Medication Administration Record (MAR)*** and contain at least the following:
  - The Name and Dosage of medication
  - The Time(s) the medication should be administered
  - The Route by what the medication is given *(oral, ear, rectal, etc.)*
  - The Start and Stop Dates if the medication is ordered for a set number of days.
  - Any Special Instructions for administration should be listed
  - Your initials
- Document any other information about the visit on the correct forms, which may include notes in the electronic record and agency communication logs.
- **MAR** must have ***Medication Information Sheets*** filled for each medication. All staff are to read and sign off on the Medication Information sheets. These sheets are to be kept in the MAR behind the individual's section. These sheets are very important because they describe the purpose of the medication, sided effects, adverse reactions, etc.

LESSON

1

# SECTION 5

## GETTING MEDICATION FROM THE PHARMACY

## ꕤ The Residence (A)

**The learner will:**

- ✓ Verbalize what to do after the HCP visit.
- ✓ Understand information received from the pharmacy.

## *Getting the Medication from the Pharmacy*

After the visit to the healthcare provider, the pharmacist will fill the prescription. To fill a prescription means that the pharmacist reads the prescription written by the healthcare provider, and then prepares and measures the medication into a container for the individual.

You will either take the actual prescription to the pharmacy, or the HCP will call the prescription in by phone, or it may be sent by e-script or fax.

***The prescription and the order are not the same thing.*** You still need to make sure you have a copy of an order in your hand either by what the prescribing practitioner has written on the MAIR, or by requesting a copy from the pharmacist. A copy of the actual order is needed to compare to the pharmacy label and is kept in the medical record.

All medications must be dispensed by the pharmacy in such a way that it is ready for consumption. Medications are not split, cut, broken or in any way altered by staff.

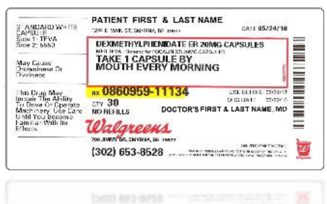
***Specific directions in a HCP's order are required for any medication to be "crushed".***

Controlled medications are counted and may have an accompanying "count sheet", or you will obtain one from your agency.

After the script is filled, you can pick up the medication from the pharmacy, or it might be delivered to the residence. Before you leave the pharmacy with the medication, or as it is delivered, check the label.

***Medication should be in a container with a label supplied by pharmacy.***

***Check the label to make sure you have the right medication, the right dose, for the right individual, the right frequency and the right route as indicated on the healthcare provider's order.***




Make sure you understand all of the directions on the label. Talk with the pharmacist. Ask questions. Don't leave until you are clear about the medication information on the label. You will have a medication information sheet included with the medication.

*important*

* **Alert** Return the medication to the pharmacist if the label is not exactly the same as the order *

## ꝏ Day Program Medication (B)

### *Day Program Medications*

- If an individual is in a day program and needs medication while there, the pharmacy can properly prepare and label the medications for this in addition to the home medications.

- The residence has the responsibility to deliver medication to the day program. Both the residence and the day program must keep documentation of the medication that they administer. For medications administered at the day program, the ***Medication Information Sheets*** must be maintained at the day program.

- The residence is responsible for notifying the day program of any medication changes and for supplying a copy of the order.

- Medications for day programs must be prepared and put into pharmacy containers labeled by the pharmacy, prescribing practitioner or RN. This is not something you would do yourself.

## GETTING THE MEDICATION FROM THE PHARMACY

### *Scenario*

***(You may review the section to answer the questions)***

**Because of Jeff's symptoms, a Doctor's appointment has been made for him and you have been asked to accompany him. Here is the information we have so far:**

- According to Jeff's ELP and information from his mom, he has a lot of anxiety about going to the Doctor.
- Jeff has not been acting like himself. He has been sleeping more than usual and has been falling asleep at the dinner table. The day program has also reported that he is having trouble staying awake during the day. Jeff's eyes appear watery and glassy.
- A typical day for Jeff starts at 5: 30. He gets up by himself, takes a shower and enjoys a hearty breakfast of Wheaties, a banana, juice and toast and a cup of coffee. He cleans up his place at the table, and then cleans up around the house, mopping the kitchen floor and taking out trash or doing other household chores while he waits for his ride. If the weather is nice, sometimes he goes outside and rakes leaves or does some gardening in the morning before leaving for his day program.
- Recently, the overnight staff noticed that Jeff does not want to get up in the morning, and when he does get up, he appears to be lethargic. They have also noticed him limping slightly first thing in the morning. In addition, he gets up several times during the night to get a drink of water, and he has been urinating frequently. Jeff has been complaining that things "don't look right" and has been rubbing his eyes a lot.
- During his last home visit, Jeff's mom noticed that he appeared to be more tired than usual, so she began giving him herbal treatments; St. John's Wort and Zinc tablets to "perk him up".
- Once in a while when his is home visiting, Jeff likes to go out with his cousin and have a few beers. He also likes to have a few beers when he is bowling with his housemates. The go bowling a couple of times each week.
- Jeff currently takes the following medicines daily: a multi-vitamin, Colace *(a stool softener)*, and a daily calcium tablets.

1. What is different about Jeff?

______________________________________________

______________________________________________

______________________________________________

2. What do you need to do to prepare Jeff for his visit to the HCP?

______________________________________________

______________________________________________

______________________________________________

3. What information do you need to take with you to the HCP?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

4. What information do you need to get from the HCP?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

5. What do you need to do after the HCP visit to make sure the appropriate treatment occurs?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

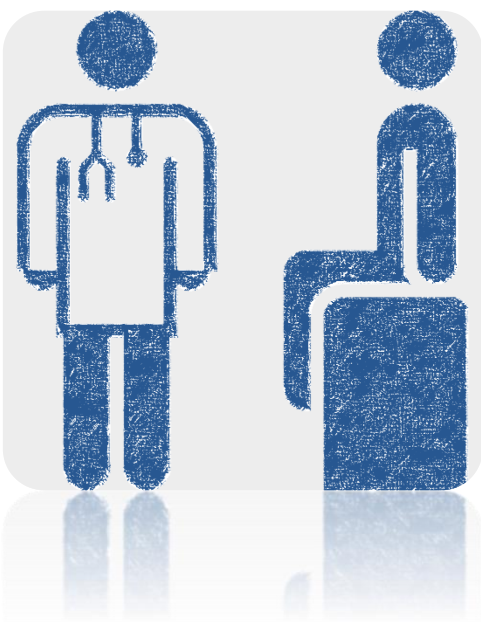
6. Name signs and symptoms that Jeff is demonstrating that you will need to tell the Doctor?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

7. How have you advocated for Jeff during this visit?

___________________________________________________________________
___________________________________________________________________
___________________________________________________________________

***After completing this activity, turn to a fellow student and compare you answers.***



LESSON

2

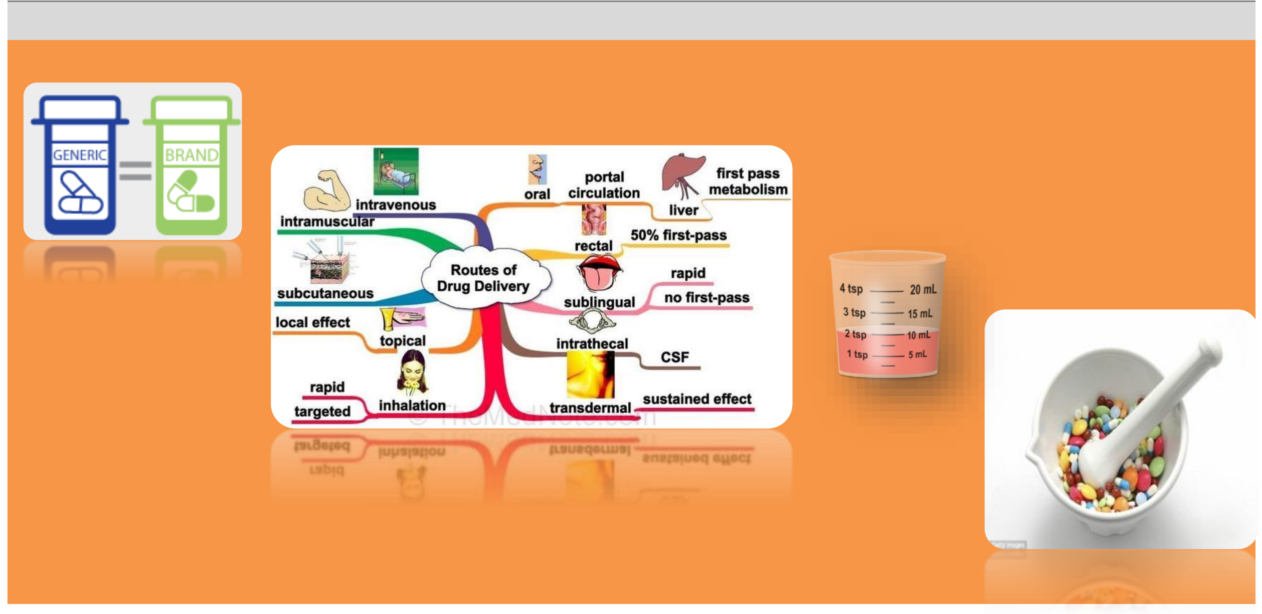
# MEDICATION ADMINISTRATION FUNDAMENTALS

LESSON

# 2

# SECTION 1

## MEDICATION FUNDAMENTALS



## Measuring Medication (A)

**The learner will:**

- ✓ Identify acceptable measuring devices and techniques for measuring medications.
- ✓ Verbalize the importance of receiving written orders prior to crushing medications.
- ✓ Identify cautions and acceptable procedures regarding crushing medications.
- ✓ Identify both brand and generic name medications.
- ✓ State three differences between prescriptions and over the counter medications.
- ✓ Describe common routes and forms of medications.
- ✓ Identify terminology, abbreviations and "do not use" abbreviations common to medication administration.

## MEDICATION ADMINISTRATION FUNDAMENTALS

In this section the LLAM trained UAP will learn fundamentals of administering medication safely, such as identifying names of medications, available forms & routes and differences between prescription and over the counter medications. You will also learn appropriate and safe techniques for measuring medication. Using the "language" of medication will help you communicate both verbally and in writing and to understand communication written by health providers effectively.

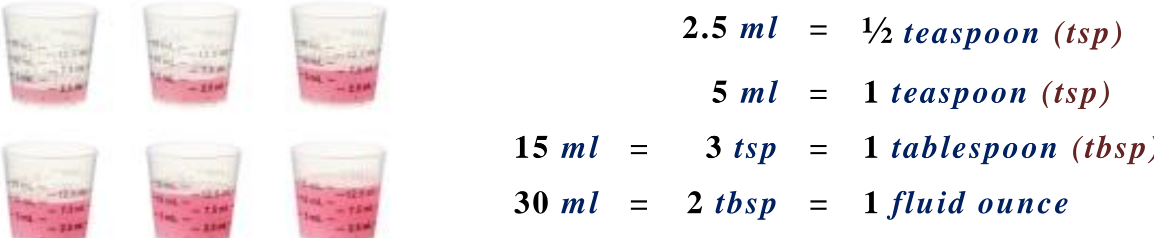
### Measuring Medication

Liquid Medication must be measure accurately in order to get the right dose. Some of the most common measuring devices include:

- Dosing Cup
- Dosing Syringe
- Measuring Spoons
- Dosing Spoon

**Be sure to use the right device in order to get the right dose.**

Check the markings carefully on the measuring device. Most liquid medicine is measured by ***teaspoon (tsp)*** or ***milliliter (ml)***.




- **Do not use kitchen tableware**; use an accurate ***medicine measuring device***. An error in measuring liquid medicine can result in the wrong dose, either too much or too little of the medicine.

> **important**
>
> ***For example***, a large kitchen spoon can hold twice as much liquid as a small kitchen spoon. Use the measuring device provided with the medicine. If the liquid medicine doesn't come with a measuring device, ask for one at the pharmacy.

- Be accurate, measure liquid at eye level, and never guess at the dose.

  - ✓ Liquids are poured into marked medication cups
  - ✓ Hold cup at eye level while pouring. Then check for accuracy by placing cup on flat surface if possible.
  - ✓ Check to make sure you have poured the exact amount ordered.

- Never pour medication back into the container you poured from. Discard the medication properly.

- Use an oral medication syringe for very small amounts of liquid medication.

- There is a difference between **mg** and **ml**.

  - ✓ The ***strength*** of a medication is measured in **mgs**.
  - ✓ The ***volume*** of the medication is measured in **mls**.

***Example:*** There is **20 mg** of medication in **5 ml** or **20 mg/5 ml**

If you are to give **10 ml** of this cough syrup how many **mg** would be given?

***Exercises:***

1. If the strength of a medication is 40 mg/5ml and you are instructed to give 15 ml, how many mg of medication would you be giving? ______ mg.
2. If you are giving 3 tsps of medication, how many ml are you giving? ______ml.
3. If you are giving ½ of a tsp. of medication, how many ml are you giving?_______ml
4. If you are giving medication from a bottle that says 10mg/2 ml and you are instructed to give 4 ml, how many mg are you giving?________mg.
5. When would you use a household teaspoon to give medications?

# *CONVERSION TABLE*

10cc = 10ml
20cc = 20ml
30cc = 30ml

Reminder: 1cc = 1ml
A cubic centimeter is the same as a milliliter.

**TIP: use an oral syringe for amounts less than 5ml**

# mg. ≠ ml.

A mg is NOT the same as a ml ! ! !

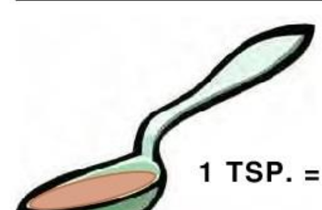
**TIP: Always read the label carefully to be sure you are measuring the right thing.**

←15ml→

**This 15ml cup contains *20mg* of medication in it.**

**This 15ml cup contains *40mg* of medication in it.**

YOU CAN'T TELL THE DIFFERENCE BY LOOKING

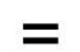


1 TSP. = 5ml.

**TIP: Don't use household teaspoons. They are not accurate!**

**TIP: To be accurate, use the correct measuring tool. Ask your pharmacist. Some liquid medicines have special measuring tools.**

=



=

1 tbsp. = 3 tsp

3 tsp. = 15ml

**25 mL**

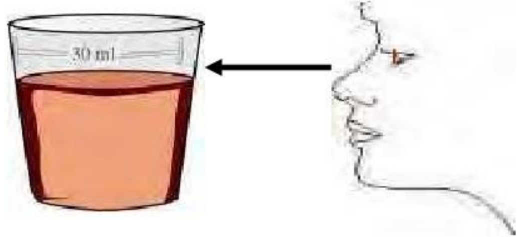
**TIP: When measuring liquids, hold the cup at eye level.**

## ALWAYS

1. **ALWAYS measure using the metric system.**

2. **ALWAYS use an oral measuring syringe for small amounts of liquid medication.**

3. **ALWAYS hold cups at eye level when measuring.**



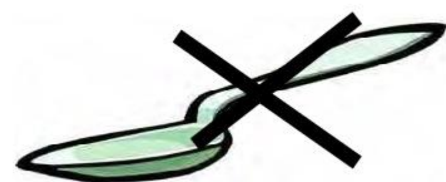

4. **If the label says to measure in mls, ALWAYS use a measuring device that is marked in mls.**

5. **If the label says to measure in mgs, ALWAYS use a measuring device that is marked in mgs for that medication.**

6. **ALWAYS consult your pharmacist when you have a question about measuring.**

## NEVER

1. **NEVER use household spoons.**



2. **NEVER use cups that are not marked with the amount they hold.**

3. **NEVER switch the special droppers that come with some liquid medications.**

4. **NEVER measure mls with a measuring device that is marked in mgs.**

5. **NEVER measure mgs with measuring devices that are marked in mls.**

# mg ≠ ml

6. **NEVER leave air bubbles mixed with the liquid in an oral measuring syringe.**

## Crushing Medication (B)

**The learner will:**

- ✓ Verbalize the importance of receiving in writing a HCP order before crushing medications.
- ✓ Identify cautions regarding crushing medications.
- ✓ Identify the procedure for correctly crushing medications.

The legal obligation of a LLAM trained UAP is to stay within the legally defined role in the delivery of medication.

**The LLAM trained UAP may not:**

- Convert or calculate dosage
- Assess an individual for the need for or response to a medication
- Use nursing judgment regarding the administration of PRN medication
- Administer medication to an individual who is unstable or has changing needs
- Crush medication without a written HCP order

***Cautions regarding crushing medication:***

***Caution #1:*** Crushing medication without a HCP order could lead to adverse reactions *(harm)* and even death to an individual *(**i.e.** slow release, extended release, enteric coated medication).*

***Caution #2:*** Crushing medication cannot be used to trick or deceive the individual into taking medication that they would otherwise refuse to take.

***Caution #3:*** When a medication is altered in any way from the way it is ordered, the legal implication should an adverse reaction happen would rest with you, not the HCP, pharmacist or drug manufacturer.

In the event an individual is noted to be showing signs or symptoms of aspiration while eating or taking medications, the LLAM trained UAP will report this to the supervisor and the consultative nurse. An aspiration assessment will be completed by the consultative nurse to determine if a visit to the HCP is warranted. The HCP may order further testing or may choose to change the

diet and type of medication being given. The medication may be changed to liquid or the HCP may order for it to be crushed and given in some form of food or drink.

When a determination is made that it is would be appropriate to "crush medication" for the individual **a written HCP order must first be obtained.** There are no exceptions to this policy.

**The written healthcare provider order (HCP) must:**

- Identify specifically the medication that may be crushed
- Identify the food and liquid the crushed medication may be mixed with

If the individual you support has swallowing difficulties, let the HCP know at the time the medication is being prescribed if possible, as alternate forms of the medication are frequently available.

**Individuals must have their own pill crushing device. Pill crushers or Mortar and Pestles are never shared between individuals.**

## Crushing the medications may happen in one of two ways:

- ***Pill Crusher:***

  - Place medication between two medication or soufflé cups and crush medication according to manufacturer's instructions. Place crushed medication into medication cup with 1 oz or less of substance such as applesauce, pudding or ice cream. It should take no more than 1 or 2 teaspoons for individual to swallow completely. Provide water to wash medication down if needed.
  - Make sure pill crusher is cleaned before and after use according to agency policy.

- ***Mortar and Pestle:***

  - Place medication in mortar and crush with pestle. Place crushed medication into medication cup with 1 oz or less of substance such as applesauce, pudding or ice cream. It should take no more than two teaspoons for individual to swallow completely. Provide water to wash medication down if needed.
  - Mortar and Pestle is cleaned before and after use according to agency policy.

Do not place medication in a plastic bag and pound medication with an object. This is not safe, as the bag can be punctured. It is also very difficult to assess medication loss when this occurs.

**important**

***Points to remember:***

- PO (by mouth) meds can be crushed together unless contraindicated by the HCP or pharmacist *(as long as there is a written order for each medication to be crushed)*.
- Give crushed medication as soon as prepared.
- Observe that all of medication is consumed. Never leave medication unattended.
- Do not place into individual's food or drink. If the individual does not eat all of the food or drink, it is impossible to determine how much of the medication was received. This is a medication error *(wrong dose)*. If the individual has a request or preference for a specific food or drink, the written order must be specific to support the preference for the food/liquid and amount *(**i.e.** "crushed medication may be place in 4 ounces of coke or ensure")*.

***Documentation:***

- Make sure the written order to **"crush medication"** has been transcribed from label to MAR *(special instructions)*.
- If medication is not completely consumed, it needs to be documented in the MAR and on the electronic record.
- **Report any medication that has been altered in any way without a specific order to do so.**

## ১ Brand Name vs Generic Name (C)

*VS.*

### *Brand Name vs. Generic Name*

You will find that medications have two names, a ***Brand Name***, and a ***Generic Name***.
The Food and Drug Administration (FDA) approves the use of both brand name and generic drugs. What makes them different is brand name drugs are patent protected and are marketed under a manufacturer's brand name. Generic Drugs have the same active ingredients, strength and dosage form as brand name drugs. They also provide the same effectiveness and safety as its brand name counterpart but generally cost less.

### *Examples of Brand Name Drugs and their Generic equivalents:*

| Brand | Generic |
|---|---|
| Coumadin® | Warfarin |
| Lasix® | Furosemide |
| Motrin® | Ibuprofen |
| Tylenol® | Acetaminophen |

The brand name is usually written most clearly on any packaging. However, you will always see the generic name written somewhere on the label *(often in small print or in parenthesis)*. Some medicines only have the generic name on the label.

HCP's will often prescribe *(order)* medications by brand name, and the pharmacist will ask to substitute with a generic medication.

* * * BRAND name is sometimes also referred to as TRADE name. * * *

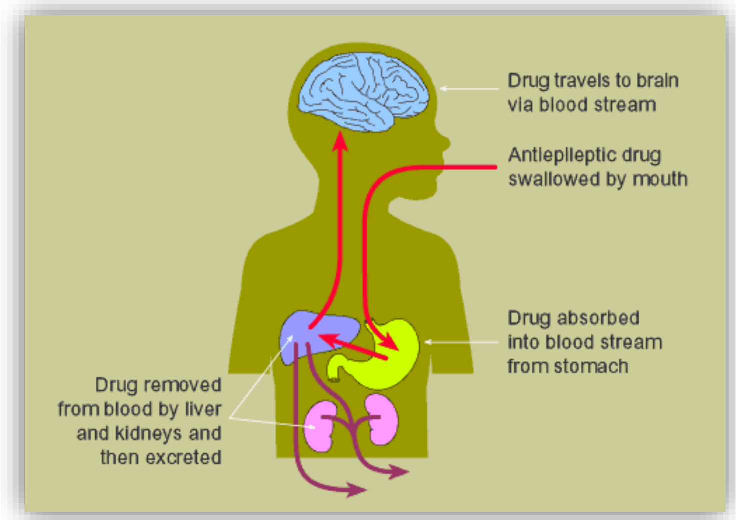
**REVIEW**

***Activity***

***BRAND name vs Generic Name:***

1. What is the Generic name for ***Tylenol*** ? ___________________________
2. What is the Brand name for ***Ibuprofen*** ? ___________________________
3. What is the Generic name for ***Coumadin*** ? ___________________________

# *MEDICATION ADMINISTRATION FUNDAMENTALS*




## Look up the medication <u>Tegretol</u>

1. What is the generic name of Tegretol?

   ______________________________________________

2. What is Tegretol used for?

   ______________________________________________

   ______________________________________________

3. What is the usual route of this medication?

   ______________________________________________

   ______________________________________________

4. What are the side effects of this medication?

   ______________________________________________

   ______________________________________________

5. Are there any food or drug interactions associated with this medication?

   ______________________________________________

   ______________________________________________

6. If the individual you are caring for was taking this medication, where might you find more information about this medication?

   ______________________________________________

   ______________________________________________

7. If the individual you were caring for were taking this medication, what changes might you be looking for physically or behaviorally?

   ______________________________________________

   ______________________________________________

## ꙮ Prescription and Over the Counter (D)

***Prescription Medication*** is a drug that requires an order/prescription by an authorized licensed healthcare professional and labeled in accordance with the requirements of the statutes and regulations of this state and federal government. These medications include controlled and non-controlled substances. Only a licensed pharmacist, practitioner, or registered nurse is authorized to dispense medication in Delaware. Health professionals who can write prescriptions are physicians, nurse practitioners, nurse midwives, physician's assistants, dentists, and psychiatrists or psychologists.

In addition, a drug information sheet should be provided with each new prescription and requested with additional refills.

- ***Prescription Medications are:***
  - Ordered by a HCP
  - Picked up in the pharmacy
  - Specific to the individual

***Over the Counter Medication*** **are medications or drugs which may be sold without a prescription and which are packaged for use by the consumer and labeled in accordance with the requirements of the statutes and regulations of this state and the federal government. Examples: Aspirin, diaper rash cream. Please note however,** ***an order is required for all medications, both prescription and over-the-counter, for the individuals we serve at DDDS. A prescription is a written order from the practitioner, for the preparation and administration of a medication or other treatment.***

***OTC Medications:***

- Do not require a prescription
- Bought in the pharmacy or store

**important**

*** * * Both *Prescription* and *Non- Prescription* *(Over the Counter)* medications given by the LLAM trained UAP require a HCP order. * * ***

Also remember that ***herbal remedies*** and ***vitamins*** can be bought *"Over the Counter"* but are not given without a HCP order.

**NUTRITIONAL HERBS**
**AND**
**SUPPLEMENTS**

**REQUIRE**
**A**
**HEALTH CARE PROVIDER**

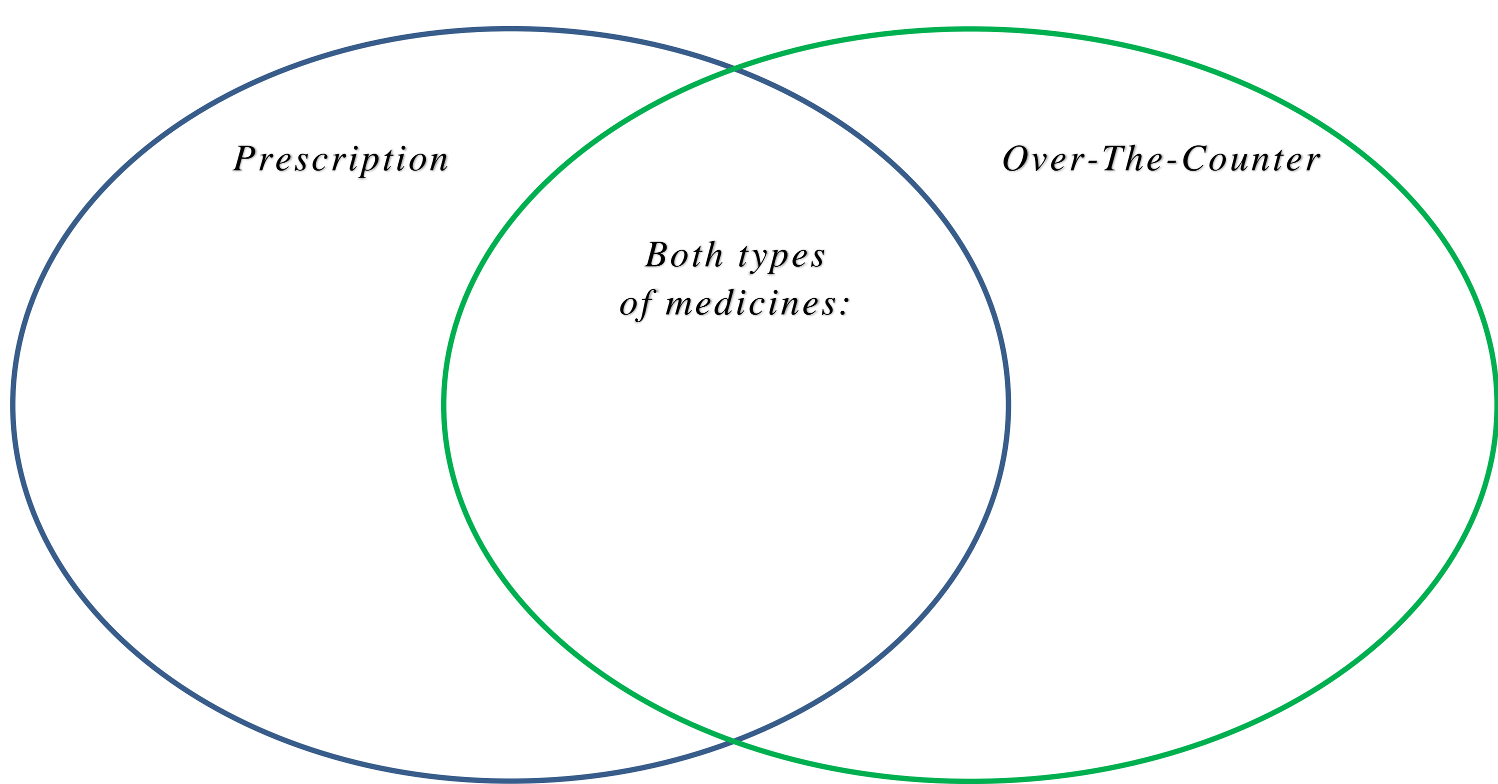
**ORDER**

REVIEW

## Exercise:

1. List the differences between prescription and Over the Counter (OTC) medications.
2. List what both types of medications have in common.
3. List 2 examples of each

# Prescription and Over the Counter



## Forms and Routes of Medication (E)

### Common Forms of Medication

The many forms of medications are utilized because of the way they are best used by the body for treatment or healing. Sometimes there is more than one form of a medication, for example, Tylenol can be ordered in a pill, liquid or suppository form. If an individual has difficulty swallowing pills the Tylenol may be ordered by the HCP in a liquid form. The form can be a preference, or medically indicated due to factors such as age or medical conditions.

Forms of medications can never be altered without a specific HCP order to do so. Instructions for proper use of a form of medication must be followed.

**Note that for the below forms of medication you will also expect a route.**

#### Liquid

**Aerosol – Same as Inhalant.**

**Spray – medication which is inhaled or sprayed into the nose or mouth. It may also be sprayed onto the skin.**

- **Solution —** a liquid containing dissolved medication.
- **Suspension –** a liquid holding undissolved particles of medication that must be shaken before measuring and administering to individual.
- **Syrup –** a liquid medication dissolved in a sugar water to disguise its taste.
- **Elixir –** a sweet alcohol based solution in which medications are dissolved.
- **Drops –** sterile solution that is administered directly in the eye, outer ear canal or the nose.

#### Solid or Semi-Solid

- **Tablet**
  - Hard, compressed medication in round, oval or square shape

- **Enteric Coated**
  - Hard and often colored coated tablets *(similar to M&M candies)*. This is to prevent them from releasing the medication to soon in the gastrointestinal tract and causing irritation. **Should not be crushed.**

- **Time-released**

  Capsules/tablets/caplets that are covered with a special coating which only dissolves when it reaches the intestines. These medications are not to be crushed or opened.

- **Lozenge**
  - A medicated tablet that is allowed to dissolve in the mouth.

- **Capsule/caplet**
  - Gelatin coated powders or tiny time released beads as in spansules. Caplets have the medication in a very highly compressed form with the outer cover resisting digestion until reaching the intestines. These should not be crushed or mixed with food.

- **Suppository**
  - Small solid medicated substance, usually cone – shaped
  - Melts at body temperature
  - May be administered by rectum or vagina
  - Refrigerate as directed by manufacturer

- **Inhalant**
  - Medication carried into the respiratory tract using air, oxygen or steam
  - Inhalants may be used orally or nasally.

- **Topical –** applied directly to the skin surface.

  ***Topical medication includes the following:***

  - ***Lotion*** **-** a medication dissolved in liquid for applying to the skin.
  - ***Ointment*** – a semisolid substance for application of medication to the skin or eye.
  - ***Paste*** – a semisolid substance thicker and stiffer than an ointment containing medication.
  - ***Cream*** – semisolid preparation holding medication so it can be applied to skin.
  - ***Shampoo*** – liquid containing medication that is applied to the scalp and hair.
  - ***Patches*** ***(transdermal)*** – medication encased in a round, square, or oval disc that is affixed to the skin.
  - ***Powder*** – fine, ground form of medication that may be used to be swallowed, or may be used as on the skin for rashes.
  - ***Aerosol sprays*** – solution that holds the medication suspended until it is dispensed in the form of a mist to spray on the skin.

## Common Routes of Medication

- ***Oral*** — taken by mouth and swallowed
- ***Buccal*** — placed between cheek and gum
- ***Sublingual*** — placed under the tongue
- ***Eye*** — placed in the pocket of the eye created when the lower eyelid is gently pulled down.
- ***Ear*** — placed in the ear canal created when the external ear is pulled up and back
- ***Nasal*** — placed in the nostril
- ***Inhalant*** — inhaled into the lungs
- ***Transdermal*** — placed and affixed to the skin
- ***Vaginal*** — inserted into the vagina
- ***Rectal*** — inserted into the rectum

You must always be aware of the form and route that a medication is given. Medications can never be altered in any way without a Doctor's order. Remember to read the package instructions for other important information on how to handle, store and dispose of medications and their wrappings.

LLAM does not allow for administration of injectable medications with the exception of the epi-pen and glucagon in live saving emergencies. Administration of glucagon is not addressed in this course.

**REVIEW**

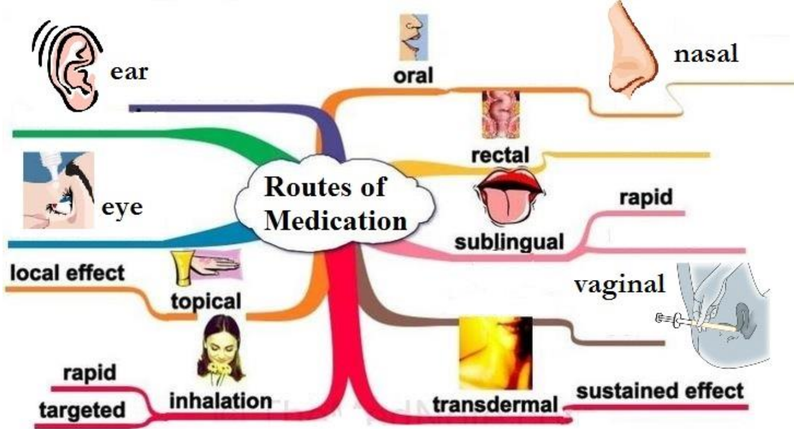
***Exercise:***

1. A nicotine patch is an example of what route of medication ?_______________________
2. Is a suppository a form or a route of medication ?_________________________
3. A sublingual medication can be placed in the cheek ? ❑ **True** or ❑ **False**
4. A tablet is both a route and a form of medication? ❑ **True** or ❑ **False**
5. Can medication be crushed ?_______________________ Why ?____________________
6. What will you do if you notice a that an individual is having difficulty swallowing his medications ?_____________________________________________________________

# Routes of Medication include:

| Name | Medication Route | Form of Medication | Absorbed By |
|---|---|---|---|
| * **Oral** | by mouth | pills, capsules, caplets, lozenge, liquids | absorbed into stomach |
| * **Sublingual** | under the tongue | pill or liquid | absorbed by mucous membrane under tongue |
| * **Buccal** | in the cheek | pill, liquid, lozenge | absorbed by mucus membrane in mouth |
| * **Inhaled** | breathed in | inhaler, nebulizer | absorbed directly into the lungs |
| * **Topical** | on the skin | creams, lotions | for local effect, not usually absorbed into bloodstream |
| * **Transdermal** | usually a patch to skin | nicotine, seizure medication, nausea medication | absorbed into bloodstream |
| * **Rectal** | inserted into the rectum | suppository, enema | absorbed by veins in rectum |
| * **Vaginal** | inserted into the vagina | suppository, creams | absorbed by veins in vagina |
| * **Nasal** | inserted into the nose | spray, drops | absorbed by mucous membrane inside nose |
| * **Eye** | applied to eyes | drops, ointment | usually used to treat locally, but can be absorbed |
| * **Ear** | applied to ears | drops | for local treatment |
| **Subcutaneous** | an injection given into the fatty tissue just under the skin | | |
| **Intravenous** | medication given into veins | | |

*** The routes of medications that we will be learning about in this course.**



## Terminology and Abbreviations (F)

### Medical Terminology Abbreviations

Medical Terminology is a standardized means of communication within the healthcare industry. It is often composed of abbreviations to make documentation faster and easier. As you read documentation in the medical record, you will become familiar with how healthcare providers use medical terminology and abbreviations to communicate. It will be helpful for you to utilize resources that will help guide you to understand what is written or said. After a while, with practice, this will become common knowledge to you, and you will communicate the same way quite easily.

### ABBREVIATIONS

Abbreviations are commonly used by prescribers to communicate in a way that is universally understood by others in the medical profession. Many medical conditions and drugs have long complicated names that would take time to completely write on an individual's chart or prescription.

Here is a list of common abbreviations found in medical records. Please note that in medical terminology, the capitalization of letters bears significance as to the meaning of certain terms, and is often used to distinguish terms with similar acronyms.

| Common Medical Abbreviations | | | | | |
|---|---|---|---|---|---|
| @ | at | CA | cancer | **OOB** | out of bed |
| **ADL** | activities of daily living | **Cath** | catheter | **OS** | left eye |
| **Ad lib** | as desired | **CBC** | complete blood count | **OU** | both eyes |
| **AMA** | against medical advice | **Cl liq** | clear liquids | $\bar{p}$ | after |
| **AP** | apical or apical pulse | **c/o** | complaint of | **po** | by mouth |
| **ASA** | Aspirin | **C+S** | culture and sensitivity | **prn** | as needed |
| **ASAP** | as soon as possible | **DC or dc** | discharge or discontinue | **qh** | every hour |
| **As tol** | as tolerated | **DNR** | do not resuscitate | **qhs** | at hour of sleep |
| **Bid** | twice a day | **gtt(s)** | drop or drops | **qid** | 4 times a day |
| **BKA** | below the knee amputation | **HOB** | head of bed | **qs** | quantity sufficient |
| **BM** | bowel movement | **hs** | hour of sleep | $\bar{s}$ | without |
| **B/P** | blood pressure | **IM** | intramuscular | **s/s** | signs and symptoms |
| **bpm** | beats per minute | **I+O** | intake and output | **sl** | sublingual |
| **BR** | bedrest | **NKA** | no known allergies | **sq** | subcutaneous |
| **BRP** | bathroom privileges | **NPO** | nothing by mouth | **SOB** | shortness of Breath |
| $\bar{c}$ | with | **OD** | right eye | **UTI** | urinary tract infection |

**Abbreviations are used to save time and space.**

**For a more complete list of medical terminology Abbreviations go to:**

http://www.delmarlearnine.com/companions/content/1401852467/student resources/termabbrev.pdf *(this list is also included in the appendix in the back of the workbook)*

***There are also medical abbreviations that cannot be used on the MAR.***

**Joint Commission provides a list of abbreviations that cannot be used which is below and found at:**

http://iointcommission.org/assets/I/18/DO NOT USE List.pdf.

These abbreviations cannot be used because of the high risk of misunderstanding or incorrectly writing or transcribing.

| Official "Do Not Use" List | | |
|---|---|---|
| **Do Not Use** | **Potential Problem** | **Use Instead** |
| **U, u (unit)** | Mistaken for "0" (zero), the number "4" (four) or "cc,, | Write "unit" |
| **IU (International Unit)** | Mistaken for IV (intravenous) or the number 10 (ten) | Write "International Unit', |
| **Q.D., QD, q.d., qd (daily)** **Q.O,D , QOD, q.o.d, qod (every other day)** | Mistaken for each other Period after the Q mistaken for "I" and the "O" mistaken for "I | Write "daily" Write "every other day,' |
| **Trailing zero (X.0 mg).** **Lack of leading zero (.X mg)** | Decimal point is missed | Write X mg Write 0.X mg |
| **MS** **$MSO_4$ and $MgSO_4$** | Can mean morphine sulfate or magnesium sulfate Confused for one another | Write "morphine sulfate" Write "magnesium sulfate,' |

| Most commonly used prefixes include: | | |
|---|---|---|
| **hypo** | low | *example:* hypoglycemia (low blood sugar) |
| **hyper** | high | *example:* hyperglycemia (high blood sugar) |
| **brady** | slow | *example:* bradycardia (slow heart rate) |
| **tachy** | fast | *example:* tachycardia (fast heart rate) |

***Exercise:***

***In the examples below, write the order in unabbreviated format:***

1. Tegretol 100 mg po q 8 hours ____________________
2. Benadryl 50 mg tab 1 q 4 hrs prn ____________________
3. Tylenol EC 325 mg po bid ____________________

## MEDICATION ADMINISTRATION FUNDAMENTALS

### Review the list of abbreviations. Think about the ones you may already know.

### Answer the questions below:

1) What is the meaning of qhs? ___________
   a. Every night at bedtime
   b. Qualified Health System
   c. Every hour served
   d. Quantity half saved

2) If Eric has tachycardia, his pulse is: ___________
   a. Slow
   b. Irregular
   c. Fast
   d. Bounding

3) Sandra may have liquids ad lib means : ___________
   a. Liquids are restricted
   b. Liquids as desired
   c. Liquids additional liberty
   d. Liquids in addition to

4) Oscars medications are given BID means: ___________
   a. His medications are at with food
   b. His medications have been at the beginning of the month only
   c. His medications are given twice a day
   d. His medications are time released

5) What should you do if you don't understand an abbreviation or term used in the electronic record?

___________________________________________

___________________________________________

___________________________________________

___________________________________________

# MEDICATION ADMINISTRATION FUNDAMENTALS

## MEDICATION FUNDAMENTALS

## SELF-QUIZ

*Name:* ______________________ *Grade:* __________ *Pass/Fail*

*Date:* ______________________

## PART 1:

**Match the term or phrase on the right with the abbreviation or term on the left by placing the correct letter on the appropriate line.**

| | | | | |
|---|---|---|---|---|
| ______ | **1.** PRN | | **a.** | milligram |
| ______ | **2.** ac | | **b.** | at bedtime |
| ______ | **3.** stat | | **c.** | medication administration record |
| ______ | **4.** SL | | **d.** | over the counter |
| ______ | **5.** MAR | | **e.** | before meals |
| ______ | **6.** mg | | **f.** | tablespoonful |
| ______ | **7.** pc | | **g.** | placed and affixed to the skin |
| ______ | **8.** OTC | | **h.** | teaspoonful |
| ______ | **9.** Subcutaneous | | **i.** | milliliter |
| ______ | **10.** po | | **j.** | immediately |
| ______ | **11.** qhs | | **k.** | sublingual |
| ______ | **12.** tbsp | | **l.** | placed under the tongue |
| ______ | **13.** transdermal | | **m.** | after meals |
| ______ | **14.** ml | | **n.** | by mouth |
| ______ | **15.** gm | | **o.** | gram |
| ______ | **16.** ADL | | **p.** | as needed |
| ______ | **17.** tsp | | **q.** | activity of daily living |
| ______ | **18.** sublingual | | **r.** | inject into the fat with a syringe |

## PART 2:

**Fill in the blank with the appropriate word or term. You may choose to use the word bank below.**

______________________ **19.** A heart tablet taken by mouth and swallowed is an example of a medication taken by the _______________ route.

______________________ **20.** A medication that is inserted into the rectum is given using the _______________ route.

______________________ **21.** A ____________ medication is applied directly to the skin surface.

______________________ **22.** A suspension must be ____________ before measuring and administering the medication.

______________________ **23.** A medication ____________ is a reaction that occurs because of an unusual sensitivity to a medication or other substance.

______________________ **24.** When measuring medication you should never use ____________ spoons.

______________________ **25.** A hard, compressed medication in a round, oval, or square shape is called a ____________.

______________________ **26.** Prescription and ____________ medications require a Health Care Provider order.

______________________ **27.** Crushed medications may be placed in food such as applesauce or _____________.

______________________ **28.** ____________ is an unapproved abbreviation.

______________________ **29.** A fine, ground form of medication that may be used on the skin for rashes is called _____________.

______________________ **30.** A device that is placed and affixed to the skin is given by the ____________ route.

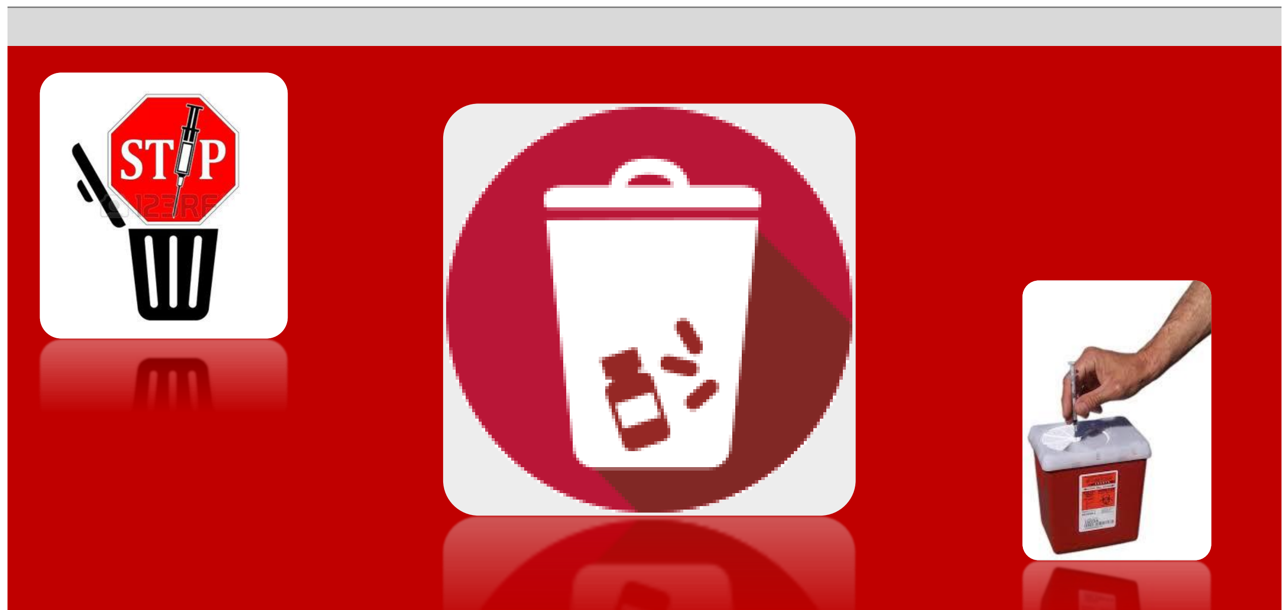
## WORD BANK:

| | | | | | |
|---|---|---|---|---|---|
| **Powder** | **Gloves** | **Pudding** | **Shaken** | **Error** | **Restraint** |
| **Oral** | **Household** | **Tablet** | **Transdermal** | **Q.O.D.** | **Rectal** |
| **OTC** | **Capsule** | **Refuse** | **Allergy** | **Chemical** | **Topical** |

# HANDLING MEDICATIONS

# SECTION 1

## HANDLING MEDICATIONS



## ꩠ Medication Storage (A)

**The learner will:**

- ✓ Discuss the various tasks to be performed for medications to be safely stored.
- ✓ Describe correct procedure for locking controlled medications.
- ✓ Recognize the elements of approved packaging.
- ✓ Verbalize what to do if a label is not legible or is unrecognizable.
- ✓ Understand that medications are never to be mixed or altered.
- ✓ Identify and document necessary information on the "controlled substance documentation sheet" accurately.
- ✓ Verbalize how controlled medications are handled.
- ✓ Identify procedure for reporting errors in count per agency policy.
- ✓ Identify procedures for disposal of medication.
- ✓ Accurately review the procedure for disposal of medications when opened and prepared, but not given.

### HANDLING MEDICATION

Handling medication properly is an important responsibility. In this lesson, you will learn specifics about how to store medications, and ensure appropriate packaging and disposal.
Handling medication refills and new medications are also addressed in this section as well as how to handle medications for a new admission and for vacation/leave of absence.

### Medication Storage

Proper storage is essential in preventing contamination and deterioration of medication. In addition, securely stored medication denies access to those not authorized to access medications. Employers are responsible for providing proper storage and security. The key to the medication storage areas must be kept in the residence at all times and in a secured location. If a key is lost or misplaced, notify a Supervisor immediately.

LLAM trained UAP's need to understand the importance of storage requirements. The proper environmental control *(**i.e.,** proper temperature, light and humidity, conditions of sanitation, ventilation, and segregation)* should be maintained wherever medications and supplies are stored.

All medications must be stored in their original container with the original label that are the same as the health care providers order. Medication containers are designed to protect the medication from breakdown and damage, and should be stored in accordance with the directions on the medication label or package insert.

- Keep the container well closed to protect the medication from changes in the atmosphere, moisture, heat and light.
- Medications should be stored in air tight container to protect from moisture.
- Protect from light because medications may deteriorate when exposed to light or heat.
- To maintain efficacy, some medications should be stored at room temperature.
  - Medications must be stored at room temperature between (59 - 86 F) unless indicated by labeling.
  - Medications requiring refrigeration should be stored between (36 - 46 F) unless otherwise indicated by the labeling.

The Proper environmental control *(**i.e.,** proper temperature, light, and humidity, conditions of sanitation, ventilation, and segregation)* should be maintained wherever medications and supplies are stored. Products for internal use must be stored separately for products for external use.

For over-the- counter (OTC) medications, the information concerning how to use the medication and how to properly store it is printed on the package or container. Also, any pharmacist can provide answers to questions on use and storage.

### ***To ensure the medications are secure when storing, the following should be followed:***

- Any storage area *(including in locked box within refrigerator)* or medication room should be accessed only by those employees authorized to do so.
- Store all medication in a specific locked area used only for storage of medications.
- Any storage area (including refrigeration or medication room) must be securely locked.
- Refrigerated medications must be kept in locked box within the refrigerator.
- Controlled Substances and syringes are double locked. Any storage unit *(cupboard, container),* including refrigeration, that holds controlled substances should have a separate lock from the general medication area.
- Medications bearing an expiration date should not be dispensed or distributed beyond the expiration date. Expired, discolored, damaged, or inappropriately labeled medications should be documented on the MAR and/or controlled substance medication record.

- Keep all medications for external use separate from internal medications. Both medications may be kept in the same locked cabinet on different shelves or in different containers *(an easy way to remember this is edible vs non-edible medications)*.

  ***Examples*** of edible medications include pills, syrups, and elixirs. Non-edible examples include lotions, pastes, nose spray, and creams. All must contain labels.

- Store all medication away from food and toxic substances.
- Provide adequate space for storage of medications, and make sure there is enough light to properly identify medications.
- NEVER LEAVE MEDICATIONS UNATTENDED

### *Other Points to remember regarding stored medications:*

- Check to make sure the medication is not expired. Expired medications are disposed of immediately.
- Never keep medication that has been discontinued. This may include medications when the dosage has changed.
- Never combine two partially used containers of medication; even though they may be labeled the same *(dosages and expiration dates may be different)*.
- Take care with pharmacy labels that they are kept in good condition.
- Make sure there is enough light to properly identify stored medications.
- Orders for refills should be called in before you have less than a 7-8 day supply. The pharmacy will complete the filling of the order once the individual's supply has diminished to a 3 day supply.

## Medication Packing (B)

***All medications dispensed by pharmacy must have a prescription label.***

Over the counter medications must be in the original manufacturer's packaging with the manufacturers label attached.

Medications received in packaging that has a label which is not legible or appears to have been altered by someone (writing on the label) will not be given to the individual until legible instructions are obtained. If the label is not legible or not valid:

- Contact the healthcare provider/prescriber or pharmacy for a new prescription or to have the container relabeled.

***Multiple medications in One Container:***

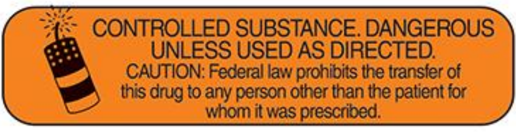
1. Medication bottles should NOT contain more than one kind of medication.
2. Notify the Supervisor or administrator immediately
3. DO NOT use any medication from the container.

**important**

- *Never remove medication from an original pharmacy container and place in another container. This is considered dispensing and requires appropriate licensure.*
- *Some medications have additional precaution labels on the container. These labels warn of potential client interactions with the environment and/or foods when taking certain medications. For example, a precaution label may read "Do not take with grapefruit juice and avoid direct sunlight."*
- *Never mix the contents of an old pill bottle with the contents of a new pill bottle. There may be a change in the brand or dose which will create container confusion and error.*

## ⅋ Controlled Substances (C)

### Controlled Substances




Controlled substance are drugs which have been declared by federal or state law to be illegal for sale or use, but may be dispensed under a licensed professional authorized to prescribe. The basis for control and regulation is the danger of addiction, abuse, physical and mental harm (including death), the trafficking by illegal means, and the dangers from actions of those who have used the substances. These medications are stored under double locks and must be inventoried and accounted for in compliance with federal and state laws, as well as facility policy.

### Identification of controlled medications:

1. Controlled substance prescriptions must contain accessory label that reads as follows:

***CAUTION:*** **"FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM PRESCRIBED."**

***Examples include:*** Xanax *(alprazolam)*, Ritalin *(methylphenidate)* etc.

2. Pharmacists dispensing controlled medication may provide information and necessary Controlled Medication Count Sheet to help with the accountability and documentation.

### Storage and Security of Controlled Substances:

1. Controlled Drugs must be kept under lock and key
2. One key must not operate both locks; each lock requires different keys.
3. Keys are to be kept in the custody of the individual assigned the responsibility to administer medications on a shift. Keys are not to be handed randomly to other staff.

### Documentation and shift change procedures:

1. The individual's MAR indicates when a medication is a controlled substance and must be counted. The medication administration record (MAR) is to be completed and signed each time the medication is administered.
2. Count pages must be updated as medication is being dispensed.

3. The count sheet must have space to record:
   a. Count verifications by each shift.
   b. Whether or not the count was correct.
4. Controlled substances require a second documentation to be completed at every change of shift.
5. Off going staff must count controlled medication in the presence of the oncoming staff at each shift change. In the event that there is no oncoming staff, off going staff will perform count, however, count will occur between oncoming and off going staff within a minimum time frame of every 24 hours.
6. The amount of medication (if any) administered during the shift can be found on the individual's MAR
7. Errors should be reported to the supervisor or administrator and off going shift personnel are to remain until the error is resolved or staff is excused by the supervisor or administrator. Follow "Incident Reporting" Procedure.

A *"count discrepancy"* occurs when a count is off and there is suspicion of tampering, theft or unauthorized use of drugs. Contact your supervisor immediately.

A count discrepancy has not occurred if the matter can be easily resolved. For example, if you can find an incorrect addition or subtraction in the Count Book, or if staff can document a medication that rolled under a refrigerator, or if a medication was properly disposed.

Administration of controlled substances to the individual, and the inventory of the controlled medication is documented on the controlled substance record (CSR) which is a legal document.

## The Controlled Substance Record (CSR) documents the:

- Name of the Individual
- Prescription number
- Name of medication
- Strength of medication
- Beginning quantity
- Quantity used
- End quantity

## ꩜ The Medication Count (D)

- Controlled Substances (D-1)
- Loose Medication (D-2)

## CONTROLLED SUBSTANCE COUNT (D-1)

The individual's MAR indicates when a medication is a ***Controlled Substance*** and must be counted. The individual's medication administration record (MAR) is to be completed and signed each time the medication is administered. In addition, the count sheet must be used as well, to indicate the amount of medication both before and after administration.

- ☑ Use one sheet per medication
- ☑ Controlled substances require a second documentation to be completed at every change of shift.
- ☑ Off going staff must count controlled medication in the presence of the oncoming staff at each shift change. If there is not an "oncoming" staff member a count must be completed at a minimum of every 24 hours by off going and oncoming staff.
- ☑ The amount of medication *(if any)* administered during the shift can be found on the Individuals MAR and count sheet.
- ☑ Errors should be reported to the supervisor or administrator and off going shift personnel are to remain until the error is resolved or staff is excused by the supervisor.

***A "count discrepancy" occurs*** when a count is off and there is suspicion of tampering, theft or unauthorized use of drugs. Contact your supervisor immediately or your on/call administrator.

***A count discrepancy has not occurred*** if the matter can be easily resolved. For example, if you can find an incorrect addition or subtraction in the count book, or if staff can document a medication that rolled under a refrigerator, or if a medication was properly disposed of.

Diversion (theft) of medication, including diversion of controlled substances, will be promptly reported to the Office of Narcotics and Dangerous Drugs at (302) 744 4547. In addition, theft or diversion of controlled substances or other medications will be handled according to agency policy.

The controlled substance count sheet should be kept in the archive of records, stored for 1 year along with MAR's. The State of Delaware has identified drugs and substances that are to be controlled. Count pages must be updated as medication is being administered.

## COUNTING NON CONTROLLED LOOSE MEDICATIONS (C-2)

All loose routine medications *(i.e. not in a blister pack)* should be counted and documented. Loose medications do not require a daily count, but shall be documented on a count sheet each time the medication is received. Counting loose medication does not require two people to count, but any discrepancy is reported and an incident report generated.

- ☑ All medications must be in a labeled container
- ☑ There is no mixing of different medications in the same container
- ☑ Medications are never to be transferred to another container

## Activity

***You and a fellow classmate will complete the following using a count sheet.***

Jeff had surgery on his back. He has an order for Percocet 325 mg/1 tablet po every 4 hours as needed for pain. He has received 4 doses of the medication as follows:

- 04/14/2016 at 2:40 pm
- 04/14/2016 at 7:00 pm
- 04/15/2016 at 9:00 am
- 04/15/2016 at 9:00 am

**1.** How much medication is left in the container?

______________________________

**2.** How often must controlled substance counts be done?

______________________________

**3.** Who may do the counting?

______________________________

**4.** What will you do if the count is not correct?

______________________________

**5.** Why does the federal law prohibit transfer of use to any individual other than for whom the medication was prescribed?

______________________________

EXAMPLE

**Individual's Name:** ______________________________

**Medication/Strength:** ______________________________

**Prescription Number:** ______________________________ **Quantity:** ______________

| DATE | TIME | AMOUNT ON HAND | AMOUNT USED | AMOUNT LEFT | SIGNATURE |
|---|---|---|---|---|---|
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**Controlled Substance Count Sheet**

**Individual's Name:** ______________________________

**Medication/Strength:** ______________________________

**Prescription Number:** ______________________________ **Quantity:** ____________________

| DATE | TIME | AMOUNT ON HAND | AMOUNT USED | AMOUNT LEFT | SIGNATURE |
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SAMPLE

**Controlled Substance Count Sheet** (continued)

**Individual's Name:** ______________________________

**Medication/Strength:** ______________________________

**Prescription Number:** ______________________________ **Quantity:** ____________________

| DATE | TIME | AMOUNT ON HAND | AMOUNT USED | AMOUNT LEFT | SIGNATURE |
|---|---|---|---|---|---|
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SAMPLE



PARC Approved: 06/24/08
Form #25 CS/ASP

## Disposal of Unused Medication (E)

### *Disposal of Unused medications*

Follow agency policy and procedure for disposal of medications that are no longer ordered to be administered to the individual. Disposal of medication needs to be documented on the electronic record with 72 Hours.

Medications that are being discontinued may be returned with appropriate documentation to the pharmacy for disposal whenever possible.

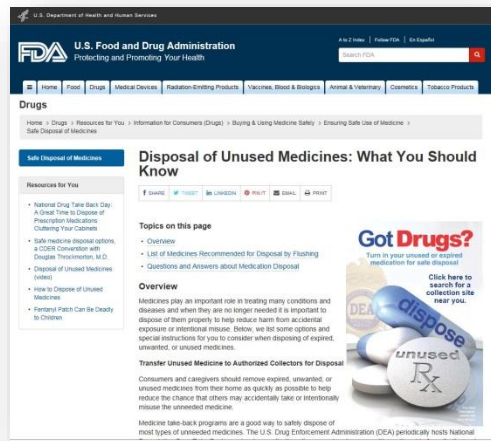
Alternatively, with two people present, medications may be discarded on site. Both observers should sign a medication record which includes documenting the date, time, medication quantity, prescription number, individual name and the method of disposal.

ALL controlled medications, including suppositories, should be destroyed on site by two personnel following employer policy and procedure.

If not possible to return medications, dispose of unused medications by having the process:

- Supervised and documented by two people within the facility.
  - Liquids, creams, suppositories, ointments and crushed pills/tablets may be disposed of in kitty litter or may be discarded directly into a bio-hazardous container. All disposed products should not be accessible to participants.
  - Wrap in newspaper and discard creams, suppositories and ointments in the original containers directly into a trash receptacle that is not accessible to clients.
- Document the date, time, medication amount, and disposal method on the MAR and have both supervising people sign the sheet.
- Discarded medication containers should have the labels scratched out with black *(indelible ink)* marker.

Some controlled substances listed on the FDA list can be disposed by flushing. The FDA continually evaluates medicines for safety risks and will update the safe disposal of each, as needed. Please visit ***"Disposal of Unused Medicines: What You Should Know"*** page at: http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/ensuringsafeuseofmedicine/safedisposalofmedicines/ucm186187.htm for the most current information.



**Medicines recommended for disposal by flushing:**
**medicine and active ingredient**

| MEDICINE | ACTIVE INGREDIENT |
|---|---|
| **Abstral (PDF - 1M), tablets (sublingual)** | Fentanyl |
| **Actiq (PDF - 251KB), oral transmucosal lozenge *** | Fentanyl Citrate |
| **Avinza (PDF - 51KB), capsules (extended release)** | Morphine Sulfate |
| **Belbuca (PDF – 44KB), soluble film (buccal)** | Buprenorphine Hydrochloride |
| **Buprenorphine Hydrochloride, tablets (sublingual) *** | Buprenorphine Hydrochloride |
| **Buprenorphine Hydrochloride; Naloxone Hydrochloride, tablets (sublingual) *** | Buprenorphine Hydrochloride; Naloxone Hydrochloride |
| **Butrans (PDF - 388KB), transdermal patch system** | Buprenorphine |
| **Daytrana (PDF - 281KB), transdermal patch system** | Methylphenidate |
| **Demerol, tablets *** | Meperidine Hydrochloride |
| **Demerol, oral solution *** | Meperidine Hydrochloride |
| **Diastat/Diastat AcuDial, rectal gel [for disposal instructions: click on link, then go to "Label information" and view current label]** | Diazepam |
| **Dilaudid, tablets *** | Hydromorphone Hydrochloride |
| **Dilaudid, oral liquid *** | Hydromorphone Hydrochloride |
| **Dolophine Hydrochloride (PDF - 48KB), tablets *** | Methadone Hydrochloride |
| **Duragesic (PDF - 179KB), patch (extended release) *** | Fentanyl |
| **Embeda (PDF - 39KB), capsules (extended release)** | Morphine Sulfate; Naltrexone Hydrochloride |
| **Exalgo (PDF - 83KB), tablets (extended release)** | Hydromorphone Hydrochloride |
| **Fentora (PDF - 338KB), tablets (buccal)** | Fentanyl Citrate |
| **Hysingla ER (PDF - 78KB) tablets (extended release)** | Hydrocodone Bitartrate |
| **Kadian (PDF - 135KB), capsules (extended release)** | Morphine Sulfate |
| **Methadone Hydrochloride, oral solution *** | Methadone Hydrochloride |
| **Methadose, tablets *** | Methadone Hydrochloride |
| **Morphabond (PDF – 162 KB), tablets (extended release)** | Morphine Sulfate |
| **Morphine Sulfate, tablets (immediate release) *** | Morphine Sulfate |
| **Morphine Sulfate (PDF - 282KB), oral solution *** | Morphine Sulfate |
| **MS Contin (PDF - 433KB), tablets (extended release) *** | Morphine Sulfate |
| **Nucynta ER (PDF - 38KB), tablets (extended release)** | Tapentadol |
| **Onsolis (PDF - 297KB), soluble film (buccal)** | Fentanyl Citrate |
| **Opana, tablets (immediate release)** | Oxymorphone Hydrochloride |
| **Opana ER (PDF - 56KB), tablets (extended release)** | Oxymorphone Hydrochloride |
| **Oxecta, tablets (immediate release)** | Oxycodone Hydrochloride |
| **Oxycodone Hydrochloride, capsules** | Oxycodone Hydrochloride |
| **Oxycodone Hydrochloride (PDF - 100KB), oral solution** | Oxycodone Hydrochloride |
| **Oxycontin (PDF - 417KB), tablets (extended release)** | Oxycodone Hydrochloride |
| **Percocet, tablets *** | Acetaminophen; Oxycodone Hydrochloride |
| **Percodan, tablets *** | Aspirin; Oxycodone Hydrochloride |
| **Suboxone (PDF - 83KB), film (sublingual)** | Buprenorphine Hydrochloride; Naloxone Hydrochloride |
| **Targiniq ER (PDF - 48KB), tablets (extended release)** | Oxycodone Hydrochloride; Naloxone Hydrochloride |
| **Xartemis XR (PDF - 113KB) tablets** | Oxycodone Hydrochloride; Acetaminophen |
| **Xtampza ER (PDF - 67.6KB), capsules (extended release)** | Oxycodone |
| **Xyrem (PDF - 185KB), oral solution** | Sodium Oxybate |
| **Zohydro ER (PDF - 90KB) capsules (extended release)** | Hydrocodone Bitartrate |
| **Zubsolv (PDF - 354KB), tablets (sublingual)** | Buprenorphine Hydrochloride; Naloxone Hydrochloride |

*These medicines have generic versions available or are only available in generic formulations.
FDA continually evaluates medicines for safety risks and will update the list as needed.
List revised: April 2016

[1]*Consumers are advised to check their local laws and ordinances to make sure medicines can legally be disposed of with their household trash.*
For specific drug product labeling information, go to DailyMed or Drugs@FDA.

## Medication Refills (F)

### *Medication Refills*

Individual prescriptions are issued in a certain quantity which needs to be reordered or "refilled" before the client is out of the medication.

- Individual prescriptions will be re-ordered or "refilled" before the individual is out of the medication. Over the Counter medication can be purchased but cannot be given without a practitioners order.
- Follow agency policy when the individual is down to no less than 7 days of medication so refill medication may be ordered.
- When possible, use same pharmacy for all refills and new prescriptions.

- The LLAM trained UAP only deals with the written order. The LLAM trained UAP may not receive a verbal or telephone order. Orders may be faxed to the residence.
- Refills of medication must be counted and or entered in a new 30 day section on the current month log sheet or per the employer's procedures.
- Follow the admission procedure for highlighting the days until the refill is started.
- There must be copies of all orders in the electronic record.
- A HCP order must match the label and the MAR.
- If orders are ambiguous, illegible, or confusing, the prescribing practitioner should be promptly contacted to clarify the order before any medication administration occurs.
- Poor penmanship, misunderstanding of penmanship and errors in transcription often contribute to errors.

## New Medications or Changes (G)

### *NEW MEDICATIONS or CHANGES in the order:*

***New Medications*** *(or changes in instructions for administering current medications)*

LLAM trained UAP's should follow the policy of the facility when a new order is prescribed or current medication administration instructions are changed. The new medication or changed medication instructions are promptly added to the MAR.

***An order may cover changes in:***

- Medication
- Dosage
- Time medication is given
- Frequency *(number of times medication is given)*
- Route of administration

A medication may be discontinued which means it will no longer be given to the individual. A medication should be taken out of service, disposed of per facility policy, and the MAR should be clearly marked to indicate the medication is no longer to be given.

Do NOT write the changed orders on the old prescriptions label. If the change involves a medication recently filled, administrator may request the prior medication be returned to the pharmacy for a change in the prescription label.

Documentation of the date of discontinuation of medication and start day of any other changes to medications should be documented on the MAR.

***START Date:*** Always document at the time of transcribing the order from the Label, the date the medication was started.

***STOP Date:*** Some medications will be ordered for a specific number of days. The Stop date needs to be written on the MAR as well.

***Example:*** *Ann Jones goes to the healthcare provider on 01/04/2015 and returns at 1 pm with an order, which reads:*

✓ ***Amoxicillin 500 mg po 3 times a day for 10 days.***
- *START Date is:* 01/04/2015
- *STOP Date is:* 01/14/2015

## At Time of Admission (H)

## *At Time of Admission*

- **Documentation at the time of Admission:**
  - Medication will be entered into a medication administration record (MAR) using one record sheet for each medication.
  - Staff will complete the appropriate MAR when an individual is admitted with medications in the evening or weekend.
  - Staff will count in all medications received and document appropriately.
- **Select the correct MAR**
  - Regular monthly MAR and/or routine or PRN.
  - As Needed Medication Sheet (PRN)
  - Controlled Medication Count Sheet if either the regular medication or the as needed medication is a controlled substance. Contact pharmacist to identify controlled drugs.
- **Print clearly all required medication information and instructions:**
  - Client's name, date of birth, admission date.
  - Pharmacy name and phone number as found on the prescription label. *(inhalers have labeled boxes)*
  - List any known allergies, if none known print: NKA for no known allergies.
  - Identify the date and time the first dose of medicine will be given.
  - Use a yellow highlighter to block out all days prior to admission date.
- **HCP instructions may be written in the MAR without proper documentation** *(order)*.
  - A faxed copy of the prescription is acceptable documentation.
  - Notify nurse if assistance is needed in obtaining documentation of the HCP, orders.
  - Photograph of individual with their name on it should be kept in the medication administration records.

## Vacation-Leave of Absence (I)

# *Vacation-Leave of Absence*

***Leave of Absence medication is medication issued when an individual is away from the facility during the time medication is routinely given.***

If the individual is going away or traveling, and will not be at the residence, this is considered a leave of absence or vacation from their home. This includes day or overnight visits with relatives or friends or a trip taken out of state. When people go on vacation, they must still take their medication. You are required to prepare a medication form for leave of absence/vacation. This form will list what medications the individual is to receive and what the dosages are along with a count of how many are being sent with the person. Whomever, is picking the person up will sign this form.

- ***Complete the Medication Form for Leave/Vacation:***
  - With the name of the medication sent *(#of tablets in the container/card documented)*, dose, strength, instructions, the name of the escort/guardian, and your name documented clearly.
  - Send the medication in the original container with individual.
    - As prepared by pharmacy or
    - Sent from residence in original container
    - Have the pharmacy or Registered Nurse (RN) prepare a separate container (s) filled with a sufficient supply of medication to cover the anticipated period of absence. The container must be labeled in accordance with federal labeling standards. This requires the pharmacy or RN to have advance notice.
  - Record on the Medication Form for Leave/Vacation when the medication has been returned, how many tablets remain and your signature.
  - For Controlled Substances the count should be documented on the controlled substance sheet by the persons giving and receiving the medications.
- ***For vacation or leaves (such as weekend visits with family) indicate with a* V *in the box on the MAR.***

*Staff are never to remove a portion of medication from an original container and place it in any other container.Only a licensed practitioner, pharmacist or registered nurse can dispense medication.*

**Department of Health and Social Services**
**Division of Developmental Disabilities Services**
**Community Services**

## LEAVE/VACATION MEDICATION FORM

Name: ____________________________________________MCI #: ___________________

Date of Departure: ______________ Expected Date of Return: ______________________

Destination: __________________________________________________________________

MEDICATIONS: For each medication and strength specify exactly as on the prescription label.

| Name of Medication | Strength | # of Pills Sent | # of Pills Ret. | | Name of Medication | Strength | # of Pills Sent | # of Pills Ret. |
|---|---|---|---|---|---|---|---|---|
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Special medication instructions/comment:

_____________________________________________________________________________

_____________________________________________________________________________

_____________________________________________________________________________

_________________________________________________
***Signature of Staff who Prepared Leave of Absence Medications & Date***

_________________________________________________
***Signature of Staff who Counted the Medication Upon Return***

To whom are medications entrusted?__________________________________________________
Name/Relationship

I have received the medications listed above and have no questions regarding their administration. I understand that I may call the agency staff if any further questions arise.

_____________________________________ _____________________________________
Signature of Person Entrusted with Medication/Date Signature of Agency Staff Transferring Medication/Date

SAMPLE

**Instructions for use of Leave/Vacation Medication Form**

**When to be Completed:** Every time a person is expected to receive his/her medication from a person other than a residential or day program staff who have successfully completed LLAM training (example: a person leaves the home for a vacation, respite or a visit with his/her family).

**Instructions for Completion of Form Prior to Individual's Departure:**

1. Staff person (this includes agency contracted staff and shared living provider) completes the top section of the form.

2. Staff person (this includes agency contracted staff and shared living provider) completes the first three (3) columns of the table.

3. Staff person (this includes agency contracted staff and shared living provider) completes the section re: special medication instructions/comments, if applicable.

4. Staff person (this includes agency contracted staff and shared living provider) signs on the line that states "staff who prepared medication for leave".

5. Staff person (this includes agency contracted staff and shared living provider) writes the name and relationship of the person to whom the medication is being transferred on the line that states "to whom are medications entrusted".

6. Staff person (this includes agency contracted staff and shared living provider) reviews the medication and the information on the Leave/Vacation Medication Form with the receiving person.

7. The person receiving the medication signs and dates on the bottom line of the form attesting to his/her receipt and understanding of the medications.

**Instructions for Completion of Form Upon Individual's Return:**

1. Staff person (this includes agency contracted staff and shared living provider) counts the number of pills returned and documents in Column 4 of the table and signs the form on the indicated line. It is preferable that this be done in the presence of the person to whom the medications were entrusted.

**Where to File Completed Form:**

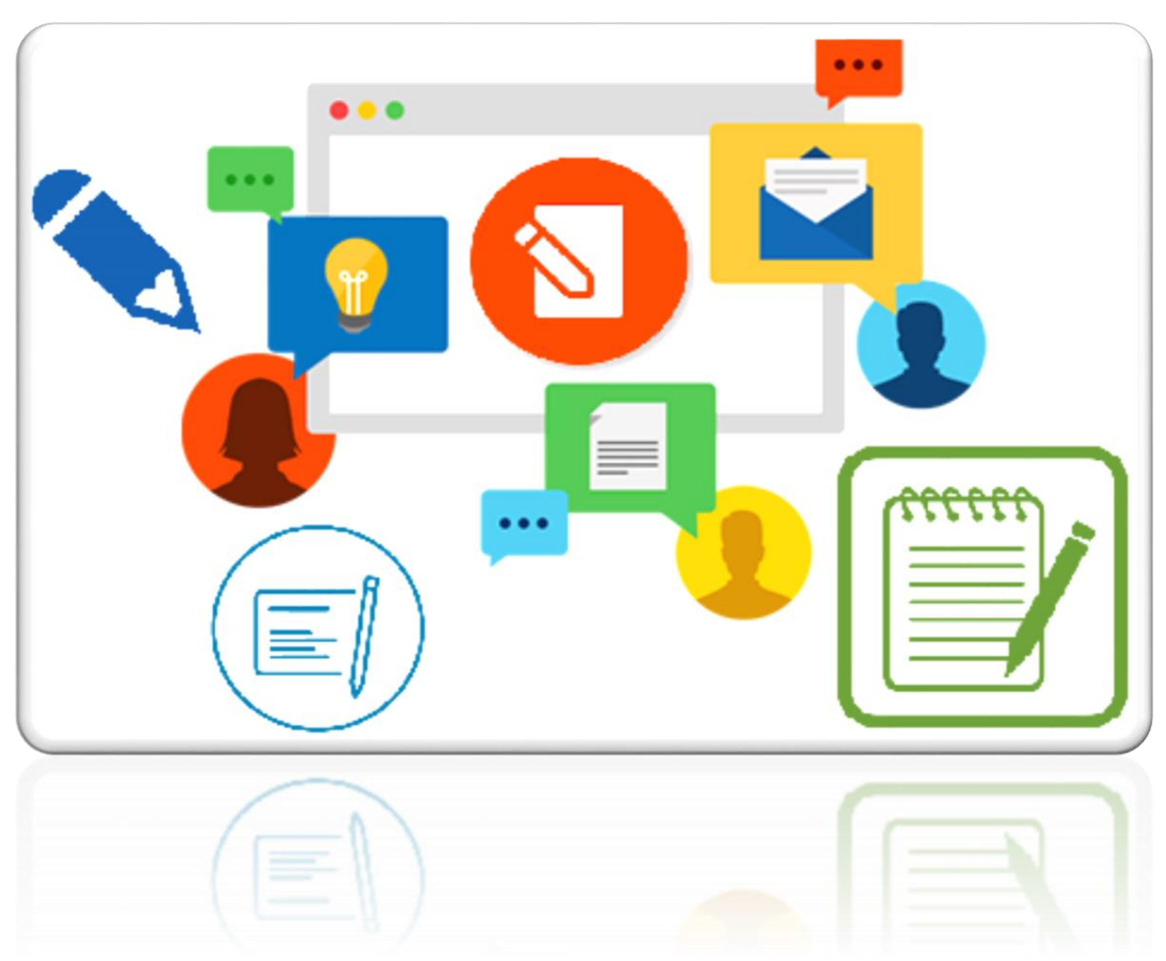
1. Provider agency staff shall file the completed form with the corresponding month's MARs.

2. Shared Living providers shall forward the form to the consultative nurse who will then forward to DDDS HIM.

**5/4/16**

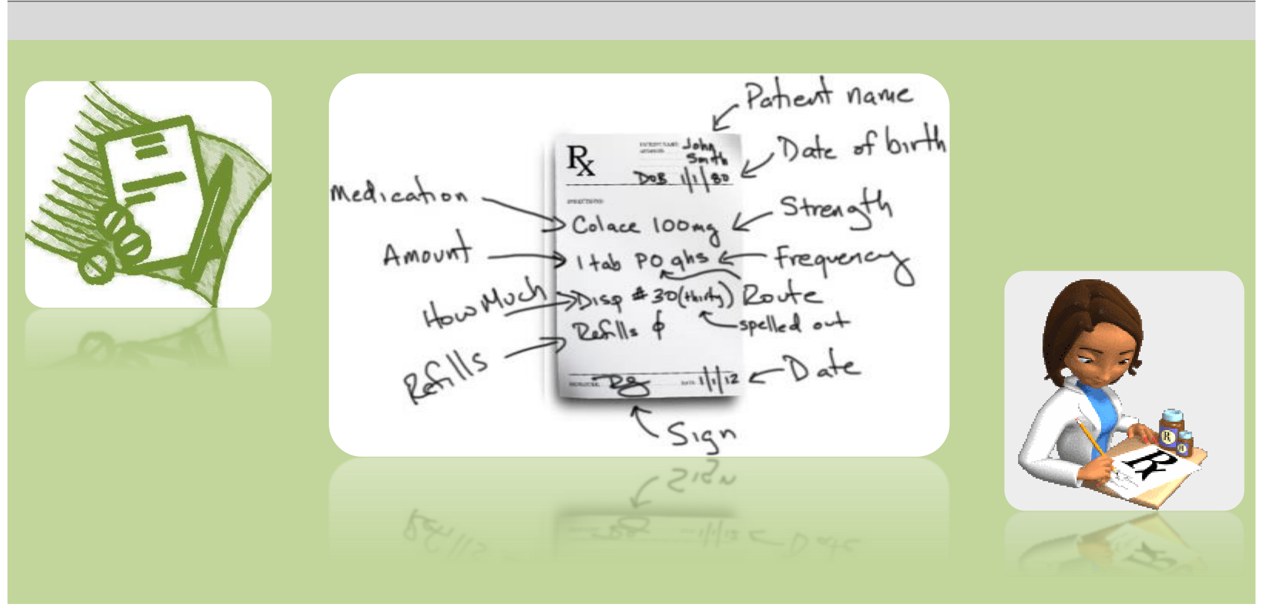
SAMPLE

# MEDICATION ADMINISTRATION DOCUMENTATION



# LESSON 4

# SECTION 1
## THE ORDER



# LESSON 4 - MEDICATION ADMINISTRATION DOCUMENTATION

THE ORDER

## The Routine Order (A)

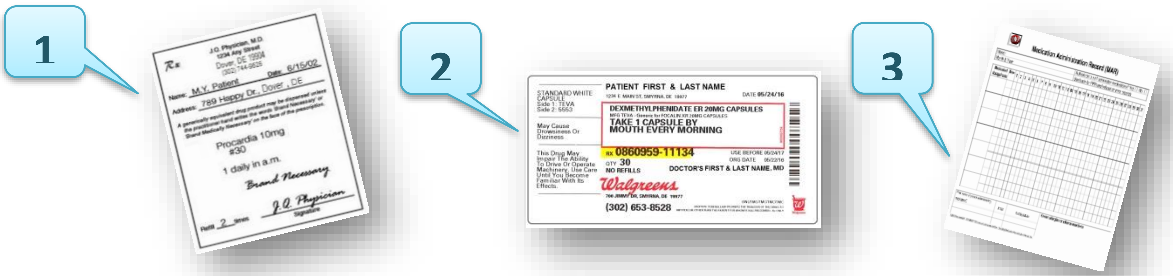
**The learner will:**

- ✓ Understand basic principles of documentation.
- ✓ Identify the necessary documents for transcribing medications.
- ✓ Identify components of the order, label and MAR.
- ✓ Demonstrate how to accurately transcribe medication to the MAR.

All medications given are documented. The information on **the order**, **the label** and **the MAR must match before you administer medication**. Accurate documentation is the 6th "right" in the process of medication administration. It is no less important than the other 5 "rights", when it comes to the safety of the individuals we serve. In this section, you will learn principles of documentation critical to the process of administering medication.

Everything documented on the **Medication Administration Record (MAR)** is the result of information received from the HCP order. For every medication, *a HCP order is received* to the pharmacy, and *a label is generated*. Then the label is compared to the order for accuracy. The label information is then *transcribed to the MAR*. Once the MAR has been reviewed for accuracy, you are ready to begin the process of medication administration.

### *The three major forms used in documentation of medication administration are:*




1) ***The Order:*** Must always be written by a health care provider who is registered with the state of Delaware to prescribe medication. Medication can never be given without an order.

2) ***The Label:*** When the pharmacy receives the individuals order, the medication is then prepared and dispensed into a medication container that is labeled. Medication can never be given without a label.

3) ***The Medication Administration Record (MAR):*** Where all medications that are administered are recorded. Transcribing to the MAR requires ensuring that the order and the label match exactly.

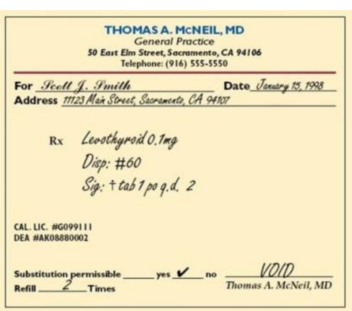
Do not give medication if the order, the label and the MAR do not match exactly. Stop and notify your supervisor, or consultative nurse. The discrepancy must be corrected prior to continuing with medication administration.

# The Order:

- May be written on the MAIR/PAIR by the HCP
- May be sent electronically to the pharmacy or called in by HCP
- Is different than the prescription
- Is compared to the pharmacy label to ensure label accuracy
- Becomes part of the electronic record

### *Components of a complete order:*

- ✓ Medication Name ***(Right Medication)***
- ✓ Strength of medication and the amount ***(Right Dose)***
- ✓ Route of administration ***(Right Route)***
- ✓ Frequency of administration ***(Right Time)***
- ✓ Any special instructions



THOMAS A. McNEIL, MD
General Practice
50 East Elm Street, Sacramento, CA 94106
Telephone: (916) 555-5550

For Scott J. Smith Date January 15, 1998
Address 11123 Main Street, Sacramento, CA 94107

Rx Levothyroid 0.1mg
Disp: #60
Sig: † tab 1 po q.d. 2

CAL. LIC. #G099111
DEA #AK08880002

Substitution permissible ___ yes ✓ no ___ VOID
Refill 2 Times
Thomas A. McNeil, MD

**The MAIR is a HCP order**

**Don't forget the HCP signature.**

**Written HCP order, also known as a prescription.**

Patient name
Date of birth
Medication
Strength
Amount
Frequency
How Much
Route
Refills
spelled out
Date
Sign

Rx
John Smith
DOB 1/1/80
Colace 100mg
1 tab PO qhs
Disp #30 (thirty)
Refills 0
1/1/12

New Castle Regional Office, 2540 Wrangle Hill Road, 2nd floor, Bear, DE 19701, PH: (302) 836-2100
Kent Regional Office, Thomas Collins Bldg., 540 S. DuPont Hwy., Suite 8, Dover, DE 19901, PH: (302) 744-1110
Sussex Regional Office, Stockley Center, 26351 Patriots Way, Georgetown, DE 19947, PH: (302) 933-3100

Delaware Health & Social Services
Division of Developmental Disabilities Services

Medical Appointment Information Record [MAIR]

Name: ______ MCI#: ______ Date: ______
Ht: ___ Wt: ___ BP: ___ P: ___ Temp: ___
Doctor seen: ______ Specialty: ______
Known Drug Allergies: ______
Symptoms Present: ______
Physical findings: ______
Tests Done: ______
Diagnosis and Prognosis: ______
Restrictions: ______
Prescriptions & Treatment: ______
Return Appointment Date: ______
Signature of Doctor: ______
Address: ______
Phone: ______

## *Types of orders:*

- The Routine Order
- The PRN Order ***(As Needed)***
- The OTC order ***(Over-the counter Order)***

***The Routine Order*** is written with instruction to give medication at established times. This helps to ensure desired levels of medication will be maintained and doses will not be given dangerously close to each other. The order may not offer specific times but use terms like AM for morning and PM for night. Employers will assign specific times for the AM and PM medications to be given.

*Example:* Accupril 5 mg by mouth 2 times per day

*Example:* Lasix 20 mg/2 tablets by mouth once a day

As a general rule, when the directions for medication do not include the specific dosage times, keep doses at least *four (4)* hours apart.

Routine medications that are given dependent on the outcome of an assessment such as blood pressure, pulse, etc., will be referred to a home health agency for nursing support for medication administration.

## *Sample of Standard Medication Times*

| | | | | | | |
|---|---|---|---|---|---|---|
| **Daily Medications** | **8 am OR 8 pm** | | | | | |
| **Twice Daily** | **8 am AND 8 pm** | | | | | |
| **Three x day** | **8 am** | | **12 noon** | | **8 pm** | |
| **Four x day** | **8 am** | | | **4 pm** | | **8 pm** |
| **Bedtime** | | | | | | **8 pm** |
| **Every 6 hours** | **6 am** | | **12 noon** | | **6 pm** | |
| **Before meals** | **7 am** | | **12 noon** | **5 pm** | | |
| **After meals** | **9 am** | | **1 pm** | **6 pm** | | |

** * * Variations may occur from agency to agency. * * **

Medications may be given 60 minutes before or after the indicated time. The exception is for medications to be given with or without food. Follow the directions on the label.

Medications that should be taken on an empty stomach should be given one hour before eating or two hours after eating.

Medications not given in the assigned time window are considered either too early or too late and are to be reported to the supervisor or administrator or consulting nurse. This shall be considered a med error and a med error report must be completed.

a) When a medication has been missed and the incident discovered over the 60 minute window, the HCP may be contacted for guidance.
b) A consultative nurse may receive orders for assisting staff regarding early or late or totally missed medications.

The assigned numerical times will appear on the MAR. AM and PM are not considered assigned times.

Unusual times outside of the established routine times may occur when a medication is ordered every six, eight or twelve hours, before meals or after meals.

Unusual times outside of the established routine times may occur when a medication is ordered ever six, eight or twelve hours, before meals or after meals.

a) Special times will be assigned but at least one of the special times will fall on a routine assigned time.
b) Example-Give medication every 12 hours. The AM time will be the same as the AM routine medication time to help staff remember medication needs to be administered.
c) Staff will pass verbal and or written reminders to the next shift when medications are due at other than routine times.

Individual preferences will be taken into consideration as outlined in plan of care.

## The PRN *(as needed)* Order (B)

### *The PRN Order*

**A PRN Order** is an ***"as needed"*** medication order given by the HCP for a specific individual when the individual requests the medication for the appropriate reason.

**Note of exception**: In the DDDS population we serve, the individual must exhibit signs/symptoms for receiving medications that are clearly specified in the prescribers order. The individual may not be able to verbally request medication due to the level of comprehension/understanding, thus may exhibit signs through behaviors.

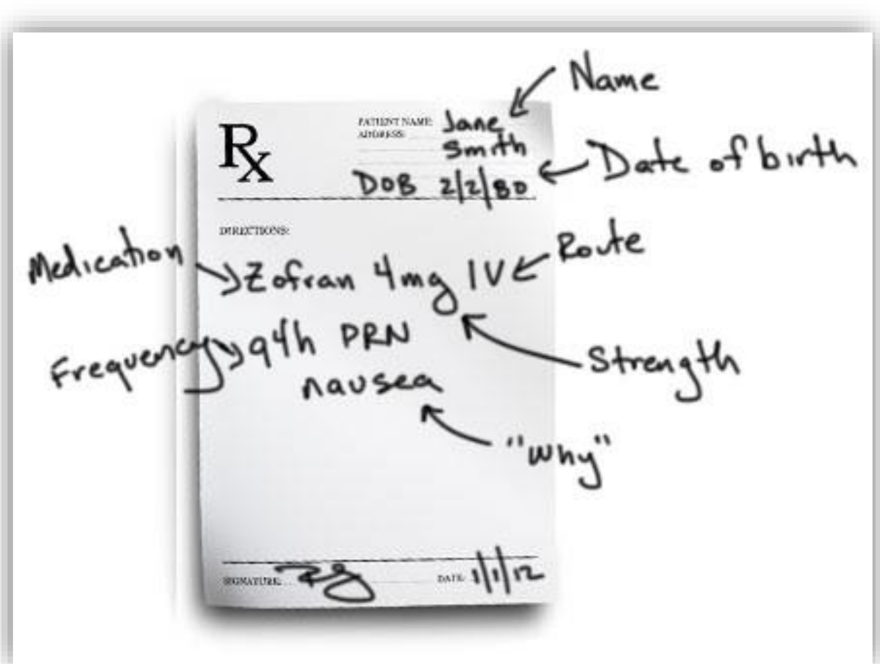
*Example:* May give Motrin 400 mg by mouth every 6 hours prn for earache, *(as indicated by pulling on ear, grimacing)*. PRN Orders must clearly include a description of the ***specific target signs or symptoms*** for which the medication is to be received.

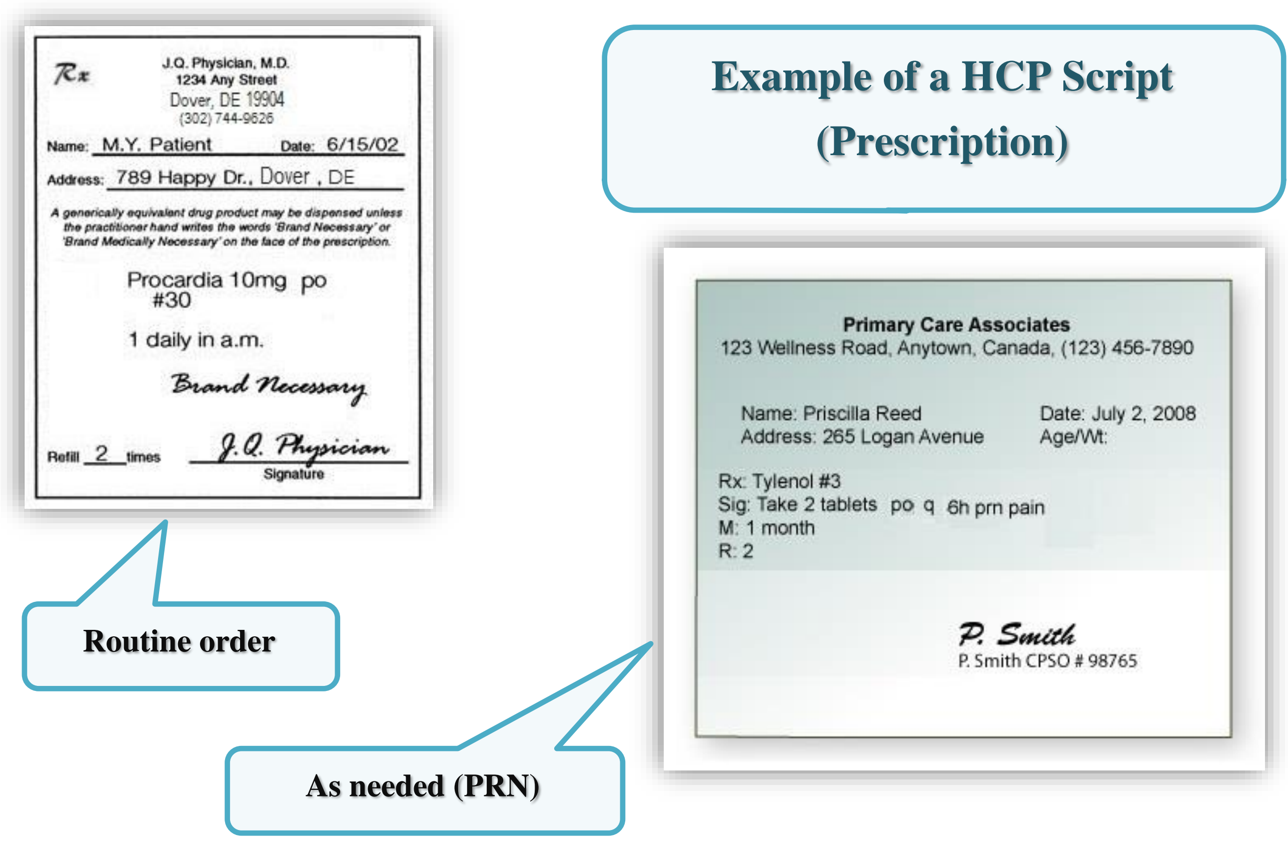
### *PRN Medications:*

- Require a HCP order for all as needed medications both over the counter and by prescription.
- The prescription will outline the exact amount to be administered. ***Range orders such as 1-2 tablets q 4-6 hours are not acceptable.*** The order must be exact.
- For Over the Counter Medications:
  - Be sure to review the maximum dosage per day on the package.
  - Do not give more medication than is recommended in 24 hours.
  - Do not give medication closer than recommended on the package or the MAR.
- Contact the consultative nurse by the next business day whenever a prn medication is given. Contact with the consultative nurse should be documented in the electronic record.
- Will be labeled prescription containers or over the counter medications in their original package.
- If the PRN medication is an asthma inhaler or medication for a nebulizer unit and is not bringing relief within 5 minutes as ordered, call 911.
- Frequent use of an emergency medication such as an asthma inhaler must be reported to the prescribing practitioner.
- PRN documentation on the MAR should be kept separate from the routine sheets.

- When administering PRN medication you must sign the MAR, write a T-log and document effectiveness.
- The nurse consultant will review the MAR for any PRN medications that have been administered during the monthly health and medication audits. At this time the nurse will ensure prescriber's orders were followed and all required documentation completed.
- Individual's response must be documented within 2 hours of receiving the PRN medication.
- If the individual is not relieved by the medication and ***is in not in crisis***, contact the nurse consultant or prescribing practitioner.
- If the individual is not relieved by the medication and ***appears or states he/she is in crisis, call 911.***

**Written HCP PRN order, also known as a PRN prescription.**






## DISCUSS THE COMPONENTS OF THE ORDERS ABOVE

### Remember, information to get from the Health care Provider Includes:

- A written script for each new medication (May be in the form of E-Script, may be called into pharmacy or you may be given the script for the medication to take to the pharmacy)
- A written order for each new medication or treatment. This order must be signed by the HCP and or recorded on the MAIR.

### (A prescription and an order are not the same thing. You may never see the prescription but you must have the order as recorded on the MAIR. The MAIR order is kept in the individuals chart.)

Make sure that all of your questions are answered during the visit and that you get all of the necessary information like the prescription and the signed order sheet. Write down the answers for the question for both you and the other staff. You will not remember this information once you leave the visit so write it down immediately as the HCP shares it with you.

## Over The Counter Medication Orders (OTC) (C)

### *Over The Counter Medication Orders*

Each individual receiving residential services must have in their medical record an **Over The Counter Medication Order (OTC) form.**

- This form is updated once per year by the individual's healthcare provider *(every 365 days).*
- The form indicates what medication and treatments the HCP ***prescribes for the treatment of relatively minor health issues such as headache, slight fever, or minor abrasions.***
- The form provides instruction for how to monitor the use of these medication/treatments and when to seek assistance from a medical professional.
- OTC orders are transcribed to the MAR, and documentation occurs each time medication is administered.
- Always check the OTC order with the MAR before administering medication.
- A copy of the OTC form is kept in the COR (client Orientation Record) or MAR.
- When using OTC medication you must document usage and effectiveness in the electronic record.

Note the similarities between the PRN and the OTC order, and how they are different from Routine orders.

**important**

*Also, important to know about HCP orders:*

The LLAM trained UAP should follow the policy of the facility when a new order is prescribed or current medication administration instructions are changed. The new medication or changed medication instruction are promptly added to the MAR.

- The LLAM trained UAP only deals with the written order. The LLAM trained UAP may not receive a verbal or telephone order. Orders may be faxed to the residence.
- There must be copies of all orders in the electronic record.
- A HCP order must match the label and the MAR.
- If orders are ambiguous, illegible, or confusing, the prescribing practitioner should be promptly contacted to clarify the order before any medication administration occurs. Poor penmanship, misunderstanding of penmanship and errors in transcription often contribute to errors.

**DELAWARE HEALTH AND SOCIAL SERVICES**
**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**
**COMMUNITY SERVICES**

## OVER THE COUNTER MEDICATION ORDERS

**Individual's Name**: ____________________________________ **MCI Number:** _____________

**Drug Allergies:**_________________________________________________________________________

**Home Name and Address**: _________________________________________________________________

_____________________________________________________________________________________

**ATTENTION STAFF**: **Whenever you assist with any of the medications from this form, you must sign the MAR, and document usage and effectiveness in the electronic record and on the back of the MAR.**

NON-EMERGENCY CONDITIONS: Non-Prescription Medications

**1. HEADACHE OR MINOR ACHES AND PAINS:**

Acetaminophen / Tylenol — Dose: Two 325 mg Tablets — Frequency: Every 4 hours as needed
Route: By Mouth

**Call Health Care Provider if headache persists for 24 hours, if it occurs more than 3 times per week, or if it becomes intense, incapacitating, or no relief is obtained from the medication. Also, call Health Care Provider if body aches continues over 24 hours.**

**2. MENSTRUAL CRAMPS: (Females Only)**

Advil / Ibuprofen — Dose: Two 200 mg Tablets — Frequency: Every 4 hours as needed
Route: By Mouth

**3. TEMPERATURE ELEVATION:**

Acetaminophen/Tylenol — Dose: Two 325 mg Tablets — Frequency: Every 4 hours as needed
Route: By Mouth

**To be given when oral temperature is over 100° F or axillary temperature is over 99°F.**
**Call Health Care Provider if fever persists over 24 hours or if it is accompanied by vomiting and / or diarrhea, increased coughing or congestion, headache, or abdominal pain that does not stop.**

**Notify the Health Care Provider sooner if an increased temperature / fever is accompanied by increased coughing, congestion, or difficulty breathing.**

**4. MINOR ABRASIONS OR CUTS:**

Clean area with soap and water then apply Antibiotic ointment topically to the area. May cover with a Band-Aid if needed. Apply twice a day until healed.

**If affected area worsens (increased redness, drainage, warmth, swelling, etc.) during above treatment, notify Health Care Provider.**

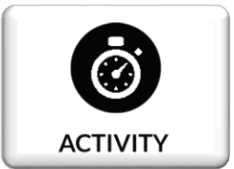
_______________________________________________ ____________________

**Prescribing Health Care Provider's Signature** **Date**



**5/26/16**

SAMPLE




# MEDICATION ADMINISTRATION DOCUMENTATION

## MEDICATION ORDERS

**There are three (3) Types of Medication Orders listed here. Identify each type.**

| The Routine Order (RO) | The PRN Order (PRN) | The Over The Counter Order (OTC) |
|---|---|---|

_______ ***1.*** For headache or minor aches and pains, give two (2) Tylenol 325 mg tabs po q 4 hours as needed. Call the HCP if headache persists for 24 hour or if it occurs more than 3 times per week.

_______ ***2.*** Tylenol 325 mg (tabs 2) po q 4 hours for pain.

_______ ***3.*** Tylenol 325 mg (tabs 2) po q 4 hours as needed for pain.

**Identify the information missing for each Medication Order below:**

______________________ ***1.*** Synthroid 2 mg. Give 1 tablet by mouth

______________________ ***2.*** Ativan 0.5 mg. 1 tablet by mouth as needed

______________________ ***3.*** Lisinopril 1 tablet by mouth at bedtime

______________________ ***4.*** Dulcolax suppository as needed for constipation

______________________ ***5.*** Tylenol 2 tablets every 4 hours as needed.

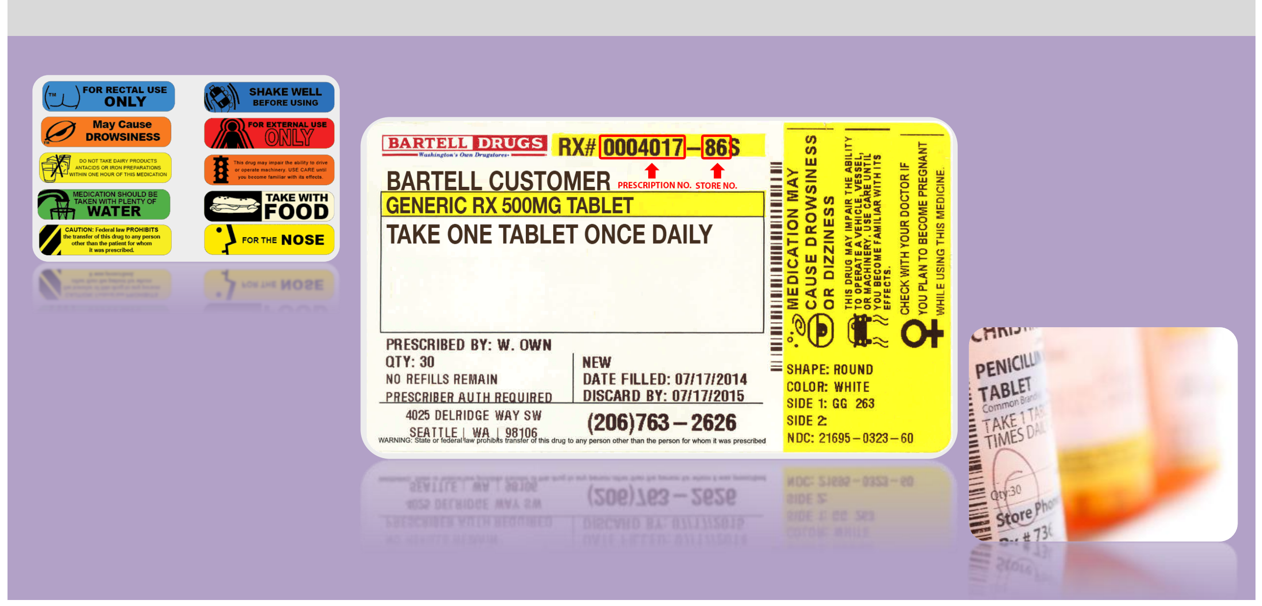
______________________ ***6.*** Give pain reliever as needed.

______________________ ***7.*** Apply Fluocinonide 0.1 percent to affected area q 4 hours as needed for itching.

# LESSON 4

# SECTION 2

## THE MEDICATION LABEL



## The Medication Label (A)

**The learner will:**

- ✓ Read and understand medication labels and instructions.
- ✓ Understand and follow medication-warning labels.

### *The Medication Label*

You have now assisted your individual to the HCP's visit, received medication orders and picked up the medication from the pharmacy *(or sometimes the medication is sent to the residence from the pharmacy)*.

***What next?*** You will compare your visit notes with the pharmacy label.
Check that medication the HCP ordered is the same medication you received.

***If not, ask questions!***

*The pharmacist is an excellent resource for additional questions as well.*

The **Medication Label** contains all of the necessary information needed to administer medication to the individual you are caring for. By Federal and State laws, all medications must be in federally approved packaging with labels containing all of the necessary information.

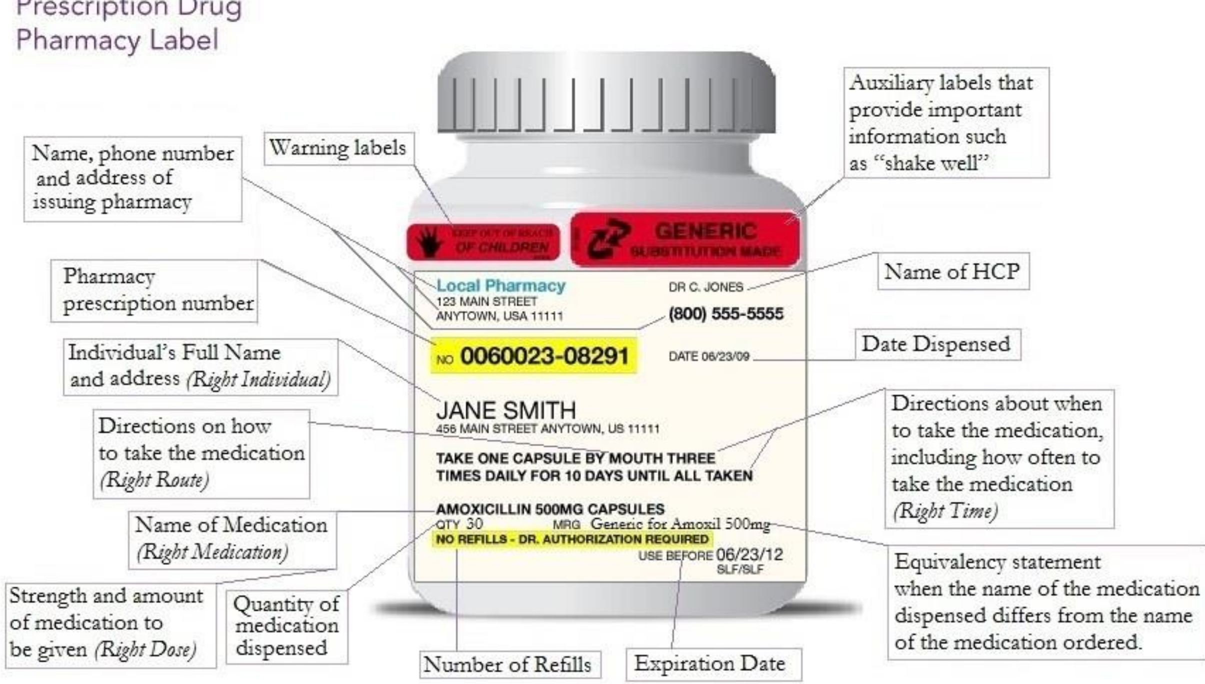
LLAM trained UAP's may only administer medication that is prescribed and dispensed by person(s) licensed to dispense medication in Delaware. All medication must be in the original container.

***Important points to remember about the medication label:***

Important

- If dispensed by the pharmacy the container must have a label.
- If an over-the- counter medication, the medication must be in the original manufacturer's packaging with the manufacturer's label attached, or in a pharmacy container with appropriate labeling.
- If medication label is not legible or appears to have been altered by someone (writing on the label) do not give the medication to the individual until legible instructions are obtained. If the label is not legible or not valid:
  - Contact the Prescribing practitioner or pharmacy for a new prescription or to have the container relabeled.
- Medication labels should never contain more than one kind of medication. Notify the supervisor immediately if this ever happens. Do not use.
- Never remove medication from an original pharmacy container and place in another container. This is considered dispensing and requires appropriate licensure.
- Pour liquids out of the bottle on the side away from the label.
- Consultative nurse may make changes to the pharmacy label according to HCP orders.
  - Changes in order are reflected in MAR and on electronic record.
  - Nurse documents date, time and initials on label.

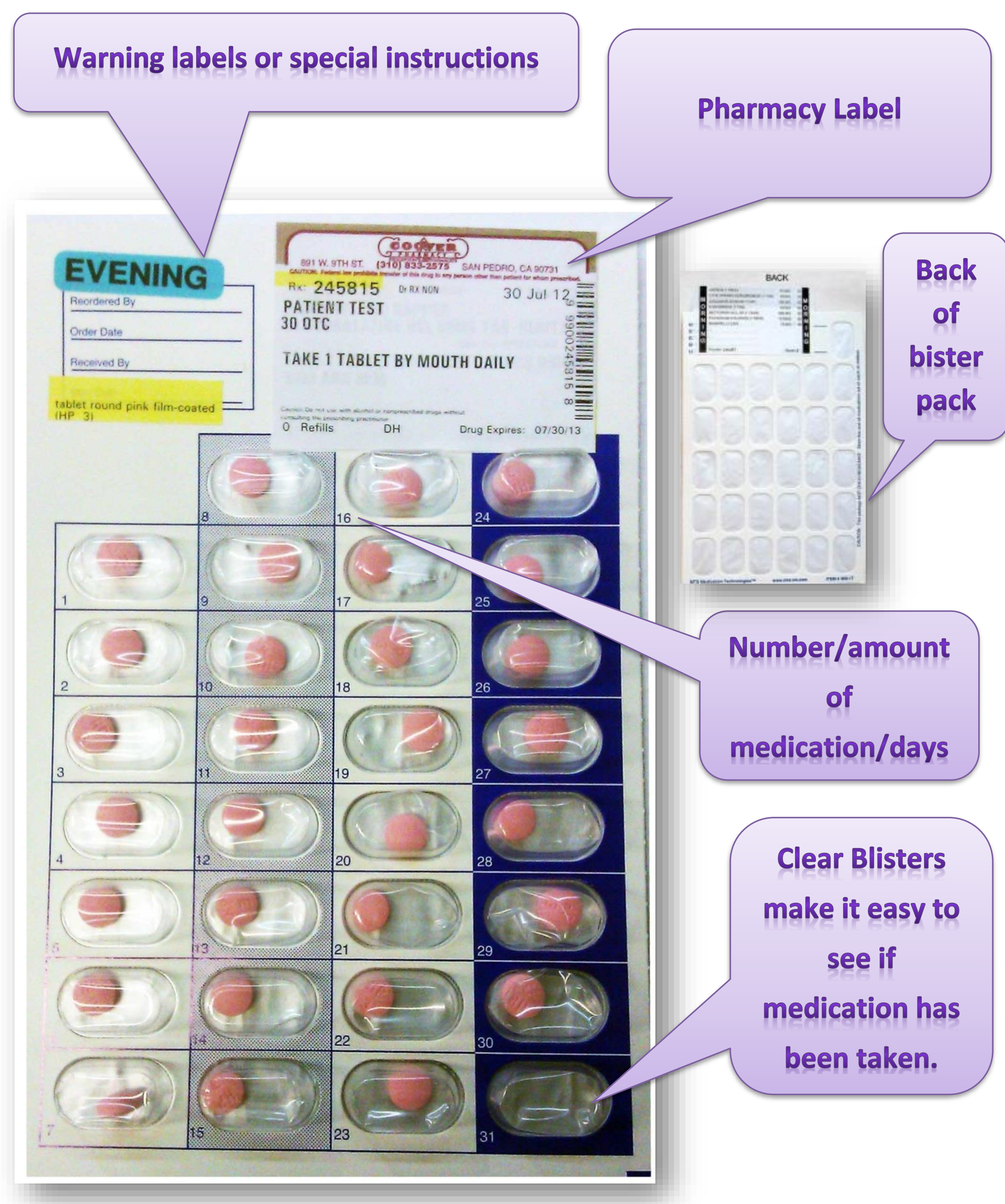
# MEDICATION LABEL:




***Medication Labels must have the following information on the label:***

- ✓ Individual's full name *(Right Individual)*
- ✓ Name of Medication *(Right Medication)*
- ✓ Strength and amount of medication to be given *(Right Dose)*
- ✓ Directions on how to take the medication *(Right Route)*
- ✓ Directions about when to take the medication, including how often to take the medication *(Right Time)*
- ✓ Name of HCP
- ✓ Date Dispensed
- ✓ Expiration Date
- ✓ Pharmacy prescription number
- ✓ Name address and phone number of issuing pharmacy
- ✓ Equivalency statement when the name of the medication dispensed differs from the name of the medication ordered.
- ✓ Number of Refills
- ✓ Warning labels
- ✓ Quantity of medication dispensed
- ✓ Auxiliary labels that provide important information such as *"shake well"*.

# BLISTER PACK MEDICATION & LABEL:



LLAM trained UAP's may only administer medication that is prescribed and dispensed by person(s) licensed to dispense medication in Delaware. All medication must be in the original container.

***Check thoroughly, does everything on the label match the order (The Rights)?***

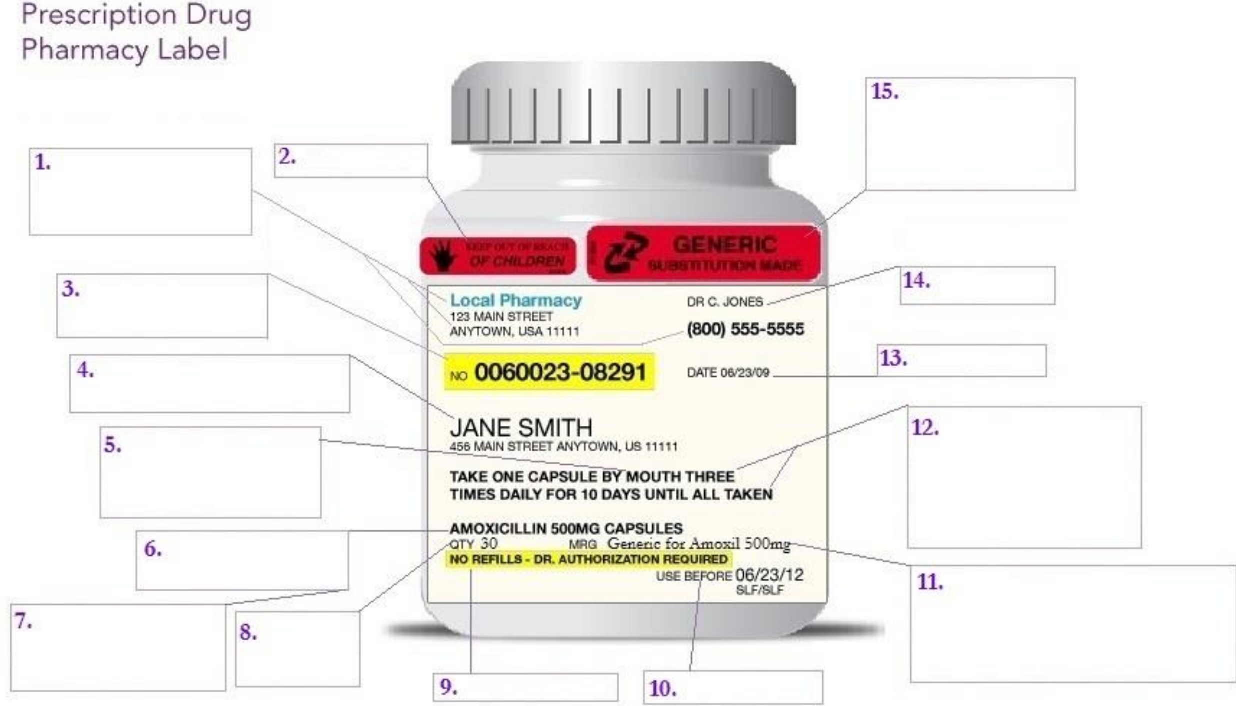
***Remember:***

- If medication is dispensed by pharmacy the container must have a label
- If an over the counter medication, the medication must be in the original manufacturer's packaging with the manufacturer's label attached.
- If medication label is not legible or appears to have been altered by someone (writing on the label) do not give the medication to the individual until legible instructions are obtained. If the label is not legible or not valid:
  - Contact the healthcare provider/prescriber or pharmacy for a new prescription or to have the container relabeled.
  - Medication containers should never contain more than one kind of medication. Notify the supervisor immediately if this ever happens. Do not use.

ACTIVITY

# MEDICATION ADMINISTRATION DOCUMENTATION

## MEDICATION LABEL




### FILL IN THE BLANKS OF THIS LABEL TO TELL WHAT EACH LINE IS POINTING TO:

1. ______________________
2. ______________________
3. ______________________
4. ______________________
5. ______________________
6. ______________________
7. ______________________
8. ______________________
9. ______________________
10. ______________________
11. ______________________
12. ______________________
13. ______________________
14. ______________________
15. ______________________

ACTIVITY

# MEDICATION ADMINISTRATION DOCUMENTATION

## MEDICATION LABEL

### PRACTICE EXERCISES

**Dr. Fucci**
106 Annand Dr. Suite # 23
Wilmington, DE 19804
(302) 999-4406

Date: 05/22/2013
Name: Amanda Pino DOB: 01/02/1984

Rx
Bugsaway250 mg
Sig: 1 tablet po four times daily for upper respitatory infection.
# 40
Refills: 0

Dr. Fucci
DEA No. 1234567890

## Example # 1

Zacc Pharmacy #0011 ph. 718 555-1144
121 Hillside Avenue
Jamaica, NY 11432
DEA #DVB1234540
DEA #DVB1234540
Rx: 04444
PINO, AMANDA
125-02 Kissena Blvd
Flushing, NY 11367
BUGSAWAY 250 MG TAB
Dr. Fucci, PASQUALE
Date: 05/22/2013
TAKE 1 TABLET BY MOUTH 4 TIMES DAILY FOR UPPER RESPIRATORY INFECTION.
No Refills Qty: 40
CAUTION: FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.

YES ☐ or NO ☐

## DOES THE ORDER MATCH THE LABEL?

**Dr. Fucci**
106 Annand Dr. Suite # 23
Wilmington, DE 19804
(302) 999-4406

Date: 05/22/2013
Name: Carlos Pino DOB: 01/02/1984

Rx
Coughalotussin
Sig: 1 tsp po every 8 hours for 6 days for cough
# 1 bottle

Refills: 0

Dr. Fucci
DEA No. 1234567890

## Example # 2

Adamarys/pharmacy #0201 ph. 518-567-4321
1191 Madison Avenue, Schenectady NY 12305
DEA #DVB1234540
Rx#053570278812
PINO, CARLOS
125-02 Kissena Blvd
Flushing, NY 11367
COUGHALOTUSSIN LIQ
Dr. Fucci, PASQUALE
Date: 05/22/2013
TAKE 1 TEASPOONFUL (5ML) BY MOUTH EVERY 8 HOURS FOR 6 DAYS FOR COUGH
REFILLS: 0 Qty: 237 ML
CAUTION: FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.

YES ☐ or NO ☐

# MEDICATION ADMINISTRATION DOCUMENTATION

## MEDICATION LABEL

### READING THE MEDICATION LABEL

## Choose the correct answer:

1) Who is this prescription for? ____________
   a. Jane Smith  b. John Jones  c. Fazaclo  d. Local Pharmacy

2) How many capsules should be taken each day? ____________
   a. 10  b. 1  c. 24  d. 3

3) How often should this medication be taken? ____________
   a. As needed  b. Three Times Daily  c. Orally  d. In the morning only

4) Is this a PRN order? *(explain)* ________________________________________

________________________________________________________________

5) How may capsules are in this container? ____________________

6) When is the date this prescription was filled? ____________________

7) What is the expiration date of this medication? ____________________

8) What is the name of this medication? ____________________

9) Who is the HCP listed on this label? ____________________

## True or False

10) It is important that this label match the practitioners order. True ☐ False ☐

11) There is a brand name and a generic name on this label. True ☐ False ☐

12) There are 24 capsules in this container. True ☐ False ☐

13) There are two refills on this label. True ☐ False ☐

14) This medication will not cause drowsiness & is safe to use with alcohol. True ☐ False ☐

15) If the medication is expired, it is okay to give it anyway. True ☐ False ☐

## MEDICATION ADMINISTRATION DOCUMENTATION

## MEDICATION LABEL

### Example # 1

Zacc Pharmacy #0011 ph. 718 555-1144
121 Hillside Avenue
Jamaica, NY 11432
DEA #DVB1234540
Rx: 04444

PINO, AMANDA
125-02 Kissena Blvd
Flushing, NY 11367

LAMICTAL 100 mg Tab
PRESCRIBER: CASE, DAVID V
Take 1 and ½ Tablets Every Morning & at 6pm.
No Refills Qty: 270
RPH: TORETTA, GREGORY
Filed: 04-05-2006 Rx Written: 02-02-2006 Do Not Use After: 04-05-2007

### Example # 2

Adamarys/pharmacy #0201 ph. 518-567-4321
1191 Madison Avenue, Schenectady NY 12305 DEA #DVB1234540
Rx#053570278812

PINO, CARLOS
125-02 Kissena Blvd
Flushing, NY 11367

Welchol 625 mg Tab
Dr: Nordlicht, k
Date: 01/23/06
Take 2 Tablets 3 Times a Day
REFILLS: 3 Qty: 90 Reorder after 05-16-2006
RPh. B. Cesarak Filed: 03-27-2006 Do Not Use After: 03-02-2008
CAUTION: FEDERAL LAW PROHIBITS TRANSFER OF THIS DRUG TO ANY PERSON OTHER THAN THE PATIENT FOR WHOM IT WAS PRESCRIBED.

## USE THE PICTURES TO ANSWER THE QUESTIONS BELOW THEM:

1. What is the name of the medicine?

A: ______________________

2. What is the doctor's name?

A: ______________________

3. What is the patient's name?

A: ______________________

4. What is the pharmacy's phone number?

A: ______________________

5. How many pills do you take every day?

A: ______________________

6. How many pills are in the bottle?

A: ______________________

7. Can you get a refill?

A: ______________________

8. When does the medicine expire?

A: ______________________

1. What is the name of the medicine?

A: ______________________

2. What is the doctor's name?

A: ______________________

3. What is the patient's name?

A: ______________________

4. What is the pharmacy's phone number?

A: ______________________

5. How many pills do you take every day?

A: ______________________

6. How many pills are in the bottle?

A: ______________________

7. Can you get a refill?

A: ______________________

8. When does the medicine expire?

A: ______________________

# SECTION 3

## THE MEDICATION ADMINISTRATION RECORD (MAR)

## ꕥ Principles of Documentation [(A)]

**The learner will:**

- ✓ Understand basic principles of documentation.
- ✓ Identify the necessary documents for transcribing medications.
- ✓ Identify components of the order, label and MAR.
- ✓ Demonstrate how to accurately transcribe medication to the MAR.

## *The Medication Administration Record (MAR)*

Medication cannot be administered until the MAR has been completed. Documentation is an important part of administering medication. Remember the ***Right Documentation is the 6th Right of safe medication administration.***

The practice of administering medication involves providing the individual with a substance prescribed and intended for the diagnosis, treatment, or prevention of a medical illness or condition. Documentation of medication administration is an important responsibility. The medication administration record tells the story of what substances the individual has received and when. Like other health care records, it is also a legal document.

**Note: If it is not documented, it was not done!**

Agencies may have differing ***Medication Administration Records.*** These records must contain:

- ☑ The individuals name
- ☑ Allergy Status: Write “No Known Allergies” *(Abbreviated as “NKA”)* if the individual has no allergies. Do not leave this blank.
- ☑ The date
- ☑ Names of all current medications
- ☑ Dosage, route(s) and time(s) of administration for all medications.
- ☑ Special instructions

The MAR may be pre-printed by the pharmacy or generated by the agency. ***Supervisory staff are responsible for ensuring that orders have been properly transferred before giving medication.***

### *Each medication transcribed onto the MAR must include:*

- ☑ Name of the medication
- ☑ Strength of the medication
- ☑ Dose and amount of the medication to be given
- ☑ Frequency and specific times when the medication is to be given
- ☑ Date when the medication was *(or is to be)* first given *(Start Date)*
- ☑ Date when the medication is stopped, if one is given *(Stop Date)*
- ☑ All medications in a container need a start date *(or open date)* written on the bottle. *Example:* eye drops, ear drops, nose sprays, topicals and OTC medications

### *What you Document:*

- ☑ Document the administration after you give the ordered medication.
- ☑ Document if the individual refuses taking the medication.
- ☑ Document any change that is different from the individual's normal condition including behavior changes.
- ☑ Medication errors including omissions *(medications that are missed /not given for some reason)*. Omissions of medications are considered errors and need to be documented.
- ☑ Location and severity of pain when administering a pain medication.

### *How to Document:*

#### *Principles of Documentation*

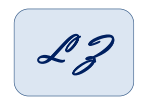
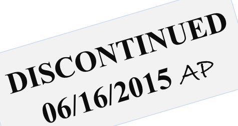
Proper documentation is needed to support the safety of the individual
The Medication Administration Record (MAR) is a legal document and can be used to support you in a court of law.

- Write neatly and accurately.
- Use black ink only. No pencil.
- Check name on the MAR.
- No white out or scribbling, or attempt to erase an error.
- Document ***after*** giving medications, not before.
- If it wasn't documented, it wasn't done!
- Only document medications that ***you*** administer.
- Is complete with no blanks to be filled in later.

***If you make an error in documenting:***
***Draw a single line through the error, and initial.***
***Explain on the back of the MAR.***

## Medication Documentation Key (B)

### MAR *Documentation Key*

| KEY | MEANING |
|---|---|
| ***Your Initials***  | Are written in the indicated box/square under the correct day and time you administered the medication. Your signature should also be written where indicated on the MAR so others will know who you are. |
| ***Medication Refusal*** | Medication refusals are documented by circling you initials. Medication refusals require documentation of explanation on back of MAR. |
| **V** = ***Vacation*** | This code is to be used anytime that an individual is scheduled to be away from their primary residence for any extended visit. This may include for a vacation, respite or weekend visit with friends or relatives. |
| **H** = ***Hospital*** **H** | Code is to be used anytime that an individual is hospitalized and does not receive their medication due to the hospitalization. |
| **X** = ***Medication Is Not Given*** **X** | This code is used to indicate days and or times in the future that the medication is not to be given. *It is not used for refusals.* |
| ***Discontinued Medications***   | When a medication is discontinued, you will write across the indicated order that the medication is **DISCONTINUED** with the date, time and your initials. It is important that no other person can give a discontinued medication. Some agencies use yellow highlighter as well, so that it is very noticeable to staff. Remember also, that when a medication is changed in any way the old order needs to be discontinued before transcribing the new order to the MAR. |
| ***Special Instructions / Precautions:*** | This is where we get specific instructions and/or warnings related to how we administer the Individual's medication. Such instructions could include, **"Finish taking all this medication unless otherwise ordered by HCP"** or **"May be given in applesauce"**. Special Instructions/precautions come from the HCP's and/or the healthcare providers order. These should be written on the MAR next to the medication that it applies to or in its own box if it does not pertain to a specific medication. |

***Same medication with two different doses :***

- *Example:* **Tegretol 200 mg po two times a day and 100 mg po every day at 4 pm**
  ***(This order will require two separate MAR entries)***

**In addition, whenever a prn medication is given, the reason is documented on back of the MAR, and follow up is documented regarding effectiveness in the electronic record. Medication refusals also require follow up documentation on back of the MAR.**

## *Example of Transcription of the Healthcare provider's order (from the label)*

Here is an example of how a health care provider's order should be transcribed. "Ann Jones", is the name of the individual to whom medication is being administered.

Ann Jones goes to the health care provider on 01/04/2016 and returns at 1 pm with an order, which reads: Amoxicillin 500 mgs po 3 times a day for 10 days.

The pharmacy delivers "amoxicillin 250 mgs per tablet". This order would be transferred like this:

| MEDICATION OR TREATMENT | | | HOUR | JANUARY 2015 | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ***START:*** 01/04/2015 | Generic: | Amoxicillin | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 |
| | Brand: | Amoxil | 7 AM | | | | | | | | | | | | | | | |
| | Strength: | 250 Mg Tablets | | | | | | | | | | | | | | | | |
| | Amount: | 2 Tab | 4 PM | | | | | | | | | | | | | | | |
| ***STOP:*** 01/14/2015 | Dose: | 500 mg | | | | | | | | | | | | | | | | |
| | Frequency: | 3 Times a day | 8 PM | | | | | | | | | | | | | | | |
| | Days: | X 10 days | | | | | | | | | | | | | | | | |
| | Route: | By mouth | | | | | | | | | | | | | | | | |
| **SPECIAL INSTRUCTIONS /PRECAUTIONS:** | | | | | | | | | | | | | | | | | | |

In this case, the healthcare provider ordered the medication in the generic form *(amoxicillin)*. He or she might have ordered medication by the brand name *(Amoxil)* instead. But in either case Ann would get the generic brand-unless the health care provider wrote "do not substitute" on the prescription for a brand name medication.

***Strength*** Is the number of milligrams or GM for each unit of medication *(in this case, **250 mg** per tablet)*. You would get this information from the pharmacy label on the container from the pharmacy. Strength is found next to the name of the medication on the pharmacy label.

***Amount*** Is the number of units of medication *(for example: tablets, capsules, or ml)* to be administered *(in this case, two tabs)*. This is also found on the pharmacy label. The amount is specified in the directions.

***Dose*** Is the strength times amount *(in this case 250 mg times 2 tabs, which equals 500 mg)*. This is found on the HCP's order.

***Frequency*** Is transcribed as the number of times per day *(in this case, TID)*. The medication is given three times in this instance, at 7 am, 4 pm and 8 pm.

# THE MEDICATION ADMINISTRATION RECORD (MAR)

## Dose - Strength - Amount

## Practice Worksheet

### HCP Order Example

**DOSE** is found in the Health Care Provider's order

**HEALTH CARE PROVIDER ORDER**

Lee Min Ho — no known allergies

Zantac 150 mg twice a day by mouth

HCP's Signature: Dr. Zaccardelli Date: 06/11/2015

### Pharmacy Label Example

**STRENGTH** is found on pharmacy label next to the name of the medication.

RX# 340 **WOODBROOK PHARMACY** (302)744-9626
1056 S. Governors Ave. Dover, DE 19904

Lee Min Ho — Date: 06/11/2015

Ranitidine HCL 75mg
*I.C. Zantac* — Qty. 120
Take two tablets by mouth two times a day.

Refills: 3 — Dr. Zaccardelli

Lot# 323-5 — Exp. Date: 06/11/2016

**AMOUNT** is found on pharmacy label in the instructions for administration.

### DISCUSS:

**1. Dose**

(The dose is ____mg)

**2. Strength**

(The Strength is ____mg)

**3. Amount**

(The Amount is ____mg)

***Hour*** Indicates the specific times in the day when the medication is given *(in this case, 7 am, 4 pm, and 8 pm)*.

To determine the specific times when medication should be given when the order only specifies a certain number of times per day, consider:

- The type of medication
- The individual's schedule and
- The agencies schedule

Notice that in the example below the first dosage is being given at 8 am. This is because the hours are usually spread out so that the top two time blocks are for times before noon and the bottom two time blocks are for times after noon. Usually the first dose of the day is considered 12 am midnight; 12 pm *(noon)* can be in either of the two middle time blocks depending on how the agency records time.

- *For Example:*

| ***8 am*** |
|---|
| ***12 pm*** |
| ***4 pm*** |
| ***8 pm*** |

***Route*** Is the method by which medication is to be taken into the body or applied to the body.

***New Medications*** *(or changes in instructions for administering current medications)*

LLAM trained UAP's should follow the policy of the facility when a new order is prescribed or current medication administration instructions are changed. The new medication or changed medication instructions are promptly added to the MAR.

***An order may cover changes in:***

- Medication
- Frequency *(number of times medication is given)*
- Dosage
- Route of administration
- Time medication is given

A medication may be discontinued which means it will no longer be given to the individual. A medication should be taken out of service, disposed of per facility policy, and the MAR should be clearly marked to indicate the medication is no longer to be given.

Documentation of the date of discontinuation of medication and start day of any other changes to medications should be documented on the MAR.

***Please note the START and STOP dates:***

***Start Date:*** Always document at the time of transcribing the order from the label, the date the medication was started.

***Stop Date:*** Some medication will be ordered for a specific number of days. The Stop date needs to be written on the MAR as well.

- *For Example:* **Ann Jones goes to the healthcare provider on 01/04/2015 and returns at 1 pm with an order, which reads:**
  - ***Amoxicillin 500 mg po 3 times a day for 10 days.***
  - *Start date is:* **01/04/2015**
  - *Stop date is:* **01/14/2015**

***Page # 1***

# Medication Administration Record (MAR)

**Name:**______________________________________ **Month:**______________, **Year: 20**_____

**Allergies:** ___________________________________________________________________________

***Must contain:***
- ✓ *Drug Name*
- ✓ *Dosage*
- ✓ *Route*
- ✓ *Frequency*
- ✓ *Your Initials*

| Medication | Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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SAMPLE

| NOTES: | Signature | Initial | Signature | Initial |
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*Page # 2*

**Name:** ________________________________________

**Record medication administration notes below. For medication not administered, use the codes in the box at the left, including appropriate dates, comments, and explanations.**

REASON MEDICATION NOT ADMINISTERED

1 = LOA

2 = Refused

3 = Hospital

4 = Held by HCP *(explain)*

5 = Medication not available *(explain)*

6 = Other *(explain)*

*Time, date, and initial each explanation.*

*Sign and initial at the bottom of the form.*

## COMMENTS – REASON MEDICATION NOT GIVEN

| *DATE* | *TIME* | *MEDICATION* | *REASON NOT GIVEN* | *INITIAL* |
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SAMPLE

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## ჲ Documentation Exercises (C)

### MEDICATION ADMINISTRATION RECORD (MAR) WORKSHEET

***Review the example MAR for Erick Ortiz and answer the following questions:***

1. Does Erick have allergies? **YES** ☐ or **NO** ☐
2. How much Lasix did Erick receive at 4 PM on June 18th? ______________
3. It is 8 AM on June 30th. You have just administered one tablet of Lasix 40 mg to Erick.
   ** * * Document that you gave the Lasix on Erick's MAR. * * **
4. What are Erick's diagnoses?
   ______________________________________________
5. How many days is Erick supposed to receive Amoxicillin? ______ **Days**

| Medications | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LASIX 40mg. | 8 am | TK | TK | TK | TK | TK | JU | JU | JU | JU | | | | | | | | | | | | | | | | | | | | | | |
| Take 1 tablet by mouth once | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| every day. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Discontinued 02-09-2000 order changed, see below. JU*

| Medications | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| COUMADIN 5mg. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Take 1 tablet by mouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| every other day. | 6 pm | → | → | → | → | → | → | CJ | X | CJ | X | DB | X | DB | X | DB | X | CJ | X | CJ | X | DB | X | DB | X | DB | X | CJ | X | | | |
| 02/08/2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Medications | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| AMOXICILLIN 250mg | 8 am | → | → | → | TK | TK | JU | JU | JU | JU | JU | TK | TK | TK | | | | | | | | | | | | | | | | | | |
| Take 1 capsule by mouth 3 | 2 pm | → | → | → | TK | TK | JU | JU | JU | JU | JU | TK | TK | TK | | | | | | | | | | | | | | | | | | |
| times daily for 10 days. | 8 pm | → | → | | DB | DB | DB | CJ | CJ | CJ | CJ | CJ | DB | DB | | | | | | | | | | | | | | | | | | |
| 02/03/2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*Stop 10 days only TK*

| Medications | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NITRO-DUR 0.4mg/hr | 8 am | TK | TK | TK | TK | TK | JU | JU | JU | JU | JU | TK | TK | TK | TK | TK | JU | JU | JU | JU | JU | TK | TK | TK | TK | TK | JU | JU | JU | JU | | |
| PATCH | Site | RC | LC | RB | LB | RC | LC | RB | LB | RC | LC | RB | LB | RC | LC | RB | LB | RC | LC | RB | LB | RC | LC | RB | LB | RC | LC | RB | LB | RC | | |
| Apply 1 patch every morning | Remove | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| and remove at bedtime. | 8 pm | DB | DB | DB | DB | DB | CJ | CJ | CJ | CJ | CJ | DB | DB | DB | DB | DB | CJ | CJ | CJ | CJ | CJ | DB | DB | DB | DB | DB | CJ | CJ | CJ | CJ | | |

| Medications | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CAPOTEN 25mg | 8 am | TK | TK | TK | TK | TK | JU | JU | JU | | | | | | | | | | | | | | | | | | | | | | | |
| Take 1 tablet by mouth 3 | 2 pm | TK | TK | TK | TK | TK | JU | JU | JU | | | | | | | | | | | | | | | | | | | | | | | |
| times daily. | 8 pm | DB | DB | DB | DB | DB | CJ | CJ | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

*order changed, see below. 02-08-2000 JU*

| Medications | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| CAPOTEN 50mg | 8 am | → | → | → | → | → | → | → | → | JU | JU | TK | TK | TK | TK | TK | JU | JU | JU | JU | JU | TK | TK | TK | TK | TK | JU | JU | JU | JU | | |
| Take 1 tablet by mouth 3 | 2 pm | → | → | → | → | → | → | → | → | JU | JU | TK | TK | TK | TK | TK | JU | JU | JU | JU | JU | TK | TK | TK | TK | TK | JU | JU | JU | JU | | |
| times daily. (Give 2-25mg | 8 pm | → | → | → | → | → | → | → | CJ | CJ | CJ | DB | DB | DB | DB | DB | CJ | CJ | CJ | CJ | CJ | DB | DB | DB | DB | DB | CJ | CJ | CJ | CJ | | |
| tablets) 02/08/2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| Medications | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LASIX 40mg | 8 am | → | → | → | → | → | → | → | → | → | JU | TK | TK | TK | TK | TK | JU | JU | JU | JU | JU | TK | TK | TK | TK | TK | JU | JU | JU | JU | | |
| Take 1 tablet by mouth | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| twice daily. | 4 pm | → | → | → | → | → | → | → | → | CJ | CJ | DB | DB | DB | DB | DB | CJ | CJ | CJ | CJ | CJ | DB | DB | DB | DB | DB | CJ | CJ | CJ | CJ | | |
| 02/09/2000 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | |
|---|---|---|---|---|---|
| **Charting for the month of:** | 06/01/2015 | **through** | 06/30/2015 | | |
| **Physician:** | Dr. Rivers | **Telephone #** | (302) 744-9626 | **Medical Record #:** | |
| **Alt. Physician:** | | **Alt. Physician Telephone #:** | | | |
| **Allergies:** | NKA | | **Rehabilitation Potential:** | | |
| **Diagnosis:** | Congestive Heart Failure, Hypertension | | | **Admission Date:** | 01/03/2015 |
| **Resident:** | Erick Ortiz | **Date of Birth:** | 08/23/1948 | **Room / bed #:** | 123-2 |

# MEDICATION ADMINISTRATION DOCUMENTATION

## Medication Administration Record (MAR)

## ACTIVITY

On July 16 you receive an admission to the residence you are working in. His name is **Tristan Blaze**. He comes to you with an ***Information Record or Face sheet*** containing personal information and HCP orders.

You have also received his medications, all of which you have accurate labels *(compared to orders).*

*** ***You are now ready to transcribe medications to the MAR.*** ***

1. Transcribe the orders to the provided MAR.
   a. What month and day do your orders begin? ______________________________
   b. How do you indicate the days in the month that medications were not given?
   ______________________________
   c. Does Tristan have any allergies? YES ☐ or NO ☐ ______________________________
   d. What are Tristan's diagnoses? ______________________________
   ______________________________
   ______________________________
   ______________________________
   ______________________________

2. On the back of the MAR place your initials and signature.
   ** * * Do this on the MAR using the correct procedure. * * **

3. Document that you gave all of his medications for 3 days.
   ** * * Do this on the MAR using the correct procedure. * * **

4. What is the stop date that for his Zithromax?
   ______________________________

5. On July 19th you receive an order to change the dose of Accupril to 5 mg daily.
   ** * * Do this on the MAR using the correct procedure for changing the order. * * **

6. On July 20th Tristan refuses to take his morning dose of Lasix. How do you document this?
   ** * * Do this on the MAR using the correct procedure. * * **

7. On the 21st Tristan goes on LOA with his family for 2 days. How do you document this?
   ** * * Do this on the MAR using the correct procedure. * * **

8. Who do you call if you have any questions regarding the HCP orders?
   ______________________________

# EXAMPLE

# INDIVIDUAL INFORMATION & ORDER FORM

## IDENTIFICATION

| 1. PATIENT'S LAST NAME | FIRST | MIDDLE | 2. BIRTHDATE (M/D/Y) | 3. SEX | 4. ADMISSION DATE (CURRENT LOCATION) |
|---|---|---|---|---|---|
| Blaze | Tristan | | 10-18-1950 | M | 09/04/2015 |

| 5. COUNTY AND MEDICAID NUMBER | 6. FACILITY | ADDRESS | 7. PROVIDER NUMBER |
|---|---|---|---|
| Kent 0021131415 | DDDS Residential | Dover, DE 19904 | |

| 8. ATTENDING PHYSICIAN NAME AND ADDRESS | 9. RELATIVE NAME AND ADDRESS |
|---|---|
| Dr. Kyrin | Jazlyn Blaze (Sister) |

**10. CURRENT LEVEL OF CARE**
X HOME; ___ SNF; ___ ICF; ___ HOSPITAL; ___ DOMICILIARY (REST HOME); ___ OTHER ______

**11. RECOMMENDED LEVEL OF CARE**
X HOME; ___ SNF; ___ ICF; ___ DOMICILIARY (REST HOME); ___ OTHER ______

**12. PRIOR APPROVAL NUMBER**

**13. DATE APPROVED/DENIED**

**14. DISCHARGE PLAN**
___ SNF; ___ HOME; ___ ICF; ___ DOMICILIARY (REST HOME); ___ OTHER ______

## 15. ADMITTING DIAGNOSES – PRIMARY, SECONDARY, DATES OF ONSET

1. Seizure Disorder
2. Hypertension
3. Insulin-Dependent Diabetes (IDDM)
4. Asthma
5. CHF
6.
7.
8.

## 16. PATIENT INFORMATION

| | DISORIENTED | | AMBULATORY STATUS | | BLADDER | | BOWEL |
|---|---|---|---|---|---|---|---|
| | CONSTANTLY | x | AMBULATORY | x | CONTINENT | x | CONTINENT |
| | INTERMITTENTLY | | SEMI-AMBULATORY | | INCONTINENT | | INCONTINENT |
| | **INAPPROPRIATE BEHAVIOR** | | NON-AMBULATORY | | INDWELLING CATHETER | | COLOSTOMY |
| | WANDERER | | **FUNCTIONAL LIMITATIONS** | | EXTERNAL CATHETER | | **RESPIRATION** |
| | VERBALLY ABUSIVE | | SIGHT | | **COMMUNICATION OF NEEDS** | | NORMAL |
| | INJURIOUS TO SELF | | HEARING | x | VERBALLY | | TRACHEOSTOMY |
| | INJURIOUS TO OTHERS | | SPEECH | | NON-VERBALLY | | OTHER: |
| | INJURIOUS TO PROPERTY | | CONTRACTURES | | DOES NOT COMMUNICATE | | O2 PRN CONT. |
| | OTHER: | | **ACTIVITIES/SOCIAL** | | **SKIN** | | **NUTRITION STATUS** |
| | **PERSONAL CARE ASSISTANCE** | | PASSIVE | x | NORMAL | x | DIET NCS |
| x | BATHING | x | ACTIVE | | OTHER: | | SUPPLEMENTAL |
| | FEEDING | | GROUP PARTICIPATION | | DECUBITI – DESCRIBE: | | SPOON |
| x | DRESSING | | RE-SOCIALIZATION | | | | PARENTERAL |
| | TOTAL CARE | | FAMILY SUPPORTIVE | | | | NASOGASTRIC |
| | **PHYSICIAN VISITS** | | **NEUROLOGICAL** | | | | GASTROSTOMY |
| | 30 DAYS | | CONVULSIONS/SEIZURES | | | | INTAKE AND OUTPUT |
| x | 60 DAYS | | GRAND MAL | | DRESSINGS: | | FORCE FLUIDS |
| | OVER 180 DAYS | | PETIT MAL | | | | WEIGHT |
| | | | FREQUENCY | | | | HEIGHT |

| | 17. SPECIAL CARE FACTORS | FREQUENCY | | SPECIAL CARE FACTORS | FREQUENCY |
|---|---|---|---|---|---|
| | BLOOD PRESSURE | | | BOWEL AND BLADDER PROGRAM | |
| | ~~DIABETIC URINE TESTING~~ | FSBS ac breakfast & supper | | RESTORATIVE FEEDING PROGRAM | |
| | PT (BY LICENSED PT) | | | SPEECH THERAPY | |
| | RANGE OF MOTION EXERCISES | | | RESTRAINTS | |

## 18. MEDICATIONS / NAME & STRENGTHS, DOSAGE & ROUTE

1. Dilantin 125mg/5ml - 4ml po every day
2. Lasix 40mg po twice daily
3. Tylenol 325mg 2 tabs po q6hr prn pain
4. or temp greater than 100°F
5. Humulin 70/30 - 10 units sq. ac breakfast
6.
7. Accupril 10 mg. 1 tablet once daily
8. Zithromax 250 mg. 1 daily X 4 days
9.
10.
11.
12.

**19. X-RAY AND LABORATORY FINDINGS / DATE:**

**20. ADDITIONAL INFORMATION:** PPD 8/28/03 0mm
PPD 2nd 9/15/03 0mm * allergies - codeine

**21. PHYSICIAN'S SIGNATURE** Dr. Kyrin **22. DATE** 09/05/2013

## ꕥ More Documentation Exercises (D) Exercise # 1

Alyssa's doctor, Dr. Zaccardelli, has diagnosed Alyssa with a severe sinus infection. He prescribes a dosage of amoxicillin to treat the infection. Alyssa Mitchell's pharmacy label for this prescription is written below.

Use sample Medication Administration Record (MAR) and transcribe the doctor's order correctly.

RX# 340 Pharmacy Phone #: (302)744-9626
Name of the Pharmacy: WOODBROOK PHARMACY
Address of the Pharmacy: 1056 S. Governors Ave. Dover, DE 19904

Individual's Name: Alyssa Mitchell Date Filled: March 26, 2016

Name of Medication & Strength: Amoxicillin 500 mg Quantity: 30 Tablets

Directions for use: Take one tablet po (by mouth) three times daily.

Name of HCP: Dr. Zaccardelli

Lot# 23X Expiration Date: March 26, 2017 Refills: 0

## Medication Administration Record (MAR)

| Medications | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medications | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## More Documentation Exercises (D) Exercise # 2

Alyssa was in the hospital from 4:00 am on June 1st until June 3rd. During her hospitalization the following information was recorded on her MAR. Alyssa returned home at 1:00 pm on June 3rd. Is this information recorded correctly?

| Medication or Treatment | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Start:** **03/26/2016** | Generic: Lorazepam<br>Brand: Ativan | 6 AM | H | H | H | | | | | | |
| **Stop:** **Continuous** | Strength: 0.5 mg tab<br>Amount: 2 tabs<br>Total Dose: 1 mg | 2 PM | H | H | LZ | | | | | | |
| | Frequency: Take 3 times a day by mouth.<br>Route: PO | 10 PM | H | H | LZ | | | | | | |

Comments:

## More Documentation Exercises (D) Exercise # 3

Alyssa went to Florida on September 4th leaving at 10 am and returned home on September 9th at 10 pm. During her time away the following information was recorded on her MAR. Is this information recorded correctly?

| Medication or Treatment | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Start: 03/26/2016 | Generic: Baclofen<br>Brand: Lioresal | 6 AM | LZ | LZ | LZ | LZ | V | V | V | V | V |
| Stop: Continuous | Strength: 10 mg tab<br>Amount: 1 tab<br>Total Dose: 10 mg | 2 PM | DG | DG | DG | DG | V | V | V | V | V |
| | Frequency: Take 3 times a day by mouth.<br>Route: PO | 10 PM | DG | DG | DG | DG | V | V | V | V | DG |

Comments:

## More Documentation Exercises (D) Exercise # 4

On May 3rd at 12:00 pm Alyssa complained of a headache. At 12:05 pm you gave her Tylenol for her headache. At 12:45 pm you asked if she felt better and she gestured that she did. At 4:00 pm Alyssa again indicated that she had a headache and you offered Tylenol for her pain at 4:15 pm. At 5:00 pm you asked her if she felt better and she indicated yes. You also took note of a news report that stated that it was a bad day for allergies and sinus congestion as pollen was high and humidity was high as well. On the below MAR- record the usage of Tylenol and discuss where the results for effectiveness would be recorded as well.

| Medication or Treatment | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Start:** **03/26/2016** | Generic: Acetaminophen<br>Brand: Tylenol | P | | | | | | | | | |
| **Stop:** **Continuous** | Strength: 325 mg tab<br>Amount: 2 tabs<br>Total Dose: 650 mg | R | | | | | | | | | |
| | Frequency: Take every 4 hours PRN for Temp> 101 or for a headache.<br>Route: PO | N | | | | | | | | | |

**Special Instructions/Precautions: Notify the HCP if elevated temperature lasts more than 48 hours.**

Comments: ________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

## More Documentation Exercises (D) Exercise # 5

May 4th, Alyssa complains of a toothache at 1:00 pm. What will you do?

| Medication or Treatment | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Start:** **03/26/2016** | Generic: Acetaminophen<br>Brand: Tylenol | P | | | | | | | | | |
| **Stop:** **Continuous** | Strength: 325 mg tab<br>Amount: 2 tabs<br>Total Dose: 650 mg | R | | | | | | | | | |
| | Frequency: Take every 4 hours PRN for Temp> 101 or for a headache.<br>Route: PO | N | | | | | | | | | |

Comments:

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

_______________________________________________

Read all orders carefully. Notice, for example, that Tylenol may be administered when the individual has a temperature of 101° or greater or a headache. If the individual complains of other symptoms not indicated by a PRN or OTC order *(for example, an upset stomach)* you must call the healthcare provider for an order.

## More Documentation Exercises (D) — Exercise # 6

The MAR below is an example of a "short-term medication" and how this would be recorded onto the MAR.

| Medication or Treatment | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Start: 03/26/2016** | Generic: Amoxicillin<br>Brand: Amoxil | 7 AM | X | X | X | AP | AP | AP | AP | AP | X |
| **Stop: 03/31/2016** | Strength: 250 mg tab<br>Amount: 2 tabs<br>Total Dose: 500 mg | 4 PM | X | X | TF | TF | TF | TF | TF | X | X |
| | Frequency: Take 3 times a day for 5 days<br>Route: PO | 10 PM | X | X | TF | TF | TF | TF | TF | X | X |

Comments: ______________________

## More Documentation Exercises (D) — Exercise # 7

The MAR below is an example of how to show a medication has been discontinued.

| Medication or Treatment | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Start: 03/26/2016 | Generic: Amoxicillin<br>Brand: Amoxil | 7 AM | X | X | X | AP | AP | AP | AP | AP | X |
| Stop: 03/31/2016 | Strength: 250 mg tab<br>Amount: 2 tabs<br>Total Dose: 500 mg | 4 PM | X | X | TF | TF | TF | TF | TF | X | X |
| | Frequency: Take 3 times a day for 5 days<br>Route: PO | 10 PM | X | X | TF | TF | TF | TF | TF | X | X |

Discontinued 03-31-2016
MM

Comments:

## More Documentation Exercises (D) — Exercise # 8

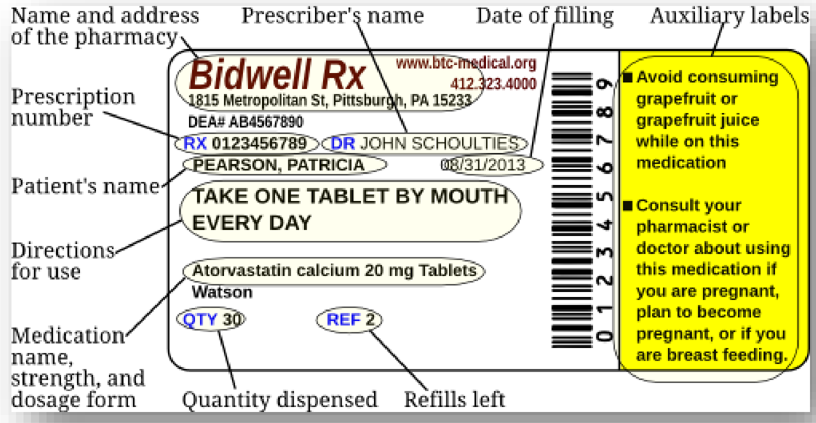
Alyssa's doctor has ordered the following: Tegretol 200 mg po two times a day and 100 mg po every day at 4:00 pm. The example below shows the proper way to transcribe the order onto the MAR.

| Medication or Treatment | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Start:** **03/26/2016** | Generic: Carbamazepine<br>Brand: Tegretol | 7 AM | X | X | X | AP | | | | | |
| **Stop:** **Continuous** | Strength: 100 mg tab<br>Amount: 2 tabs<br>Total Dose: 200 mg | | | | | | | | | | |
| | Frequency: Take twice daily<br>Route: PO | 9 PM | X | X | X | TF | | | | | |

| Medication or Treatment | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Start:** **03/26/2016** | Generic: Carbamazepine<br>Brand: Tegretol | | | | | | | | | | |
| **Stop:** **Continuous** | Strength: 100 mg tab<br>Amount: 1 tabs<br>Total Dose: 100 mg | 4 PM | X | X | X | TF | | | | | |
| | Frequency: Take every day at 4 PM.<br>Route: PO | | | | | | | | | | |

Comments:

## More Documentation Exercises (D) Exercise # 9




**Patients Name:** ______________________ **Prescriber's Name:** ______________________

***Name of Medication:** ______________________ **Date Filled:** ______________

***Dose:** ______________________ ***How Often?** ______________________

**Special Instructions?** ______________________________________________

### MAR

| Medication or Treatment | | Hour | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Start: | Generic:<br>Brand: | | | | | | | | | | |
| Stop: | Strength:<br>Amount:<br>Total Dose: | | | | | | | | | | |
| | Frequency:<br>Route: | | | | | | | | | | |

*** Minimum information to write on MAR, don't forget your initials as well.**

LESSON

5

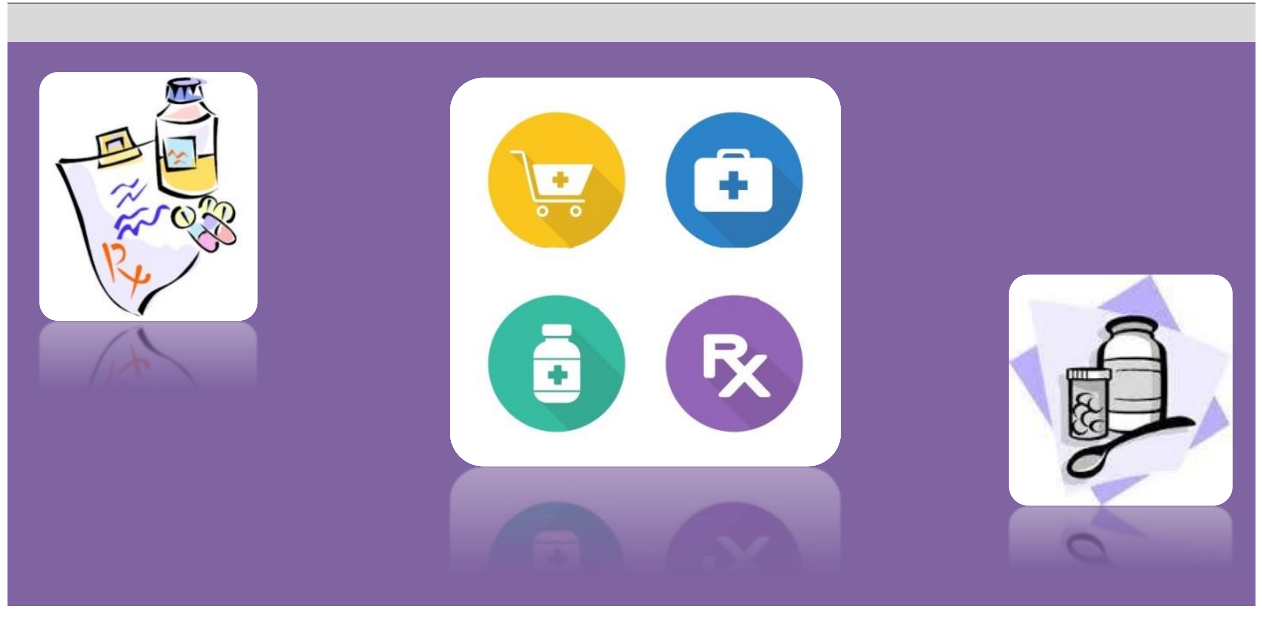
# SAFE MEDICATION ADMINISTRATION

LESSON

5

# SECTION 1

## PREPARING TO ADMINISTER MEDICATION



## The Medication Cycle [A]

**The learner will:**

- ✓ List the (3) three Safety Checks of medication administration.
- ✓ Identify the 6 Rights of medication administration.
- ✓ Identify the common Routes of Medication Administration.
- ✓ Describe the basic steps of medication preparation prior to medication Administration.
- ✓ State when the supervisor must be notified of a change in the individual's normal condition.
- ✓ State documentation requirements for medication administration
- ✓ Demonstrate correctly all steps of the medication administration competency checklists.

The legal obligation of a LLAM trained UAP is to stay within the legally defined role in the delivery of medication.

### *The LLAM trained UAP may not:*

- Convert or calculate dosage.
- Asses an individual for the need for or response to a medication.
- Use nursing judgement regarding the administration of PRN medication.
- Administer medications to an individual who is unstable or has changing needs:
  - ✓ Any condition that requires assessment, judgement or intervention due to observed changes in the individuals' physical or mental health.
  - ✓ Close monitoring of an individual related to responses of interventions or medications that affect additional interventions or actions.
  - ✓ Report any change in the individual *(physical, emotional)* observed before, during and after medication administration.

***Administering medications safely involves a process that should be used every time medication(s) are given. Utilizing the medication cycle and the process that we will discuss in this section will help you avoid medication mistakes/errors.***

The ***Cycle of Medication Administration*** is ongoing and involves a process. We will now discuss the importance of the ***Cycle***, and within this Cycle the ***Process***.

Following the Cycle and the Process each time you provide medications is critical in maintaining safety to all individuals receiving medication from the LLAM trained UAP.

## THE CYCLE:

- ***Observation Preparation, Reporting***
  - When you begin your shift, greet your individual.
  - Receive a verbal report.
  - Review the Medical Record and the MAR.
  - Observe your individual. Is there anything different? Anything new?
  - Be prepared. What might you need? Check to make sure you have everything. Where are gloves, other equipment?
  - Look forward, make mental notes of what you anticipate will be happening during your shift. Make written notes or reminders if needed.
  - Promptly report any changes in your individual's physical or emotional condition.
  - Call pharmacy or Healthcare provider or Nurse for clarification for anything you may not be sure of.

  ***Hand Hygiene***
  - Hand hygiene needs to be part of your routine. Before you give medications or treatments, always wash your hands thoroughly. Wear gloves whenever you may come in contact with blood or body fluids. The most important thing you can do to prevent the spread of infection is to wash your hands, before and after giving medication, after using the bathroom, before and after applying gloves, after blowing your nose and so on. Washing hands with soap and water is preferred, but alcohol based hand sanitizer is acceptable between handwashing. Alcohol based hand gel *(60%)* is just as effective as hand washing for removing germs from hands and is sometimes more readily available.

  ***Explanation to Individual***
  - Always provide explanations for what you are about to do. Maintain a calm and respectful approach. Provide instructions and education each time you give medications. Answer questions. Encourage participation and preferences wherever possible. A relationship of trust is very important.

- ***Preparing and Administering Medication and Observing***
  - Review your medications by looking at the MAR, information sheets and alerts sheets, clarifying the medications schedules. Check to make sure you are ready for your ***time*** of medication pass.
  - Make sure you have the right measuring devices and any other supplies.
  - At the correct time, begin preparing by using the ***3 checks and 6 Rights***. Every single time. Medications should never be given by memory.
  - Identify your individual and provide for privacy. Focus on one individual at a time.

- Observe the individual take the medication as prescribed. Report any refusals. Never leave medications unattended. Properly store and lock.
- Continue to observe. Communicate Changes *(verbal and written)*.

### ❖ Documentation

- Your documentation should read like a storybook. It is an important part of the process of administering medication. It communicates to all exactly what medication has been given and when, as well as responses to it *(**i.e.** changes)*. You will need to document any physical or behavioral changes in your individual, and who you have reported to. Your documentation is a legal document, and needs to be clear and concise. You will document the medication you give on the MAR, and responses to medications on the electronic record. You will also document on an Incident report or GER, any time there is an error in medication administration.

#### Hand Hygiene

- Don't forget to wash your hands again after you have finished administering to one individual and before you begin the process again with another individual.

#### Storing and Disposing of Medication

- This is part of the process of administering medication. Proper storing and disposing of medications reduces medication errors, and ensures medication safety through a consistent process of handling. Proper storage is essential to prevent contamination and deterioration of medications. Medications are always locked safely away, and double locked in the case of controlled substances. Locking medications prevent access to those unauthorized to access medications. Never leave medications unattended.

### ❖ Observation, Preparation, Reporting

- You are continuously observing the individuals you care for any physical or behavioral changes. Any time an individual has signs of difficulty breathing, or complaint of chest pain, decreasing level of consciousness *(responsiveness)* or a seizure, call 911. Notify your supervisor with all other changes. Don't forget to document and communicate even minor changes such as if individual did not eat much breakfast today, or went to bed earlier than usual. These behaviors could be significant over a span of time and should be carefully observed, communicated and documented.

We need to make every possible effort to administer medications safely. It is important to remain diligent when supporting individuals by being prepared, knowing your individual and his/her habits, preparing ahead of time by reviewing the electronic record and MAR for possible changes in medications, and to promptly report and communicate any changes in the individual or his/her medications. Before you leave your shift, ask yourself if there is anything, you need to do, or to communicate, or report, to ensure the safety and well-being of those you support.

## ꩜ The Medication Process (B)

# THE MEDICATION PROCESS

**The LLAM trained UAP:**

1. Reviews the MAR for medications due (name, dosage, purpose and possible side effects).
2. Reviews the MAR for allergy status.
3. Works with one individual at a time to prevent other individuals from interfering with the medication process.
4. Completes hand hygiene immediately before administering medications, and follows other universal precautions as needed, such as wearing gloves.
5. Identifies the right individual, and will never administer medication unless the individual can be identified per DDDS policy (picture ID on MAR).
6. Uses individual name during the administration process.
7. Prompts the individual to wash hands if indicated.
8. Explains to individual what you are about to do before giving medication to include time schedule of medications, purpose, possible side effects. Answer questions individual may have.
9. Prefills water cups to avoid distraction, and/or prompts for food and drink of preference when indicated; never turn away from individual during medication process.
10. Provides for Privacy.
11. At the right time, unlocks storage area, obtaining right medication, and compares the prescription label to the MAR, making sure all information matches ***(First Check)***. If in doubt, the LLAM trained UAP will not administer medication until it has been confirmed that medication is correct. Only medications in the original, pharmacy containers, with legible labels will be used.

12. Before pouring or removing medication from the package, checks the prescription label against the medication order to make sure they match *(Second Check)*.

13. After the medication is poured/removed from packaging, but before it is administered, checks the prescription label against the MAR again to make sure they match *(Third Check)*.

14. If Prescription Label and MAR do not agree, STOPS and notifies Supervisor. Does not give medication until problem is resolved.

15. Crushes oral medications *only with direction received in prescribing practitioners order.* Notifies prescribing practitioner if individual cannot swallow medication as ordered.

16. Measures liquids with appropriately marked measuring device *(never household spoon)*. Stop if unsure about the measurement and notifies supervisor, administrator, pharmacist or healthcare provider.

17. Administers the medication using the 6 rights *(right individual, right medication, right dose, right route at the right time, right documentation)* and that individual is in right position and receives medication according to right method. Also, assists with medication administration, rather than "administers" in appropriately identified individuals.

18. Observes individual taking medication. Never leaves individual during administration. Medication is never left unattended.

19. Returns medication to correct storage area and locks the storage area.

20. Documents medication on MAR, comparing the pharmacy label to the MAR. Uses the 6 rights. Document medication refusal, report to house manager or consultative nurse.

21. Prompts the individual to wash hands if indicated.

22. Completes hand hygiene.

23. Report a medication error as per facility policy.

## Hand Hygiene (C)

**The learner will:**

- ✓ Identify when hand hygiene procedures are used to reduce risk of transmitting germs that can cause infection
- ✓ Describe and demonstrate procedures for hand hygiene using both soap and water and alcohol based hand sanitizers.

# HAND HYGIENE

***Hand hygiene is the most important factor in preventing the transmission of germs that cause infection.***

A. **Hand hygiene refers to using soap and water to clean hands, or to use an alcohol based hand sanitizer** *(waterless antiseptic product)*. **Hand hygiene should be performed:**

- When coming on duty.
- Before and after direct contact with individuals *(bathing, toileting, oral care).*
- Before and after assisting individuals with meals.
- Before and after administering or assisting with administration of medication.
- After contact with body fluids or excretions, mucous membranes, non-intact skin, catheters, bedpans, specimens, and wound dressings, even if hands are not visibly soiled.
- If moving from a contaminated to a clean body site during an individual's care.
- After contact with inanimate objects in the immediate vicinity of the individual.
- Before and after removing gloves.
- Before and after administering eye drops.
- Before and after changing bed linens and after handling dirty laundry.
- Before and after collecting urine specimens.
- Before and after changing a dressing.
- After completing duty.

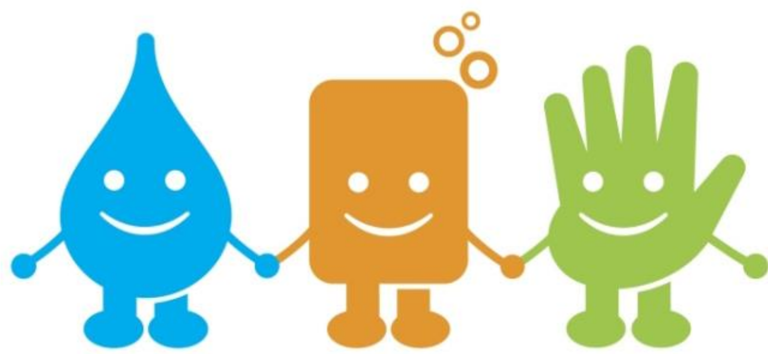
**B. Staff must wash hands with soap and water:**

- When hands are visibly dirty or contaminated with organic material.
- When hands are visibly soiled with blood or other body fluids.
- Before eating.
- After using the restroom.
- Before and after contact with a resident and/or articles in isolation; before entering and upon leaving the isolation room.

**C. Staff must wash or assist individuals with hand washing with soap and water:**

- When individuals hands are visibly dirty or contaminated with organic material.
- When individuals hands are visibly soiled with blood or other body fluids.
- When individual demonstrates “hand to mouth” behavior.
- Before the individual eats. If the individual can reach the sink, hand washing with soap and water is the preferred method. For those who cannot reach the sink, and who do not feed themselves, hand washing may be accomplished using an alcohol based disposable hand wipe.
- After the individual uses the bathroom.
- Before leaving an isolation room.

*Special Consideration:* When and individual demonstrates “hand to mouth” behavior, alcohol based hand sanitizers or wipes shall not be used. Hand hygiene using soap and water must be completed.



## Other aspects of hand care and protection:

### Glove Use:

- Gloves should be worn whenever there is potential for contact with blood or body fluids.
- Gloves will be used as an adjunct to, not a substitute for hand washing.
- Hand hygiene is always performed after removing
- Gloves should be changed when moving from one procedure to another on the same individual (Example: oral care after completing bath).
- Gloves are never reused
- For staff with sensitivity to Latex or other glove materials, alternative products will be provided.

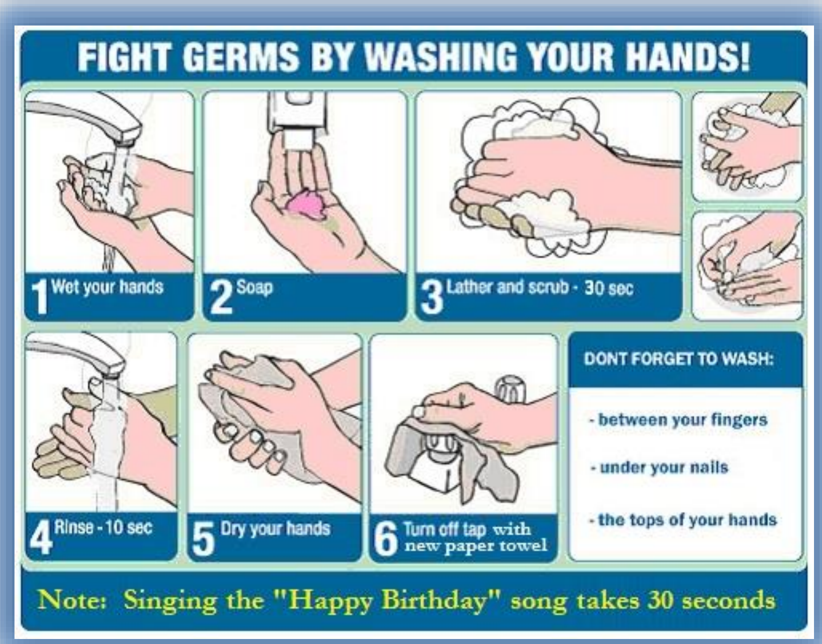
### Lotion:

- A lotion may be used to prevent skin dryness associated with hand washing
- If used, lotion will be supplied in small individual use or pump dispenser containers that are not refilled.
- Compatibility between lotion and antiseptic products and the effect of
- Petroleum or other oil emollients on the integrity of the gloves will be considered at the time of product selection.

### Fingernails:

- The UAP, regardless of where care and/or services are delivered shall have nail tip length no more than ¼ inch long when observed from the palm surface of the hand.

**Refer to skill # 1**
**Hand Hygiene Medication Administration Competency Skills Checklist**



## ≈ The 3 Safety Checks [(D)]

# THE THREE SAFETY CHECKS:

☑ ***Check 1:*** At the right time, remove medication from the locked area and check the prescription label against the medication record to make sure that they match.

☑ ***Check 2:*** Before pouring or removing the medication check the prescription label against the medication order to make sure that they match.

☑ ***Check 3:*** After the medication is poured/removed from packaging, but before it is administered, check the prescription label against the medication record again to make sure they match.

***If the prescription label and MAR do not agree, STOP and notify your supervisor. Do not continue until the problem has been resolved.***

At the same time, you are ensuring the safety checks you are asking yourself about the six *(6)* rights of safe medication:

## THE (6) SIX RIGHTS

1. Right Individual?
2. Right Medication?
3. Right dose?
4. Right Time?
5. Right Route?
6. Right documentation?

The actual ***process*** of medication administration built within the cycle of **Observing**, **Preparing**, **Reporting** and **Communicating** demonstrates the correct technique for delivering medications safely to individuals.

The LLAM trained UAP will utilized this process, as learned in this course, every time medication is administered. Developing consistent and safe habits for administering medications will minimize the risks of medication errors.

Never give medications from memory. Always focus on these safety checks, every time you give medications. Answer every question while you are focused on the individual and the task.

## The Six (6) Rights of Medication Administration (E)

# THE SIX RIGHTS OF MEDICATION ADMINISTRATION

### *The Right Individual*

To ensure that the correct medication is administered to the right individual, you should systematically and conscientiously check against the six rights each time medication is administered. Identify the individual according to DDDS protocol. Do not administer medications unless you can identify the individual. Even when the individual in well-known, mistakes can happen. When medications are prepared for more than one individual at a time, medication can be given to the wrong individual.

*Serious Mistakes can be avoided if the LLAM Trained UAP:*

- Prepares the medication for one individual at a time.
- Staff validates the individual's name prior to administration of medication according to DDDS protocol. Uses the individuals name during medication administration.
- Gives the medication to the individual as soon as it is prepared.
- Works with one individual at a time to prevent other individuals from interfering with the medication process.
- Always completes the medication administration with the individual before doing anything else.
- Pays close attention at all times when administering medication; always faces and observes the client during the administration process.

### *The Right Medication*

***To ensure that the right medication(s) is administered to the right individual:***

- Read the prescription label and check against the MAR.
- Read the medication label carefully. Note that some medications have more than one name: a brand name and a generic name. If in doubt, confirm the medication is correct prior to administering.
- Check the spelling of the medication carefully. If there is any doubt about whether the medication name is correct, stop and call supervisor before administering the medication.
- Read the medication order carefully. Be sure the medication name on the order matches the medication name on the label.
- Pre-poured containers dispensed by the pharmacy may contain a single dose of a single medication or a combination of multiple medications. Be sure to administer based on the directions on the container.
- Check the expiration date on label. Dispose of expired medications promptly per policy.

Pill bottles should contain one drug and one drug only. Never mix the contents of an old pill bottle with the contents of a new pill bottle. There may be a change in the brand or dose which will create confusion and error. Mixing of pills would make it impossible to identify which were new and which were old pills should a problem occur.

Medication samples dispensed by a practitioner may not be used unless the samples are placed in a container and labeled to federal standards for the individual. Request a prescription or have the practitioner properly label the sample.

Some medicines can work faster, slower, better, or worse when taken on a full or empty stomach. On the other hand, some medicines will upset the stomach, and if there is food in the stomach, that can help reduce the upset. If directions are not listed on the medicine labels, ask the prescriber or pharmacist.

## *The Right Dose*

The LLAM program does not allow for conversion of medication dosage.

Prescriptions will state the specific amount of medication to be administered. If confused about a measurement, seek confirmation from a supervisor, consultative nurse or the pharmacist.

Common measurement terms and their abbreviations for tablets, pills and capsules are milligrams (mg or mgm) and grams (g or GM).

The prescription will indicate how many pills to administer.

***For example:*** Tegretol 200 mg tablets two tablets daily

**Note: Always ask the pharmacist or the nurse about any order that requires administering more than 3 tablets or capsules of the same medication in one dose. This could be an over-dosage!**

Common measurement terms and their abbreviations for liquids are ounce (oz), tablespoons (Tbsp), and teaspoons (tsp). Some prescriptions may indicate a measurement in milliliters (ml).

- **Household teaspoons can vary in size and should not be used. Proper liquid medication measuring cups/containers are available and should be used.**
- **Ear and eye liquids are usually measured in drops (gtt or gtts) or dropper-full. Droppers should be included in the medication packaging.**

**Review handout on common measurements, and abbreviations.**

## *The Right Time*

Routine medications should be administered at established times. This helps to ensure desired levels of medication will be maintained and doses will not be given dangerously close to each other. If a medication label does not offer specific times but use terms like AM for morning and PM for night, employers will assign specific times for the AM and PM medications to be given.

As a general rule, when the directions for medication do not include the specific dosage times keep doses at least four hours apart. Some medications should not be given at the same time, or in combination with other medications. If two or more practitioners prescribe medications, check medication compatibility with the nurse, pharmacist or practitioner, or poison control center when necessary.

**Medications may be given 60 minutes before or after the indicated time.**

The exception is for medications to be given with or without food. Follow the directions on the label.

- Medications that should be taken on an empty stomach should be given one hour before eating or two hours after eating.
- Medications that should be taken with food should be administered either right before or right after a meal (full stomach).

**Refer to Page for further information on The Right Time, as discussed in Medication Administration Documentation, Section 3.**

## *The Right Route*

Medications are administered by the right route as indicated on the order.

LLAM regulations permit authorized staff to administer medications that are given:

- Oral *(by mouth)*
- Sublingual *(under the tongue)*
- Pulmonary *(breathed in through nose or mouth)*
- Topical
  - On the skin or hair *(patch, shampoo)*
  - On or into the rectum
  - On or into the vagina
  - Into the eye *(ophthalmic)*
  - Into the ear *(otic)*
  - Into the nose *(nasal)*

LLAM regulations do not allow for the administration of injectables with the exception of the Epi-pen and glucagon. DDDS allows only the epi-pen, in life saving emergencies. Clients with Insulin must be independent with all aspects of filling the syringe with the correct dose, administering the medication, and disposing of the syringe into bio-hazard sharps disposable containers. The LLAM trained UAP can record the observation of the client administering the injection. The LLAM trained UAP is permitted to assist with finger sticks.

### Common Problems with Oral Medications

Client can't swallow pills: Inform prescribing practitioner. Medication may come in liquid form. If a liquid form is not available the practitioner, pharmacist or nurse can offer guidance about alternative methods of handling the medication. An order can be obtained from the practitioner to crush the medication or put it in food.

Often older adults suffer from dry mouth. Offer water prior to administering medication to wet the mouth. Be sure to offer water after offering the medication.

Client hoards medication in the mouth instead of swallowing the medication: After the client appears to have swallowed the medication, ask the client to show that his/her mouth is empty.

Do not place fingers in the client mouth: Medications can be hoarded between the gum line and cheek. If medication is not noticed but the client has a known history of hoarding, have the client remain with a staff member for 30 minutes by which time many hidden medications will dissolve enough to become distasteful. Hoarding should be reported to the prescribing practitioner.

Client regurgitates medication after swallowing: If the client has a known history of regurgitating, have the client remain with staff for 30 minutes. Do not allow the client to travel out of your line of vision. Regurgitation should be reported to the practitioner.

Client refuses medication: Do not make a control issue out of medication. Calmly lock medication away and retry in 15 minutes. Notify the prescribing practitioner regarding all medication refusals.

Client bites: Use paper or plastic medication cup to place medication to the lips of the client. Do not put your fingers in the client's mouth or use your fingers to put medication in the client's mouth. If you are bitten, follow your agency incident policy.

If you have any doubt concerning the right route of administering a medication, contact your supervisor. Never give medication without clear understanding that you are, according to the label and MAR giving the **right medication** to the **right individual,** at the **right time**, by the **right route** and the **right dose**, and that you are correctly **documenting** the same.

## *The Right Documentation*

Documentation is an important part of administering medication. It provides communication between individuals who care for clients. The practice of administering medication involves providing the individual with a substance prescribed and intended for the diagnosis, treatment, or prevention of a medical illness or condition. Documentation of medication administration is an important responsibility. The medication administration record tells the story of what substances the individual has received and when. Like other health care records, it is also a legal document.

### Document on the MAR:

- Document administration after giving the ordered medication, and initial the entry.
- Document if an individual refuses taking medication and the reason. Circle your initials.
- Document on the MAR when a medication has not been given by circling your initials on the MAR and documenting the reason the medication was not administered.
- Document the time, route, and any other specific information as necessary.
- Document/report any change that is different from the individual's normal condition including behavior changes.

*** * * * If it wasn't documented it wasn't done! * * * ***

**Please refer to <u>Section 3</u> Medication Administration Documentation for more information and details regarding documentation.**
**Review principles of documentation and subjective and objective documentation.**

**When administering medications you must always utilize the process of The 3 checks and The 6 Rights. Every Time!**

**REVIEW**

- **Check individual allergies before administering medications.**
- **Never give medications from memory. Avoid distractions.**
- **Never give medication if order, label and MAR do not match exactly.**
- **Gather supplies that you will need before you begin so that you are not interrupted while preparing and administering medication.**
- **Always complete hand hygiene according to infection control standards.**
- **Always identify the individual according to agency policy.**
- **Always explain to the individual what you are doing.**
- **Always position the individual properly for route of medication.**
- **Never leave medication unattended. Face the individual at all times during the process.**
- **Stop the process if you have any questions, before you administer medication. Resolve any issues before continuing with medication administration.**
- **Use only calibrated or clearly marked cups or syringes for measuring medications.**
- **Never crush medications without a Healthcare Provider Order to do so *(Must be in writing)*. Notify supervisor if individual is having any difficulty swallowing medications.**

**REVIEW**

- **Always observe individual swallowing medication.**
- **Always follow special instructions on label and package inserts.**
- **Never put unused medications back in container. Dispose of according to policy.**
- **Document after administering medication. Document refusals.**
- **Do not use pencils.**
- **Do not erase or scribble out enteries.**
- **Do not use whiteout.**
- **Do not leave blank spaces.**
- **Do not destroy or alter any part of the MAR.**
- **Do not use judgemental language.**
- **Store and lock medications properly *(don't forget refrigerated meds)*.**
- **Don't forget the need to count controlled medications and loose medications.**
- **Report any medication errors promptly. Document according to DDDS policy.**
- **Observe the individual for any physical or behavioral changes and report promptly to supervisor, nurse or healthcare provider.**
- **Call 911 for any difficulty in breathing, shortness of breath, lack of responsiveness, or complaint of chest pain.**
- **Know your medical alert form and your medication nformation sheets by reviewing them each shift.**
- **Document objectively, not subjectively in the electronic record.**

## Routes of Medication (F)

# ROUTES OF MEDICATION

We will now take a close look at each of the "routes" of medication administration authorized by LLAM. *(Step by step review of competency and then demonstration of each will follow this section)*

### The Oral Route

Most Medication is taken by mouth *(orally)* and swallowed. The types of medication taken by mouth are pills, caplets, tablets, capsules and liquids.

**Solid Form: pills, capsules, caplets, tablets, enteric coated**

- **Points to Remember:**
    - Place medication in a medication cup.
    - Ensure individual is properly positioned.
    - If you are giving several pills to the same individual at the same time, you can put them all in the same medication cup. *(Determine ability to take multiple pills, always be cautious of choking hazards)*
    - If you are giving a pill and a liquid at the same time, give the pill first, and then give the liquid.
    - If you have written instructions by the health care provider to mix medication with food give in only one ounce or less, unless the pharmacy or healthcare provider tells you to do it differently.
    - Always observe the resident taking the medication to assure the medication is swallowed, before documenting on MAR.
    - Always ensure that the dose that is taken is the exact amount ordered for the individual.
    - Follow special instructions from pharmacy or HCP regarding food restrictions, and precautions.

Offer sufficient fluids when administering medication. Offer enough fluids to moisten mouth prior to swallowing pills and provide for hydration *(unless contraindicated in order)* Read label and MAR carefully for instructions.

## ❖ More Points to Remember:

- Never change the form of a medication without a healthcare provider's written order. This means:
  - Do not touch medications with your hands.
  - Do not crush or dissolve a capsule, tablet or caplet.
  - Do not take the medication out of a capsule.
  - Do not mix the medication in food or liquid *(without order)*.
  - Remember, the only exception to the rule is if you have a written order from a healthcare provider *(and it is clearly transcribed from label onto MAR)*.

**Liquid Form: solutions, suspensions, elixirs, syrups**

## ❖ Points to Remember:

- Shake the bottle well before giving medication *(unless otherwise instructed)*.
- When removing cap, place upside down on clean surface.
- Hold your hand over the label while pouring the liquid medication to prevent soiling the label.
- Use only a marked medication cups placed at eye level for pouring *(for accuracy)*
- If giving two liquids and one is cough syrup, give cough syrup last, for it will coat the throat.
- Lock medications that need to be refrigerated in refrigerator.
- If you pour out too much, throw the unused part away. Do not return it to bottle.
- Do not mix two liquids together.
- Use clean paper towel to wipe mouth of bottle before replacing lid.

**Refer to skill # 2**
**Medication Administration Competency Skills Checklist**

***Note:*** Most prescription antibiotics have a short shelf life and frequently have to be either refrigerated or kept away from heat and out of direct sunlight. All doses of the antibiotics should be administered to the individual per the prescription. The pharmacy label lists the date when the medication will expire. The label expiration date should be checked every time it is administered. Do not use medication beyond the expiration date.

## The sublingual Route

Sublingual medications are placed under the tongue to dissolve. The healthcare provider will instruct you if a medication is to be given under the tongue and not swallowed (the pharmacist will place a special label on the medication container naming it as sublingual and/or to be dissolved under the tongue. Sublingual medications are sometimes ordered for heart problems or seizure disorders.

**❖ Point to remember:**

- When administering sublingual medication, make sure you explain the importance of allowing it to dissolve under the tongue and not to chew or swallow. Do not offer liquids for 10 minutes after medication is dissolved.

## The Inhalant Route

Inhalant medications are medications inhaled through the nose (nasal inhalants) or inhaled through the mouth *(oral inhalants)*, and are commonly used for asthma and allergies. Nebulizer units are machines that produce a strong flow of inhaled medication.

Many inhalant medications are given to stop or prevent an asthma attack.

**❖ Points to Remember:**

- Be sure to wash your hands before and after handling medications and gloving.
- Be aware of discard dates on these medications as they must be discarded and replaced promptly.
- Follow directions on package inserts
- Always allow access of an individual to emergency inhaler or nebulizer.
- Never leave an individual in crises! If unsure about the procedure or if the client refuses, immediately contact supervisor, or HCP, or call 911.
- If medication is an emergency ASTHMA medication and is not bringing relief within 5 minutes as ordered, **Call 911 immediately**.

**Remember, pulmonary inhalant medications must be stored and charted like other internal medication. Always get specific instructions from the nurse, pharmacist or healthcare provider before giving medication by this route if unsure about how to give.**

**In addition, oxygen is an inhalant medication.** All rules and regulations that are followed for medications are also followed for all oxygen. Oxygen requires a written order from the health care provider and must be included on the MAR for staff to sign. Staff must also verify ordered flow rate twice per shift and document on MAR. The healthcare provider's orders must be specific, clear and concise.

*** * * * * Additional training may be required for use of inhaler, special equipment and administration of oxygen * * * * ***

**Refer to skill # 3**
**Inhalant Medication Administration Competency Skills Checklist**

## The Topical Route

Topical medications are ordered for a variety of reasons to include treatment of infection, rashes, dry skin and itching and so forth. Topical medications include creams, ointment, lotions, tinctures, solutions, suspensions, soaps, shampoos, and eye, ear, nose preparations. Topical medications are administered by applying the medication to part of the body: the skin, hair, eyes, ears, or nose. Topical medications may be for treatment of a specific body part *(local)* or a whole body system *(systemic)*. Medications for external use, are stored and locked just like any other medication, but must be kept separate from internal use medications *(such as a different box container/on another shelf in cabinet)*. Topical medications must always be specific about where to apply. Always wash hands and wear gloves when administering topical medications.

***Example:*** Apply to "rash on left forearm" 2 times daily
**NOT**
Apply to "affected area" 2 times daily

### ❖ Points to Remember:

- Wash hands or use alcohol hand sanitizer and wear gloves when administering topical medication
- Read and follow package instructions
- Apply medication to clean, dry skin
- Pour, or with a clean spoon, dip out just enough of the medication for one application into a clean container and use. Never put unused medication back into its original container.
- Tubed ointments can be squeezed onto a gauze pad or a bandage.
- Do not shake powders, to avoid inhaling
- Do not rub or massage the area of application unless directed to do so.
- Do not bandage the area unless instructed per order
- Never touch the skin with a tube of medication to prevent contamination of tube. This can spread infection.
- Do not share tubes of ointment or liquid medications between individuals to avoid spreading infection.

**Refer to skill # 4**

**Topical Medication Administration Competency Skills Checklist**

***Note:*** Skin should be inspected frequently for any signs or bruising, swelling, rash, abrasions or blistering, or any worsening conditions of the skin. Report any change in condition of skin to supervisor.

## The Transdermal Patch:

Transdermal medication can be used for such things as treating hormonal problems, heart problems, motion sickness, and to help people stop smoking. Transdermal medication patches give an individual a constant, controlled amount of medication through the skin.

### ❖ Points to Remember:

- Do not forget your gloves to avoid absorption of medication.
- Remove the old medication patch and discard per package directions.
- Rotate sites where patches are applied. Medication patches should not be applied to the same site as the old patch. Document site on the MAR.
- Obtain written instructions from the healthcare provider for what to do if the patch comes off, at the time the order is received.
- Unless otherwise ordered by health care provider, apply and remove the patch at the same time ever day. *(This allows for the medication to be taken into the blood in the proper dosage at all times)*
- Date, time and initial patch. Don’t forget to document on MAR.
- Inspect the individual carefully for skin rashes, blisters, or scratching. Listen for complaints of itching, burning or discomfort at site of patch placement.
- The transdermal patch is an external medication and requires separate storage from internal medications.
- Avoid applying patch to hairy areas.

## *Shampoos:*

### ❖ Points to Remember:

Shampoos are usually prescribed for scalp and skin conditions. It is important to follow the specific orders of the healthcare provider or pharmacist.

- ✓ Be sure to protect the individual's eyes, nose and mouth when applying shampoo.
- ✓ Wear glove and apron to protect your skin and clothing.

## *Eye Medications:*

Eye medication is usually administered for eye infection, glaucoma, or dryness, and comes in the form of eye drops or ointments. Make sure the word "ophthalmic" or "eye" is written on the label of the medication. The label should also indicate which eye or if both eyes are to be treated. Never share eye medications. Encourage the client to self-administer eye medication whenever possible.

### ❖ Points to Remember:

#### *Eye Drops:*

- Always wash hands and wear gloves when administering eye medications.
- Ask individual to sit down
- Only treat eye(s) as directed by order.
- Gently pull the lower lid down and place the prescribed amount of medication on the inner aspect of lower lid.
- Encourage individual to remain seated for a few minutes after applications to ensure vision is not blurred.
- Don't touch the applicator tip to eye or eyelid to prevent serious injury or contamination of the tube or vial.
- Don't place drops directly on eyeball
- Never put pressure on the eyeball
- Never share medication between individuals

#### *Eye Ointments:*

- Apply a thin line of ointment in the pocket of lower lid starting from the inner aspect of the eye, to the outer aspect. Gently wipe away access ointment with tissue.
- Encourage individual to remain seated for a few minutes to ensure vision is not blurred.
- Don't touch applicator tip to eye or any surface.
- Don't place ointment directly on eyeball.
- Never share medication between individuals.

**Refer to skill # 5**

**Eye Medication Administration Competency Skills Checklist**

## *Ear Medications:*

### Points to Remember:

- If medication has been refrigerated, allow to stand for 10 minutes. Cold medication can cause pain.
- Pharmacy label should indicate which ear or if both ears are to be treated.
- Ask the individual to tip his/her head so that the treated ear is higher than the unaffected ear and instill the precise number of drops prescribed.
- Ask the individual to maintain this position for 1 minute.
- Do not touch applicator to ear. Do not put anything in the ear unless directed by prescriber's order.

**Refer to skill # 6**

**Ear Medication Administration Competency Skills Checklist**

## Nasal Medications:

### Points to Remember:

- Ensure the right position; head up in sniffing position for instilling spray, and head back for instilling drops.
- Follow directions on package label.
- Do not place the tip of the medication deep into the nose. Place tip just at opening of nose.
- May gently occlude the nasal passage of the side not being administered by placing gloved finger on outside of nose while individual inhales spray.
- Do not allow dropper tip to touch nostrils. Do not allow bottle caps to touch surfaces *(keep on side or upside down)*.

## Rectal Medications:

Rectal medications may be given for seizures, fever, or constipation. Enemas are given for constipation. Both suppositories and enemas are administered in the rectum. Rectal medications should be given by same sex as the individual if possible.

## ❖ Points to remember for SUPPOSITORY administration:

- Most suppositories are kept refrigerated. Slight softening of the suppository may allow for easier passage. Remove suppository from the refrigerator and expose it to room temperature for 10 minutes before insertion. A small amount of water soluble lubricant may be used to lubricate the tip of the suppository if needed.

  - Wear gloves
  - It is recommended to have a witness when administering suppositories
  - Read and follow directions on package label
  - Provide privacy, comfort and explanation of procedure.
  - Remove medication from refrigerator and warm in room air for ten minutes *(slight softening may allow for easier passage)*.
  - Collect supplies such as towel, tissues, water soluble gel as needed.
  - If possible, have individual empty bowel or bladder prior to administering medication
  - Remove any wrappings from suppository
  - Ensure individual is in right position on left side with right knee drawn up.
  - Use water soluble lubricant to lubricate suppository if needed
  - Insert pointed or rounded end into the rectum, pushing gently passed the sphincter muscle *(about 1 inch)*
  - If suppository pops out, do not reuse. Open a new suppository and re-administer.
  - Encourage individual to remain lying down to retain the suppository for specified time frame.
  - Ensure bathroom is appropriately prepared *(or bedside commode)* for assistance to bathroom.
  - Dispose of wrappings, container properly.

## ❖ Points to remember for ENEMA administration:

- Wear gloves
- Provide privacy, comfort and explanation of procedure.
- Remove enema from refrigerator *(if stored in refrigerator)* and run under warm water
- Read and follow directions on package label
- Collect supplies such as towel, tissues, water soluble gel as needed *(most enemas have been prepared with water soluble gel on application tip).*
- If possible have individual empty bowel or bladder prior to administering medication.
- Ensure individual is in right position on left side with right knee drawn up
- Use water soluble lubricant if needed
- Insert application tip into rectum, about 1 inch, and empty contents of the container into rectum
- Encourage individual to remain lying down for specified time frame in order to retain medication.
- Ensure bathroom is appropriately prepared *(or bedside commode)* for assistance to bathroom
- Dispose of wrapping/container properly

**Refer to skill # 7**

**Rectal Medication Administration Competency Skills Checklist**

## Vaginal Medications:

Vaginal medications are medications placed in the vagina, usually in the form of suppositories, creams or ointments. Vaginal medication is usually administered for infections, vaginal dryness, menopausal symptoms or birth control. Only female staff should administer or be present during administration of vaginal medication.

- **Points to Remember:**
  - Wear gloves
  - It is recommended to have a witness when administering suppositories
  - Read and follow package label or prescribers order.
  - Provide privacy, comfort and explanation of procedure.
  - Usually given at nighttime after the individual bathes and just before bedtime to make sure the medication stays in the vagina for the right amount of time.
  - Have individual eliminate *(bowel/bladder)* prior to procedure if possible.
  - Position properly on back with knees bent and legs apart
  - When inserting suppository, remove wrapper, and insert pointed or rounded end into the vagina using applicator or gloved finger, about two inches into vagina. Use a slightly downward movement toward tailbone.
  - Only use applicator for that individual. Applicators are not shared.
  - Check vaginal area for any signs of irritation and promptly report.
  - Provide for comfort and hygiene *(peripad, underpants)* and clean applicator according to instructions on package insert.

Teach females to self- administer vaginal suppositories or creams and clean cream applicators wherever possible. Females receiving antibiotic therapy are prone to vaginal discharge. LLAM trained UAPs should be aware that not all vaginal discharges indicate some form of sexually transmitted diseases (STD's). The LLAM trained UAP should be sensitive when dealing with potential STD issues.

**Refer to skill # 8**

**Vaginal Medication Administration Competency Skills Checklist**

**Never Administer Medications by any of the above routes if:**

- ☑ The label on the Medication does not match the medication/treatment order.
- ☑ The medication does not seem to be the same as you usually give the individual.
- ☑ You think the medication may have been tampered with.
- ☑ It is documented that the person is allergic to the medication.
- ☑ You are not sure of the 6 Rights of medication administration.

# SAFE MEDICATION ADMINISTRATION

## Practice exercise, answer the following questions:

**1)** Why is following the process of medication administration so important?

______________________________________________

______________________________________________

**2)** When do you do the 3 medication checks?

____________________ ____________________

____________________

**3)** When should hand hygiene be completed? Give at least 5 examples:

______________________________________________

______________________________________________

______________________________________________

______________________________________________

______________________________________________

**4)** Matching:

| | | | |
|---|---|---|---|
| ______ | The right route | **A)** | Check picture ID on the MAR |
| ______ | The right individual | **B)** | Oral, sublingual, inhalant, topical |
| ______ | The right documentation | **C)** | Tegretol or Tylenol |
| ______ | The right time | **D)** | Routine medication given at 8 am |
| ______ | The right dose | **E)** | Marked medication cup instead of household tsp. |
| ______ | The right medication | **F)** | Circle you initials if individual refuses |

## True or False

**5)** Medications administered vaginally must be done only by female staff.

**True** ☐ **False** ☐

**6)** You may document medication administration before actually giving the medication to save time.

**True** ☐ **False** ☐

**7)** It is important to wear gloves when placing a transdermal patch on a selected area of the skin.

**True** ☐ **False** ☐

**8)** Household teaspoons can vary in size and should not be used to administer medication.

**True** ☐ **False** ☐

**9)** Never mix medication with food or water without an order.

**True** ☐ **False** ☐

**10)** Always observe the individual before, during and after medication administration for signs and symptoms of physical or behavioral changes.

**True** ☐ **False** ☐

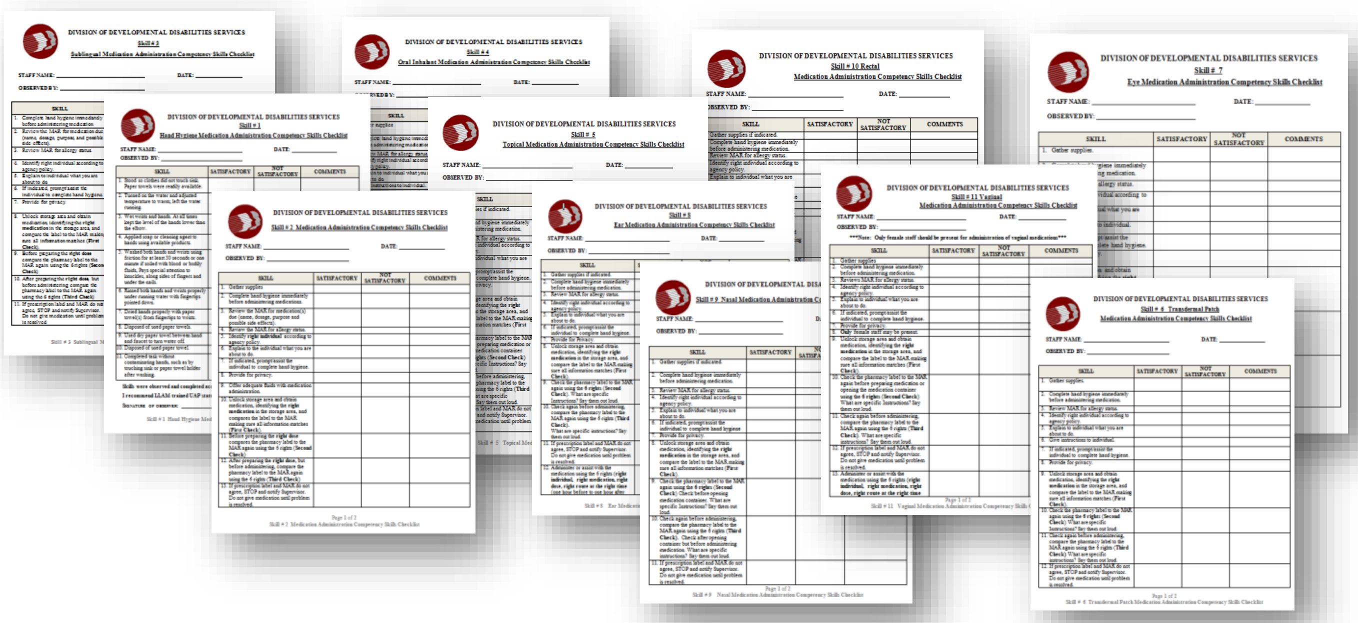
REVIEW

## Eye Medication Administration Activity

*Place the following list in sequential order 1-12.*

| | | |
|---|---|---|
| 1. ________ | A. | **Have individual look upward.** |
| 2. ________ | B. | **Remove gloves.** |
| 3. ________ | C. | **Place thin ribbon into pocket of lower lid without touching eye.** |
| 4. ________ | D. | **Document.** |
| 5. ________ | E. | **Stabilize head.** |
| 6. ________ | F. | **Replace medication in storage and lock cabinet.** |
| 7. ________ | G. | **Observe individual for reaction.** |
| 8. ________ | H. | **Put on gloves.** |
| 9. ________ | I. | **Dab away access with tissue.** |
| 10. ________ | J. | **Have individual close eyes for a minute or two.** |
| 11. ________ | K. | **Explain procedure and perform hand hygiene.** |

## Medication Competency Checklists (G)



# Medication Competency Checklists:

- *# 1* Hand Hygiene Medication Administration Competency Skills Checklist
- *# 2* Medication Administration Competency Skills Checklist
- *#3* Inhalant Medication Administration Competency Skills Checklist
- *# 4* Topical Medication Administration Competency Skills Checklist
- *# 5* Eye Medication Administration Competency Skills Checklist
- *# 6* Ear Medication Administration Competency Skills Checklist
- *# 7* Rectal Medication Administration Competency Skills Checklist
- *# 8* Vaginal Medication Administration Competency Skills Checklist
- *# 9* Vital Signs Competency Skills Checklist
- *# 10* Epi-pen Medication Administration Competency Skills Checklist
- *# 11* Diastat Medication Administration Competency Skills Checklist

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skill # 1

## Hand Hygiene Medication Administration Competency Skills Checklist

**STAFF NAME: ________________________________** **DATE: _________________**

**OBSERVED BY: ______________________________**

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. Stand so clothes do not touch sink. | | | |
| 2. Turn on the water and adjust temperature. Leave the water running. | | | |
| 3. Wet wrists and hands. At all times keep the level of the hands lower than the elbow. | | | |
| 4. Apply soap or cleaning agent to hands. | | | |
| 5. Wash both hands and wrists using friction for at least 30 seconds or one minute if soiled with blood or bodily fluids. Pay special attention to knuckles, sides/between fingers, and under the nails. | | | |
| 6. Rinse both hands and wrists properly under running water for 10 seconds. Leave water running. | | | |
| 7. Dry hands with paper towel(s) and discard or use air dryer. | | | |
| 8. Use clean paper towel to turn off faucet and discard. | | | |

**Skills were observed and completed accurately:** YES NO

**I recommend LLAM trained UAP status for this person:** YES NO

**SIGNATURE OF OBSERVER: ______________________________** **DATE: _____________**

**8/20/18**

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skill # 2

## Medication Administration Competency Skills Checklist

**STAFF NAME: ________________________________ DATE: _________________**

**OBSERVED BY: _______________________________**

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. New medication orders are reviewed and transcribed carefully to the Medication Administration Record and checked to ensure accuracy per agency protocol. | | | |
| 2. Complete hand hygiene. | | | |
| 3. Review the MAR for medication(s) due (name, dosage, purpose and possible side effects) and allergy status. | | | |
| 4. Identify **right individual** according to agency policy. | | | |
| 5. Explain procedure to the individual. | | | |
| 6. If indicated, prompt/assist the individual to complete hand hygiene. | | | |
| 7. Provide for privacy. | | | |
| 8. Offer adequate fluids with medication administration. | | | |
| 9. Unlock storage area, obtain the **right medication**, and compare the label to the MAR making sure all information matches (**First Check**). | | | |
| 10. Before preparing the **right dose**, compare the pharmacy label to the MAR again using the 6 rights (**Second Check**). | | | |
| 11. If prescription label and MAR do not agree, STOP and notify Supervisor. Do not give medication until problem is resolved. | | | |
| 12. After preparing the **right dose**, but before administering, compare the pharmacy label to the MAR again using the 6 rights (**Third Check**). | | | |

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 13. Crush oral medications *only* with direction received in prescribing practitioner's order. Notify prescribing practitioner if individual cannot swallow medication as ordered. | | | |
| 14. Measure liquid with appropriate measuring device and read the amount of medication in container on a flat surface at eye level. Wipe the rim of bottle with paper towel after pouring. Stop if unsure about the measurement and notify Supervisor. | | | |
| 15. Administer the medication using 5 of the 6 rights (**right individual, right medication, right dose, right route, and right time)** one hour before to one hour after scheduled time. | | | |
| 16. Observe the individual taking the medication. Never leave individual during administration. Medication is never left unattended. | | | |
| 17. Document medication administration on MAR and initial and date the bubble pack (**6th right**). | | | |
| 18. Return and lock medications in designated storage area. | | | |
| 19. Complete hand hygiene. | | | |
| 20. State who to contact for medication questions. | | | |
| 21. Describe process to follow for medication error reporting. | | | |
| 22. State 6 rights of medication administration. | | | |

**Skills were observed and completed accurately:** **YES** **NO**

**I recommend LLAM trained UAP status for this person:** **YES** **NO**

**SIGNATURE OF OBSERVER: ________________________________** **DATE: ____________________**

**8/20/18**

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skill # 3

## Inhalant Medication Administration Competency Skills Checklist

**STAFF NAME: ________________________________ DATE: _________________**

**OBSERVED BY: ______________________________**

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. New medication orders are reviewed and transcribed carefully to the Medication Administration Record and checked to ensure accuracy per agency protocol. | | | |
| 2. Complete hand hygiene. | | | |
| 3. Review MAR for medication(s) due (name, dosage, purpose and possible side effects) and allergy status. | | | |
| 4. Identify **right individual** according to agency policy. | | | |
| 5. Explain procedure to individual. | | | |
| 6. If indicated, prompt/assist the individual to complete hand hygiene. | | | |
| 7. Provide for privacy. | | | |
| 8. Unlock storage area, obtain the **right medication**, and compare the label to the MAR making sure all information matches (**First Check**). | | | |
| 9. Before preparing the **right dose,** compare the pharmacy label to the MAR again using the 6 rights (**Second Check**). | | | |
| 10. If prescription label and MAR do not agree, STOP and notify Supervisor. Do not give medication until problem is resolved. | | | |
| 11. Wear gloves if administering inhalant medication. | | | |
| 12. Shake inhaler if indicated and ensure the individual is in the right position with head up straight. | | | |

|  |  |  |  |
|---|---|---|---|
| 13. After preparing the **right dose**, but before administering, compare the pharmacy label to the MAR again using the 6 rights (**Third Check**). | | | |
| 14. Instruct individual to take a deep breath and exhale. | | | |
| 15. Administer or assist with the medication using 5 of the 6 rights (**right individual, right medication, right dose, right route, and right time)** one hour before to one hour after scheduled time. | | | |
| 16. Inhale in and ensure the right number of puffs are administered (**right dose**). | | | |
| 17. Ensure the **right amount of time** between puffs is accurate. | | | |
| 18. Never leave individual during administration. Medication is never left unattended. | | | |
| 19. Clean mouthpiece according to manufacturer instructions. | | | |
| 20. Remove gloves if worn. | | | |
| 21. Document medication administration on MAR **(6th right)**. | | | |
| 22. Return and lock medications in designated storage area. | | | |
| 23. Complete hand hygiene. | | | |
| 24. State who to contact for medication questions. | | | |
| 25. Describe process to follow for medication error reporting. | | | |
| 26. State 6 rights of medication administration. | | | |

**Skills were observed and completed accurately:** YES NO

**I recommend LLAM trained UAP status for this person:** YES NO

**SIGNATURE OF OBSERVER:** ________________________________ **DATE:** ____________________

**8/20/18**

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skill # 4

## Topical Medication Administration Competency Skills Checklist

**STAFF NAME:** ________________________________ **DATE:** ________________

**OBSERVED BY:** ______________________________

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. New medication orders are reviewed and transcribed carefully to the Medication Administration Record and checked to ensure accuracy per agency protocol. | | | |
| 2. Complete hand hygiene. | | | |
| 3. Review the MAR for medication(s) due (name, dosage, purpose and possible side effects) and allergy status. | | | |
| 4. Identify **right individual** according to agency policy. | | | |
| 5. Explain procedure to individual. | | | |
| 6. If indicated, prompt/assist the individual to complete hand hygiene. | | | |
| 7. Provide for privacy. | | | |
| 8. Unlock storage area, obtain the **right medication**, and compare the label to the MAR making sure all information matches (**First Check**). | | | |
| 9. Before preparing medication, compare the pharmacy label to the MAR again using the 6 rights (**Second Check**). | | | |
| 10. If prescription label and MAR do not agree, STOP and notify Supervisor. Do not give medication until problem is resolved. | | | |
| 11. Apply gloves before administering topical medication. | | | |
| 12. Inspect skin for any changes and report increasing redness, irritation, discharge or rash. | | | |
| 13. Before preparing medication, compare the pharmacy label to the MAR again using the 6 rights (**Third Check**). | | | |

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 14. To prevent contamination, place lid on surface with the inside up. Additionally, avoid touching skin or surfaces with the opening of the medication container. | | | |
| 15. Administer or assist with the medication using 5 of the 6 rights **(right individual, right medication, right dose, right route, and right time)** one hour before to one hour after scheduled time. | | | |
| 16. Apply topical medications according to health care provider's order and manufacturer's instructions. | | | |
| 17. Remove gloves. | | | |
| 18. Return and lock medications in designated storage area. | | | |
| 19. Complete hand hygiene. | | | |
| 20. Document medication administration on MAR (**6th right**). | | | |
| 21. State who to contact for medication questions. | | | |
| 22. Describe process to follow for medication error reporting. | | | |
| 23. State 6 rights of medication administration. | | | |

**Skills were observed and completed accurately:** **YES** **NO**

**I recommend LLAM trained UAP status for this person:** **YES** **NO**

**SIGNATURE OF OBSERVER:** ______________________________ **DATE:** ___________________

**8/20/18**

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skill # 5

## Eye Medication Administration Competency Skills Checklist

**STAFF NAME:** ________________________________ **DATE:** _________________

**OBSERVED BY:** _______________________________

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. New medication orders are reviewed and transcribed carefully to the Medication Administration Record and checked to ensure accuracy per agency protocol. | | | |
| 2. Complete hand hygiene. | | | |
| 3. Review MAR for medication(s) due (name, dosage, purpose, and possible side effects) and allergy status. | | | |
| 4. Identify **right individual** according to agency policy. | | | |
| 5. Explain procedure to individual. | | | |
| 6. If indicated, prompt/assist the individual to complete hand hygiene. | | | |
| 7. Provide for privacy. | | | |
| 8. Unlock storage area, obtain the **right medication**, and compare the label to the MAR making sure all information matches (**First Check**). | | | |
| 9. Before preparing the **right dose**, compare the pharmacy label to the MAR again using the 6 rights **(Second Check)**. | | | |
| 10. If prescription label and MAR do not agree, STOP and notify Supervisor. Do not give medication until issue is resolved. | | | |
| 11. Wear gloves. | | | |
| 12. After preparing the **right dose**, but before administering, compare the pharmacy label to the MAR again using the 6 rights (**Third Check**). | | | |
| 13. Assist individual to right position with head back or lying down and select correct eye or both eyes as ordered. Provide tissue to wipe away excess medication. | | | |
| 14. Administer or assist with the medication using 5 of the 6 rights (**right individual, right medication, right dose, right route, and right time)** one hour before to one hour after scheduled time. | | | |

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 15. Remove the cap and place it on a clean surface to prevent contamination. | | | |
| 16. Gently pull down lower lid to expose pocket for medication. | | | |
| 17. Place accurate amount of drops or ointment in eye(s). For ointment place a thin line of medication along inside of lid beginning at the inner aspect of the eye toward outer aspect. If using more than 1 medication, wait 5 minutes before instilling second medication. Apply drops before ointments. | | | |
| 18. Do not allow applicator tip to touch eyes to prevent contamination. | | | |
| 19. Never leave individual during medication administration. Medication is never left unattended. | | | |
| 20. Ask individual to remain seated for a few minutes after instilling medication because vision may be blurred. | | | |
| 21. Remove gloves. | | | |
| 22. Document medication administration on MAR (**6th right**). | | | |
| 23. Return and lock medications in designated storage area. | | | |
| 24. Complete hand hygiene. | | | |
| 25. State who to contact for medication questions. | | | |
| 26. Describe process to follow for medication error reporting. | | | |
| 27. State 6 rights of medication administration. | | | |

**Skills were observed and completed accurately:** **YES** **NO**

**I recommend LLAM trained UAP status for this person:** **YES** **NO**

**SIGNATURE OF OBSERVER:** ______________________________ **DATE:** ____________________

**8/20/18**

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skill # 6

## Ear Medication Administration Competency Skills Checklist

**STAFF NAME: ________________________________** **DATE: _________________**

**OBSERVED BY: ______________________________**

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. New medication orders are reviewed and transcribed carefully to the Medication Administration Record and checked to ensure accuracy per agency protocol. | | | |
| 2. Complete hand hygiene. | | | |
| 3. Review MAR for medication(s) due (name, dosage, purpose, and possible side effects) and allergy status. | | | |
| 4. Identify **right individual** according to agency policy. | | | |
| 5. Explain procedure to individual. | | | |
| 6. If indicated, prompt/assist the individual to complete hand hygiene. | | | |
| 7. Provide for privacy. | | | |
| 8. Unlock storage area, obtain the **right medication**, and compare the label to the MAR making sure all information matches (**First Check**). | | | |
| 9. Before preparing the **right dose**, compare the pharmacy label to the MAR again using the **6 rights** (**Second Check**). | | | |
| 10. If prescription label and MAR do not agree, STOP and notify Supervisor. Do not give medication until problem is resolved. | | | |
| 11. Before administering, compare the pharmacy label to the MAR again using the 6 rights (**Third Check**). | | | |
| 12. Wear gloves. | | | |
| 13. Select correct ear. | | | |
| 14. Position individual with head tilted to the side that does not need drops. Can have individual lie down with ear needing medication facing up. | | | |
| 15. Warm drops as indicated before administering (read directions). | | | |

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 16. Straighten ear canal by gently pulling ear upward and back. | | | |
| 17. Administer or assist with the medication using 5 of the 6 rights (**right individual, right medication, right dose, right route, and right time**) one hour before to one hour after scheduled time. | | | |
| 18. Apply drops according to directions without anything touching the dropper. | | | |
| 19. Ask individual to remain in this position for 3-5 minutes, if individual allows, to allow proper absorption of medication. | | | |
| 20. Do not place anything in ear, unless ordered by health care provider. Instruct individual of the same. | | | |
| 21. Replace the cap on bottle that has not been contaminated by touching any surface. | | | |
| 22. Remove gloves. | | | |
| 23. Document medication administration on MAR (**6th right**). | | | |
| 24. Return and lock medications in designated storage area. | | | |
| 25. Complete hand hygiene. | | | |
| 26. State who to contact for medication questions. | | | |
| 27. Describe process to follow for medication error reporting. | | | |
| 28. State 6 rights of medication administration. | | | |

**Skills were observed and completed accurately:** **YES** **NO**

**I recommend LLAM trained UAP status for this person:** **YES** **NO**

**SIGNATURE OF OBSERVER: ______________________________** **DATE: ___________________**

**8/20/18**

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skill # 7
## Rectal Medication Administration Competency Skills Checklist

**STAFF NAME:** ________________________________ **DATE:** ________________

**OBSERVED BY:** ______________________________

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. New medication orders are reviewed and transcribed carefully to the Medication Administration Record and checked to ensure accuracy per agency protocol. | | | |
| 2. Complete hand hygiene. | | | |
| 3. Review MAR for medication(s) due (name, dosage, purpose, and possible side effects) and allergy status. | | | |
| 4. Identify **right individual** according to agency policy. | | | |
| 5. Explain procedure to individual. | | | |
| 6. If indicated, prompt/assist the individual to complete hand hygiene. | | | |
| 7. Provide for privacy. | | | |
| 8. Have a second staff person present if needed/possible. | | | |
| 9. Unlock storage area, obtain the **right medication**, and compare the label to the MAR making sure all information matches (**First Check**). | | | |
| 10. Before preparing the **right dose**, compare the pharmacy label to the MAR again using 6 rights (**Second Check**). | | | |
| 11. If prescription label and MAR do not agree, STOP and notify Supervisor. Do not give medication until problem is resolved. | | | |
| 12. Wear gloves. | | | |
| 13. If medication is refrigerated, allow to warm in room air for about 10 minutes prior to use. | | | |
| 14. After preparing the **right dose**, but before administering, compare the pharmacy label to the MAR again using the 6 rights (**Third Check**). | | | |

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 15. Position individual on left side with right knee drawn up into chest. | | | |
| 16. Administer or assist with the medication using 5 of the 6 rights (**right individual, right medication, right dose, right route, and right time**) one hour before to one hour after scheduled time. | | | |
| For Suppository:<br>17. Remove wrapping from suppository. | | | |
| 18. Use water soluble lubricant if necessary. | | | |
| 19. Insert pointed or rounded end into rectum pushing gently to make sure suppository is in rectum, just past the rectal sphincter muscle, about 1 inch. | | | |
| For Enema:<br>20. Insert enema container tip (about 1 inch) into rectum and squeeze contents into rectum (may use water soluble lubricant if needed). | | | |
| 21. Encourage individual to remain lying down to retain the suppository or enema medication for the time specified in the directions. | | | |
| 22. Discard wrappings into trash away from access of individuals. | | | |
| 23. Remove gloves and complete hand hygiene. | | | |
| 24. Return and lock medications in designated storage area. | | | |
| 25. Document medication administration on MAR (**6th right**). | | | |
| 26. State who to contact for medication questions. | | | |
| 27. Describe process to follow for medication error reporting. | | | |
| 28. State 6 rights of medication administration. | | | |

**Skills were observed and completed accurately:** **YES** **NO**

**I recommend LLAM trained UAP status for this person:** **YES** **NO**

**SIGNATURE OF OBSERVER:** ________________________________ **DATE:** ____________________

**8/20/18**

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skill # 8

## Vaginal Medication Administration Competency Skills Checklist

**STAFF NAME:** ________________________________ **DATE:** _________________

**OBSERVED BY:** ______________________________

*****Note: If possible, only female staff should be present for administration of vaginal medications*****

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. New medication orders are reviewed and transcribed carefully to the Medication Administration Record and checked to ensure accuracy per agency protocol. | | | |
| 2. Complete hand hygiene. | | | |
| 3. Review MAR for medication(s) due (name, dosage, purpose, and possible side effects) and allergy status. | | | |
| 4. Identify **right individual** according to agency policy. | | | |
| 5. Explain procedure to individual. | | | |
| 6. If indicated, prompt/assist the individual to complete hand hygiene. | | | |
| 7. Provide for privacy. | | | |
| 8. If possible, only female staff may be present. | | | |
| 9. Unlock storage area, obtain the **right medication**, and compare the label to the MAR making sure all information matches (**First Check**). | | | |
| 10. Before preparing the **right medication**, compare the pharmacy label to the using the 6 rights (**Second Check**). | | | |
| 11. If prescription label and MAR do not agree, STOP and notify Supervisor. Do not give medication until problem is resolved. | | | |
| 12. **Read package insert thoroughly**. | | | |
| 13. Wear gloves. | | | |
| 14. If refrigerated, medication should be warmed in room air for about 10 minutes prior to administering. | | | |
| 15. After preparing the **right dose**, but before administering, compare the pharmacy label to the MAR again using the 6 rights (**Third Check**). | | | |

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 16. Individual should be positioned on back with legs bent. | | | |
| 17. Remove any wrappings from suppositories, creams, gels or foams and fill the applicator as indicated. | | | |
| 18. Use water soluble lubricant if necessary. | | | |
| 19. Administer or assist with the medication using the 6 rights (**right individual, right medication, right dose, right route, and right time**) one hour before to one hour after scheduled time. | | | |
| 20. Insert pointed or rounded end of suppository into vagina about 2 inches with gloved finger. If using applicator gently hold labia open while inserting applicator about 2 inches into vagina to deposit medication. | | | |
| 21. Individual should remain lying down to retain the medication for the time specified in the directions. | | | |
| 22. Wash applicator per instructions, if applicable, and discard wrappings into trash away from access of individuals. | | | |
| 23. Remove gloves and complete hand hygiene. | | | |
| 24. Return and lock medications in designated storage area. | | | |
| 25. Document medication administration on MAR (**6th right**). | | | |
| 26. State who to contact for medication questions. | | | |
| 27. Describe process to follow for medication error reporting. | | | |
| 28. State 6 rights of medication administration. | | | |

**Skills were observed and completed accurately:** **YES** **NO**

**I recommend LLAM trained UAP status for this person:** **YES** **NO**

**SIGNATURE OF OBSERVER:** ________________________________ **DATE:** ____________________

**8/20/18**

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skill # 9

## Vital Signs Skills Competency Skills Checklist

**STAFF NAME: ___________________________________ DATE: _________________**

**OBSERVED BY: _________________________________**

| SKILL – BLOOD PRESSURE | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. Gather electronic blood pressure equipment. Be sure to read and follow the information in the instruction manual. | | | |
| 2. Complete hand hygiene. | | | |
| 3. Identify **right individual** according to agency policy. | | | |
| 4. Provide for privacy. | | | |
| 5. Introduce yourself and explain the procedure to the individual. | | | |
| 6. Have individual sit in chair with feet flat on the floor. Legs should not be crossed. | | | |
| 7. Follow manufacturer's instructions for the proper use of this equipment. Depending on equipment apply cuff directly on the skin and not over clothing. Use the left arm/wrist unless there is an injury, broken bones, mastectomy, poor circulation, etc. to that arm. | | | |
| 8. Press the start button. Blood pressure reading will be displayed on the screen. Most devices will also display the pulse reading. | | | |
| 9. *If the blood pressure reading is slightly or moderately higher than normal, recheck blood pressure after waiting 1 minute and/or follow healthcare provider's recommendations/parameters when applicable.<br>**If the blood pressure reading is still elevated or outside parameters, notify healthcare provider or seek medical attention per agency policy. | | | |
| 10. Clean equipment and perform hand hygiene. | | | |
| 11. Document blood pressure reading, date and time taken. | | | |
| 12. Equipment should be checked, maintained, and batteries replaced according to manufacturer's recommendations and agency protocol. | | | |

| SKILL – TEMPERATURE | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. Gather thermometer. Be sure to read and follow manufacturer's instructions. Clean thermometer before, after each use, and between individuals. | | | |
| 2. Complete hand hygiene and wear gloves if applicable. | | | |
| 3. Identify **right individual** according to agency policy. | | | |
| 4. Provide for privacy. | | | |
| 5. Introduce yourself and explain procedure to individual. | | | |
| 6. Take temperature following manufacturer's instructions. | | | |
| 7. Remove gloves, if worn, and complete hand hygiene. | | | |
| 8. Document temperature, date, and time taken. | | | |
| 9. All equipment should be checked frequently for accuracy and batteries should be replaced as needed according to manufacturer's recommendations and agency policy. | | | |

| SKILL - PULSE | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. Complete hand hygiene. | | | |
| 2. Identify **right individual** according to agency policy. | | | |
| 3. Provide for privacy. | | | |
| 4. Introduce yourself and explain procedure to individual. | | | |
| 5. Place your index and middle fingers on the inside of the individual's wrist below their thumb. Press gently until you feel the pulse. | | | |
| 6. To assess the pulse rate, count the number of beats for 30 seconds and multiply by 2 OR Count the beats for a full 60 seconds. | | | |
| 7. Complete hand hygiene. | | | |
| 8. Document pulse rate, date and time taken. | | | |

| SKILL - RESPIRATIONS | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. Complete hand hygiene. | | | |
| 2. Identify **right individual** according to agency policy. | | | |
| 3. Provide for privacy. | | | |
| 4. Introduce yourself and explain procedure to individual. | | | |
| 5. If the individual knows you are counting her breath, it may change how he/she breathes. You can place your fingers on the individual's wrist or hand on their shoulder. This will help to distract the person. | | | |
| 6. Count the number of respirations. One respirations is equal to one rise (inhale) and fall (exhale) of the individual's chest for 60 seconds. To assess the respiratory rate, either count for 30 seconds and multiply by 2 OR Count for a full 60 seconds. | | | |
| 7. Complete hand hygiene. | | | |
| 8. Document the number of respirations, date, and time taken. | | | |

**Skills were observed and completed accurately:** **YES** **NO**

**I recommend LLAM trained UAP status for this person:** **YES** **NO**

**SIGNATURE OF OBSERVER: ________________________________** **DATE: ____________________**

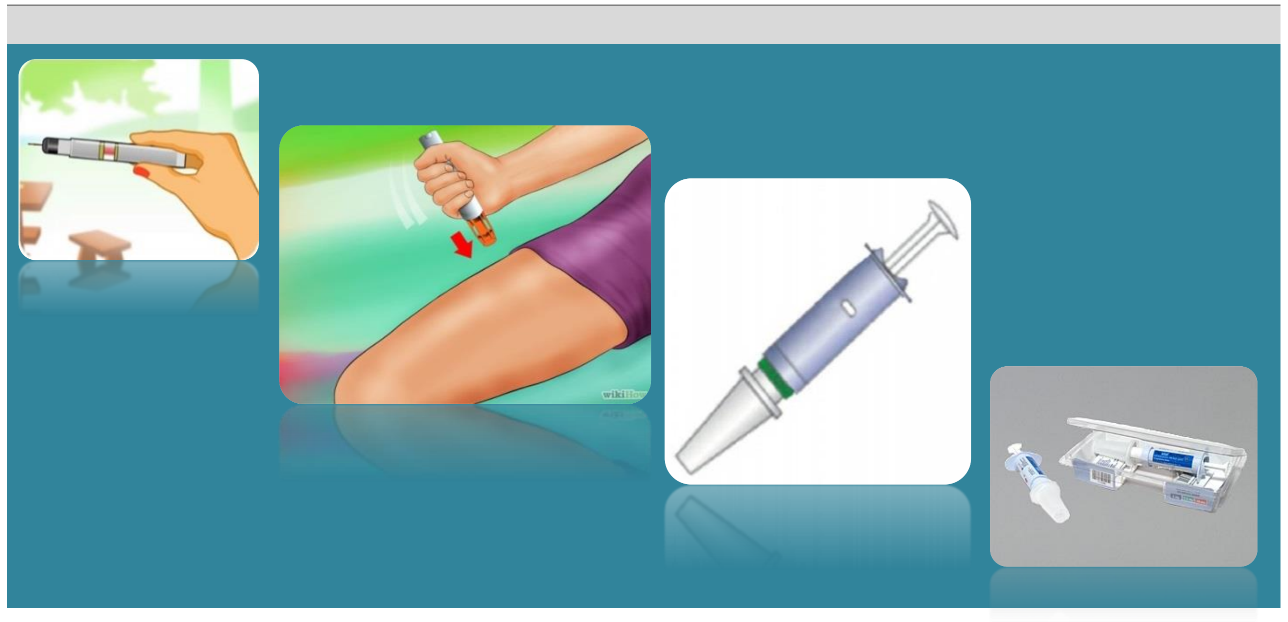
**8/20/18**

LESSON

5

# SECTION 2

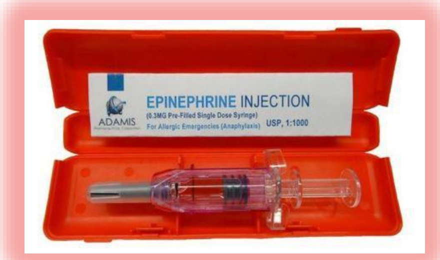
## ADMINISTERING EMERGENCY MEDICATIONS



## The Epi-Pen (A)

**The learner will:**

- ✓ Recognize signs and symptoms of anaphylaxis.
- ✓ Demonstrate how to use the epi-pen for indications warranting use.
- ✓ Verbalize how to order, store and dispose of epi-pen.



- ***Definition:*** Epinephrine is prescribed as an emergency injection for an individual with life threatening allergic reactions.
- ***Policy:*** The LLAM trained UAP may administer epinephrine to an individual in an allergic crisis by administering an emergency epinephrine injection (auto-injector or epi-pen).
- ***Procedure:***
  - **LLAM trained UAP** should periodically read the package insert regarding administration of the emergency epinephrine injection and practice with a trainer pen.
  - The emergency injection must be prescribed specifically for the individual to whom it is being administered.
  - The order must state what circumstances would warrant the use of the injection.
  - If the individual meets the criteria for administration as indicated by the healthcare provider, administer the emergency injection.
  - Identify the right individual, and proceed only if you know the individual Dial 911
  - Proceed with delivering resuscitation or CPR measures, if required.
  - Notify the facility or employer administration as soon as possible.
  - Document the medication in the MAR or per the employer's policy.

# Serious Allergic Reactions (Anaphylaxis)

**A life threatening allergic reaction {Anaphylaxis} is a severe reaction to a specific allergen or allergic trigger, such as food, biting insects, medications and latex.**

| Symptoms Include: | | Skin | Rash; Itching; Hives; Redness; Swelling |
|---|---|---|---|
| Head | Feeling very anxious; Confusion; Dizziness; Passing out | Throat | Itching; Tightness/closure; Coughing; Hoarseness |
| Mouth | Itching; Swelling of lips and/or tongue; Tingling of lips or tongue | Heart | Weak pulse; Fast heartbeat; Dizziness; Passing out |
| Lungs | Shortness of breath; Coughing; Wheezing; Difficulty breathing | Stomach | Vomiting; Nausea; Diarrhea; Cramps |

**Severe reactions can happen anytime, anywhere.**
**Know your individual's "Allergy Status".**
**Severity of symptoms can change quickly and be life threatening.**

## WHAT'S THE PLAN?

- ☑ Avoid known allergens (the individual)
- ☑ Recognize signs and symptoms of anaphylaxis
- ☑ Know the healthcare provider's orders
- ☑ Review the MAR at the start of the shift
- ☑ Know Emergency Contact Information
- ☑ Know medications currently being taken
- ☑ The documentation and reporting process at your agency.

## ➢ *Before Use:*

- Be Prepared. Know the order. Know the individual. Know the medication, its use, when to use it, how to use it, side effects as described in package insert/medication information sheets.
- Always check the expiration date of the Epinephrine auto-injector
- Do not use the auto-injector if you are unsure of how to use it, if the color of liquid is cloudy or has particulate, or if it looks as if auto-injector has been tampered with. Report promptly to your supervisor.

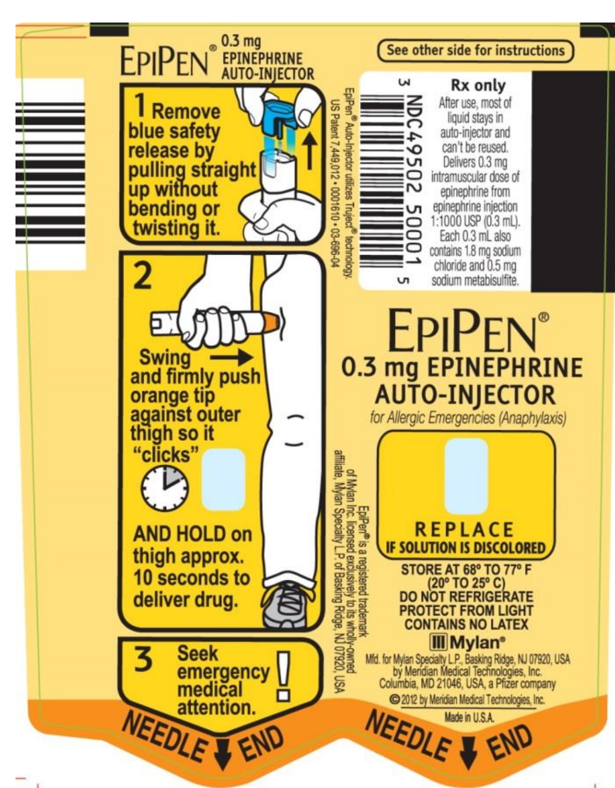
## ➢ *After Use/disposal:*

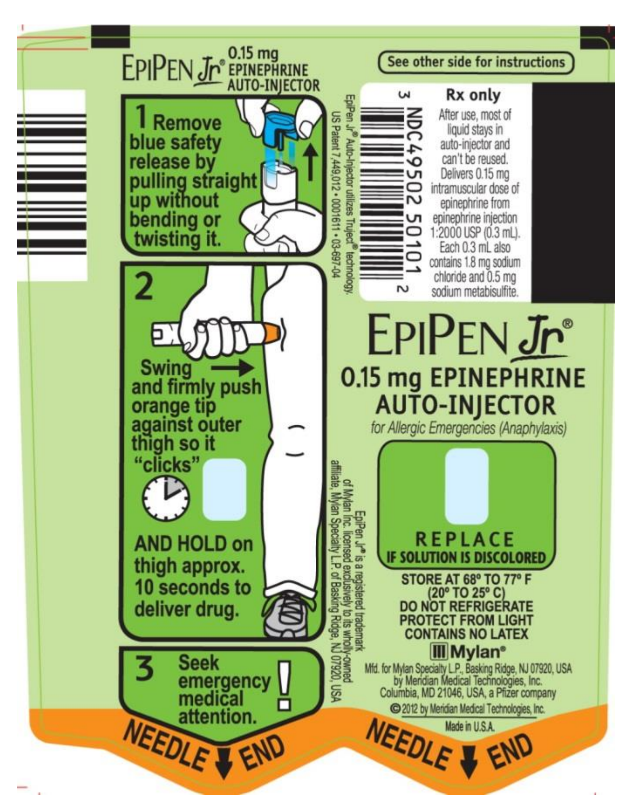
- The remaining liquid that is left after this fixed dose cannot be further administered and should be discarded.
- Put the auto-injector, needle first into the carrier tube.
- Give used epinephrine auto-injector to a healthcare worker for disposal. Do not throw away in regular trash.

## ➢ *Reorder:*

- Epinephrine Auto-Injector before the expiration date on the label.

# HOW TO ADMINISTER



# How to Administer an EpiPen®

- Identify someone to call 9-1-1.
- Flip open cap at top of carrier tube.
- Remove EpiPen® from carrier tube and remove the blue safety release.

- Form a fist around the unit with the orange tip pointing downward.
- Swing and firmly push orange tip against outer thigh until click is heard. (Auto-injector may be given through clothing).

- Hold in place for 10 seconds. The injection is now complete.
- Remove pen from thigh and message injection site for 10 seconds.
- Place used auto-injector into carrier tube and give to EMS when they arrive.
- Document administration of EpiPen® in Medication Administration Record (MAR).

Always refer to the package insert for additional information on administration.

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skills # 10

## The Epinephrine Auto-injector Medication Administration Competency Checklist

**STAFF NAME:** ________________________________________ **DATE:** ____________________

**OBSERVED BY:** ______________________________________________

****LLAM trained UAP's may administer Epinephrine Auto-injector (EpiPen) in an allergic crisis****

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. New medication orders are reviewed and transcribed carefully to the Medication Administration Record and checked to ensure accuracy per agency protocol. | | | |
| 2. Identifies **right individual** as having anaphylaxis in need of emergency medication intervention indicated by the health care provider's order. | | | |
| 3. Anaphylaxis is a life threatening allergic reaction to a specific allergen or allergic trigger such as food, biting insects, medications, and latex. | | | |
| 4. Signs and symptom include:<br>a. Swelling and tingling of lips and tongue.<br>b. Itching, hives, shortness of breath, wheezing, difficulty breathing. | | | |
| 5. Identify **right medication**, Epinephrine Auto-Injector, prescribed for individual as indicated on label. | | | |
| 6. Call 911 or have someone call 911 immediately. | | | |
| 7. Explain procedure to individual. | | | |
| 8. Position individual for administration into the thigh (or other area of body as indicated by order). | | | |
| 9. Remove the Epinephrine injector from the carrier tube. | | | |
| 10. Grasp auto-injector in a fisted hand and remove cap. | | | |

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 11. Swing fisted hand into the middle of the outer thigh area of the individual so that the needle penetrates through the clothing into the thigh. (Do not place your other hand/fingers near the area of injection). | | | |
| 12. Hold in place on individual's thigh for 3 seconds or according to manufacturer's recommendations. | | | |
| 13. Massage injection site for 10 seconds to allow distribution of medication. | | | |
| 14. Place epinephrine auto-injector back into carrier tube to give to Emergency Responders. | | | |
| 15. Call 911 if you have not done so already. | | | |
| 16. Be prepared to administer CPR. | | | |
| 17. Document time of medication administration on MAR and controlled count sheet as soon as possible (when individual is stable or care has been assumed by Emergency Responders). | | | |
| 18. Notify Supervisor or Administrator, Consultative Nurse, and Health Care Provider. | | | |
| 19. Document event in electronic record per agency policy. | | | |

**Skills were observed and completed accurately:** YES NO

**I recommend LLAM trained UAP status for this person:** YES NO

**SIGNATURE OF OBSERVER:** ________________________________ **DATE:** ____________________

**8/20/18**

## Diastat Rectal Gel (B)

**The learner will:**

- ✓ Identify Diastat order from healthcare provider
- ✓ Identify responsibilities of staff
- ✓ Accurately demonstrate procedure for administration of Diastat
- ✓ Identify when 911 should be called
- ✓ Identify necessary forms, documentation and report procedures
- ✓ Verbalize procedure for disposal of Diastat medication

Diastat is a medication that comes in a pre-packaged rectal delivery system and is used to stop prolonged seizures and clusters of increased seizure activity. It works much more quickly than oral medications and is much easier to give than IV diazepam. It has been shown to begin having an effect in as little as 5-15 minutes. Diastat is intended and approved for use in emergency situations by the LLAM trained UAP.

Diastat (Diazepam) rectal gel belongs to a class of anticonvulsant medications called benzodiazepines, which produce a calming effect on the brain and nerves (central nervous system).

It is the responsibility of the nurse to make sure that the individual and his or her Guardian or advocate are given enough information to enable them to give informed consent for the use of Diastat.

### ➤ *Responsibilities of Caregivers when Diastat is ordered.*

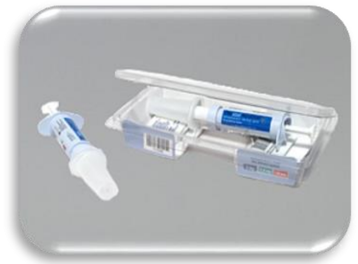
- Staff members who accompany the person to medical appointments must take with them a copy of the Diastat Order Form.
- Ask the healthcare provider to review the Diastat Order form with you.

- A copy of the Diastat Order Form is then faxed to the consultative nurse on the same day the order is received.
- On- site training is performed within 2 days of receiving the prescription by a Nurse. At the time of the training the nurse will review and verify the dosages of the AcuDial syringes. The nurse will develop the individual Diastat Protocol. He/she will also be available for questions or technical support if needed.
- Only staff trained in LLAM may administer Diastat rectal gel.

### ➢ *Responsibilities of the Agency when Diastat is ordered.*

- To ensure that program supervisors will verbally inform, in a timely manner, the prescriber, the consultative, and other provider agencies that a dose of Diastat has been given to an individual.
- To monitor adherence to the instructions on the Diastat Order Form and the Individual Diastat Form.
- For each use of Diastat usage, a thorough event note should be documented in the chart, which includes a description of the seizure, length of seizure, time and dose of Diastat given, and the response of the individual to the medication and side effects noted.
- The supervising house manager will check the AcuDial syringes when they come from the pharmacy:
  - ☑ Remove the syringes from the case.
  - ☑ Confirm the dose is visible in the dose display window and is the dose that written by the prescriber on the Diastat Order Form. Do this for each of the syringes.
  - ☑ Confirm that the green **"READY"** band is visible. Do this for each of the syringes.
  - ☑ Return both syringes to the case.
  - ☑ The community nurse will review these items when she/he performs her on-site training session.

# Preparing To Administer
# Diastat Rectal Gel by the LLAM Trained UAP:



## ➢ *Identify the right individual*

- Individual must have an order for Diastat on the medication administration record.
- Read the prescription label
- Explain the procedure to the individual

## ➢ *Identify the medication*

- Review Dr. order prior to each shift and compare with label and MAR
- Make sure medication has been stored appropriately
- Remove medication from package
- Confirm that prescribed dose is visible and correct.
- Green "Ready" band is visible
- Confirm TIMING (when during procedure to give medication)

## Administration of Diastat rectal gel by the LLAM trained UAP

1) Begin timing of seizure (prepare)
2) Wear Gloves if possible
3) Gently place individual on side where he/she can't fall, facing you
4) Bring pants down to below buttocks
5) Remove syringe from package and quickly check dose and green "Ready" band again
6) Push up with thumb and pull to remove cap from syringe. Be sure seal pin is removed from cap
7) Lubricate Diastat applicator tip with the lubricating packet
8) Bend upper leg forward
9) Separate buttocks to expose rectum
10) Gently insert syringe tip into rectum
    - Slowly count to three (3) while pushing the plunger in until it stops
    - Slowly count to three (3) before removing tip
    - Remove tip slowly count to three (3)while holding buttocks together
11) Keep individual on side facing you
12) Note time medication was given and continue to observe individual
13) Call 911 if
    - Seizures continue 15 minutes after giving Diastat or per the Health care provider's instructions.
    - The individual has needed Diastat more than 2 times in the last 24 hours.
    - The person has injured themselves
    - Changes in the skin color
    - Seizure behavior is different from other episodes
    - There is an increase in the frequency or severity of the seizure(s).
    - The individual has any difficulty in breathing or appears to be in distress.
    - There is any change in the level of consciousness.
14) Monitor individual for at least four hours. Individual will more than likely be very tired following the seizure. Do not send to Day program that day. Encourage rest.
15) Dispose of medication syringe after use:
16) Pull the plunger until it is completely removed from the syringe body.
    - Replace plunger into syringe body and gently push plunger while pointing into a sink or toilet until it stops.
    - Rinse sink or flush toilet to get rid of any gel that may have remained in the syringe after use,
    - Discard all materials into a garbage container that is not accessible by other individuals.
17) NOTE Sometimes a second dose of Diastat is ordered. Read the order.

# Documentation:

UAP must document administration of medication onto the MAR, in the electronic record, (progress notes) and in the communication book. The medication, because it is a controlled substance will also be documented on the controlled substance count sheet.

***Report:*** To Supervisor as soon as the individual is stable.

## The most common side effects of Diastat Rectal Gel include:

- **Shakiness**
- **Unsteady gait**
- **Trembling**
- **Dizziness**
- **Drowsiness**
- **Poor muscles control or coordination**

***Observe for and report*** **any signs or symptoms (changes) in the individual.**

# DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES

## Skill # 11

## Diastat Rectal Gel Medication Administration Competency Skills Checklist

**STAFF NAME:** ________________________________________ **DATE:** ____________________

**OBSERVED BY:** ______________________________________________

****LLAM trained UAP's may administer Diastat Rectal Gel per Health Care Provider's Order****

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 1. New medication orders are reviewed and transcribed carefully to the Medication Administration Record and checked to ensure accuracy per agency protocol. | | | |
| 2. Complete hand hygiene when possible. | | | |
| 3. Review MAR for medication(s) due (name, dosage, purpose, and possible side effects) and allergy status. | | | |
| 4. Identify **right individual** according to agency policy. | | | |
| 5. Provide for privacy. | | | |
| 6. Unlock storage, obtain the **right medication**, and compare the label to the MAR making sure all information matches **(First Check)**. | | | |
| 7. Before preparing the **right dose**, compare the pharmacy label to the MAR again using the 6 rights (**Second Check**). | | | |
| 8. If prescription label and MAR do not agree, STOP and notify Supervisor, health care provider, and call 911. Do not give medication until problem resolved. | | | |
| 9. Wear gloves. | | | |
| 10. After preparing the **right dose**, but before administering, compare the pharmacy label to the MAR again using the 6 rights **(Third Check)**. | | | |
| 11. Remove syringe from package, quickly check for green "ready" band, and remove cap ensuring seal pin remains attached to cap. | | | |

| SKILL | SATISFACTORY | NOT SATISFACTORY | COMMENTS |
|---|---|---|---|
| 12. With individual in proper position (pants down, on side, with upper leg bent forward, and facing employee), lubricate Diastat applicator with lubricating packet and insert gently into rectum. | | | |
| 13. Slowly count to 3 while gently pushing plunger in until it stops. | | | |
| 14. While syringe remains in rectum, slowly count to 3 again and then remove syringe from rectum. | | | |
| 15. After syringe is removed from rectum, hold buttocks together and slowly count to 3 again. | | | |
| 16. Dispose of remaining medication in syringe by pushing remaining contents into sink or toilet and then rinse sink with water or flush toilet. | | | |
| 17. Dispose of syringe in trash receptacle away from individual UNLESS 911 is called. | | | |
| 18. Remove gloves and complete hand hygiene if soap & water/sanitizer is available. | | | |
| 19. Follow health care provider's orders and call 911 if indicated per parameters or per agency policy. Give used Diastat syringe to emergency personnel upon their arrival. | | | |
| 20. Monitor individual for at least 4 hours. | | | |
| 21. Document time of medication administration on MAR and controlled count sheet as soon as possible **(6th right)**. | | | |
| 22. Notify health care provider, consultative nurse, day program, etc., per agency policy. | | | |
| 23. Document in seizure record, electronic medical record, communication book if applicable. | | | |

**Skills were observed and completed accurately:** **YES** **NO**

**I recommend LLAM trained UAP status for this person:** **YES** **NO**

**SIGNATURE OF OBSERVER:** ___________________________ **DATE:** ____________________

**8/20/18**

Appendix _____

## *Division of Developmental Disabilities Services*

# Diastat Order Form

*** Form can only be completed by a physician; preferably a Neurologist.**

*** Form must be reviewed at each appointment & rewritten within a 1- year period.**

**Name of Patient:** ____________________ **Date:** __________

**Seizure Diagnosis:** ____________________

**DOB:** __________ **MCI #:** __________ **Weight:** __________

**Usual Seizure Type/Seizure Clusters:**

____________________

**Diastat Medical Order: (should be the same as is on the prescription)**

____________________

____________________

____________________

**Diastat should NOT be given when:**

____________________

**After treatment with Diastat you must:**

1. Stay with the person for at least 4 hours;
2. Make note and document the following:
   a) Changes in resting breathing rate
   b) Changes in skin color
   c) Drowsiness that extends beyond the 4 hour period of observation
3. Other things to monitor include: ____________________

**Call my office at telephone number (302) __________ - __________ if any of the following occur:**

1. Seizure frequency or severity is different from other episode;
2. If you have given a dose of Diastat;
3. Other reasons to call: ____________________

**Call 911 if any of the following happens after you have given a dose of Diastat:**

1. Seizures continue 15 minutes after giving Diastat.
2. The person has needed Diastat twice within the last 24 hours.
3. The person has injured themselves or appears to be having unusual or serious problems.
4. The seizure behavior is different from other episodes.
5. You are alarmed by the skin color (blue, red, or pale) or the breathing pattern of the person.
6. You are alarmed by the frequency or severity of the seizure(s).

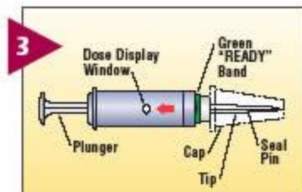
| ____________________ | | ____________________ | __________ |
|---|---|---|---|
| **Physician's Signature** | **Date** | **Signature of Person Giving Informed Consent** | **Date** |

SAMPLE

## How to Administer and Disposal DIASTAT® AcuDial™
### *(diazepam rectal gel)*

Put person on their side where they can't fall.

Get medicine.



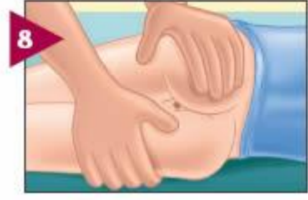
Get syringe.
Note: Seal Pin is attached to the cap.

Push up with thumb and pull to remove cap from syringe. **Be sure Seal Pin is removed with the cap.**

Lubricate rectal tip with lubricating jelly.

Turn person on side facing you.

Bend upper leg forward to expose rectum.



Separate buttocks to expose rectum.

Gently insert syringe tip into rectum.
Note: Rim should be snug against rectal opening.

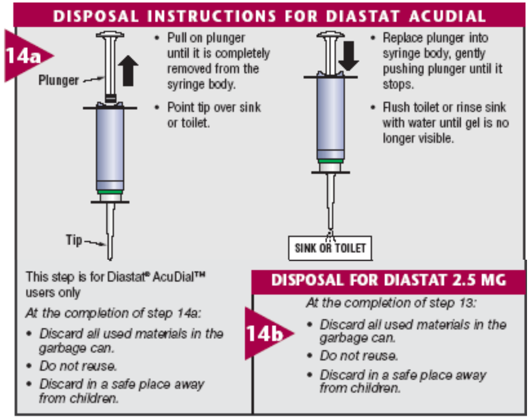
SLOWLY... COUNT OUT LOUD TO THREE...1...2...3

Slowly count to 3 while gently pushing plunger in until it stops.

Slowly count to 3 before removing syringe from rectum.

Slowly count to 3 while holding buttocks together to prevent leakage.

Keep person on side facing you, note time given and continue to observe.


**DISPOSAL INSTRUCTIONS FOR DIASTAT ACUDIAL**

14a

Plunger

Tip

- Pull on plunger until it is completely removed from the syringe body.
- Point tip over sink or toilet.

- Replace plunger into syringe body, gently pushing plunger until it stops.
- Flush toilet or rinse sink with water until gel is no longer visible.

SINK OR TOILET

This step is for Diastat® AcuDial™ users only

*At the completion of step 14a:*

- *Discard all used materials in the garbage can.*
- *Do not reuse.*
- *Discard in a safe place away from children.*

**DISPOSAL FOR DIASTAT 2.5 MG**

14b

*At the completion of step 13:*

- *Discard all used materials in the garbage can.*
- *Do not reuse.*
- *Discard in a safe place away from children.*

Diastat AcuDial™
(diazepam rectal gel)

| Call for Help if any of the Following Occur | |
|---|---|
| Seizure(s) continues 15 minutes after giving DIASTAT or per the doctor's instructions: ________________<br>• Seizure behavior is different from other episodes<br>• You are alarmed by the frequency or severity of the seizure(s)<br>• You are alarmed by the color or breathing of the person<br>• The person is having unusual or serious problems | **Local emergency number:** ________________<br>*(please be sure to note if your area has 911)*<br>**Doctor's number:** ________________<br>**Information for emergency squad:**<br>*Time DIASTAT given:* ________________<br>*Dose:* |

## *Division of Developmental Disabilities Services*

# Individual Diastat Protocol

**Individual's Name:** ______________________________________ **MCI#:** ________________

**Date:** _________________

**Refer to *"Diastat AcuDial Administration Instructions"***

**This form should be attached by the consultative nurse to this Individualized Protocol.**

**It can be found on the internet at, as noted on page one:**

**www.diastat.com/HTML-INF/Epilepsy_Resources/Epilepsy_Printable_Forms_B.htm**

SAMPLE

1. When ________________________has a seizure episode, which meets the requirement for Diastat as stated on the Diastat Order Sheet: Remain calm, protect _____________________ from falls by guiding him/her to a lying position, turn him/her on their side to avoid aspiration, and continue to observe him/her.

2. Get____________'s Diastat and return. While observing ______________________, open the box and remove one of the Diastat "AcuDial" delivery system (looks like a syringe), and a packet of lubricating jelly.

3. With thumb, remove the protective cover from the syringe (**make sure Seal Pin is removed with the cap**). Tear open the packet of lubricating jelly and put the tip of the syringe into the jelly.

4. Turn ____________________ on side facing you. Bend his/her upper leg to expose the rectum (pants will need to be pulled down to expose rectum). With _____________________ on his/her side facing you and______________'s upper leg bent forward, separate____________'s buttock's to expose his/her rectum.

5. Do your best to have other people that you may be with to provide for__________________'s privacy (such as using clothes or sheet items as area drapes) but realize that your main concern is to fully and properly expose_____________________'s buttock for the proper insertion of the syringe and delivery of the medication.

6. Gently insert the syringe tip into the rectum with the rim of the syringe snug against the rectum.

7. Slowly count to three while gently pushing the plunger until it stops, and then slowly count to three before slowly removing the tip from the rectum. Then hold the buttocks together for another three seconds to prevent leaking. Slow, gentle movements will help the medicine stay in the rectum and hopefully prevent a reflex bowel movement.

8. **If seizure activity continues for 15 minutes after the dose is given, as stated on the Diastat Order Sheet, then call 911 and accompany __________ to the ER.**

9. If the seizures stop within __________ minutes, then continue to observe _____________ closely for at least the next four hours. **Someone should be in the same room as _____________ and be able to see _______________'s face at all times)**. Only if _________is fully alert and awake, can he/she resume usual activities.

10. Count his/her respirations every 15 minutes for the next four hours. When at rest and not having seizures __________ usually takes 12 to 18 breaths per minute. Call 911 if __________'s breathing is slower than 8 breaths per minute or faster than 32 breaths per minute; __________'s skin, lips, or nail beds turn bluish/ darker or a pale color; or __________ shows any other signs of severe respiratory distress such as wheezing or labored breathing. Call the community nurse, your supervisor, and the prescriber's office if __________ is not fully alert and awake after four hours.

11. Watch for sleepiness, dizziness, headache, abdominal discomfort, rash, facial flushing, diarrhea, or nasal congestion. If any of these occurs call your supervisor, the community nurse, and the prescriber's office.

12. Document in the communication book, MAR, seizure record, and progress notes that Diastat was given. Describe the seizure activity, including time and length. Also note whether Diastat was effective, how long it took, and any side effects.

13. Inform oncoming staff of __________'s condition and the time of Diastat administration. House staff should inform day program staff or day program staff should inform house staff, whichever the case may be, on the day that Diastat is given in order to prevent __________ from receiving more than the allowable number of doses. Supervisors should make certain that this communication takes place. See Appendix D. Transportation of __________ on that day will need to be evaluated by the supervisors of each program, with good communication and adequate supervision provided to assure safe transport of __________.

| ______________________________ | ____________________ |
| --- | --- |
| R.N.'s Signature | Date |

SAMPLE

***Other considerations; besides instructions written on the Diastat Order Sheet:***

1. As always, if __________'s seizures appear to be different from his/her usual ones or you observe breathing problems, change in color (blueness/ darker color), or other unusual or serious problems (such as head trauma), call 911 and accompany him/her to the ER.

2. **If ___________ requires a second dose of Diastat within a twenty-four hour period, then call 911 and accompany __________ to the ER.**

3. __________ should not be left alone in his/her residence without a staff member who has been trained and signed off on the administration of Diastat.

4. Diastat should not be used more than once in 5 days or more than 5 times in one month. Please notify the community nurse if this is the case.

5. Avoid storing Diastat in extreme cold or hot places.

6. Diastat needs to be securely stored and kept under lock and key in the home residence and day program. If the individual is in the community it should be carried in a secure fashion.

7. Disposal Instructions for Diastat AcuDial:
   - ***a)*** Pull on plunger until it is completely removed from the syringe body.
   - ***b)*** Point tip over sink or toilet.
   - ***c)*** Replace plunger into syringe body, gently pushing plunger until it stops.
   - ***d)*** Flush toilet or rinse sink with water until gel is no longer visible.
   - ***e)*** Discard all used materials in the garbage can securely.
   - ***f)*** Do not reuse.
   - ***g)*** Discard in a safe and secure place away from children and other individuals who may try to go into the garbage.

SAMPLE

*Division of Developmental Disabilities Services*

## Diastat Communication Form

**Individual's Name:** ______________________________________ **MCI#:** ________________

**Date:** ________________

| **This Diastat Communication Form is to inform you that on** | | **________________________ ,** | |
|---|---|---|---|
| **at** | **am/pm, ______** | **was given ________** | **mg. of Diastat.** |

Name of Day or Residential Staff filling out form: ________________________________________

Signature of Day or Residential Staff filling out form: ________________________________________

- Name of Day or Residential Staff person receiving form: ________________________________________
- Name of Consultative Nurse receiving form: ________________________________________
- Name of HCP receiving form: ________________________________________

SAMPLE

LESSON

5

# SECTION 3

## MEDICATION ERRORS

- Causes of Medication Errors (A)
- Reporting Medication Errors (B)

**The learner will:**

- ✓ Identify common causes of medication errors.
- ✓ State what steps should be taken when a medication error occurs.
- ✓ Identify necessary information about the individual and the medication administration to report.

# Medication Errors

## CAUSES OF MEDICATION ERRORS

A medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, client or LLAM trained UAP.

A medication error occurs specifically when there is failure for the ***right individual*** to receive the ***right dose*** of the ***right medication*** at the ***right time*** or the ***right route***, omission, inaccurate transcription, or by an incident of diversion of medication *(theft)*.

Errors do occur despite training and precautions. For individual safety, errors should be reported immediately upon discovery.

Depending on the medication error, 911 or Poison Control (800-222-1212) may need to be called. Errors must be documented according to DDDS policy.

### *Examples of Medication Errors Include:*

- Failure to exactly follow prescriber's orders on medication label.
- Failure to administer only upon current orders.
- Failure to follow hands-on procedures taught in class.
- Failure to follow the 6 rights
- Failure to accurately label a medication.
- Failure to accurately transcribe a medication to the MAR.
- Improper medication storage.
- Running out of medications.
- Failure to follow manufacturer's specifications/directions for use.
- Failure to follow accepted standards and employer policy/procedures for medication administration.
- Failure to listen to a client's or other responsible party's concern.
- Failure of staff communication of a new medication or a change in medication.

### *Considerations in determining if a medication error occurred:*

- Medication error resulting in medical treatment.
- Medication error resulting in harm or potential to cause harm.

### *Reporting Medication Errors:*

***OVERDOSE:*** Call the Poison Control Center. If the individual is having difficulty breathing or loses consciousness, call 911 and send individual to emergency room.

### *If there is an error*

- In the right medication, or
- To the right individual, or
- In the right route, or
- In the right time such as a missed dose, call the individuals HCP/Pharmacist/Nurse per the agency's policy and document the error accordingly.

**It is the legal responsibility and ethical responsibility of the LLAM trained UAP to report/document all errors. Avoiding or choosing not to report/document errors could lead to serious injury or even death of an individual.**

### *Handling of Medication Errors:*

- The first person finding the medication error is responsible to report the error and document in the Electronic Record.
- Medication deviations will be reported to administration, documented and the documentation retained by the agency.
- Errors made by the LLAM trained UAPs will be tracked and appropriate corrective action taken, including counseling, to prevent future errors.
- Counseling can include discussion with an action plan for improvement, retake of course/testing, or retesting.
- LLAM trained UAPs who have two errors within a six month timeframe will not be authorized to give medications until the entire medication course is completed.
- Medication errors that are a result of a pharmacy error should be reported to the pharmacist for immediate correction.

DDDS may request reports that include reportable data.

ꕤ Missed Medication and Medications Losses (C)

# Missed Medication and Medications Losses

***A Missed Medication*** is a routine medication that is not given OR is given outside the 60 minute before and 60 minute after the assigned time window is said to be ***"missed"***.

***The staff identifying the missed medication will:***

- Notify the Supervisor and or nurse if a routine dose of medication was missed and or not signed for (blank space).
- Not give medication without nurse or prescribing practitioner's guidance when a medication is not given on time. Time allotted is 60 minutes before or 60 minutes after the assigned time.
- Circle, initial and document reason medication was missed
- Complete error report
- If a medication is missed due to a recurring commitment speak with nurse or practitioner about changing the medication time.

***A Medication Loss*** is any time medication is missing. If the apparent loss relates to an over the counter medication or can be easily resolved, you do not need to report it to DDDS. However, if the medication loss relates to a prescription or controlled substance, and/or is not easily resolve, it must be reported to DDDS.

***Some examples of how to decide whether a medication loss has happened:***

- You go to give a medication. The count says you should have 20 pills, but there are only 19 pills on the card. You look at the Count Book more closely and see that there was a mistake in arithmetic, and there should only be 19 pills left. You do not need to complete an incident report.
- You go to give a prescription medication. The count says you should have 20 pills. There are only 19 pills. You cannot find any arithmetic mistakes. You do need to complete and incident report.
- You go to give a prescription medication. The pill is dropped. The pill must be disposed of. You do not need to complete an incident report.
- You go to give a prescription medication. You see that two doses of medication are signed out for at the same time. This is not a medication loss, this is a medication error. You need to fill out an Incident Report.

More Information

# Medical Terminology Abbreviations

The following list contains some of the most common abbreviations found in medical records. Please note that in medical terminology, the capitalization of letters bears significance as to the meaning of certain terms, and is often used to distinguish terms with similar acronyms.

| Abbreviations | Meaning |
|---|---|
| **AMI** | acute myocardial infarction |
| **am** | morning |
| **amt** | amount |
| **ANS** | automatic nervous system |
| **ant** | anterior |
| **AOx3** | alert and oriented to person, time, and place |
| **Ap** | apical |
| **AP** | apical pulse |
| **approx** | approximately |
| **aq** | aqueous |
| **ARDS** | acute respiratory distress syndrome |
| **as tol** | as tolerated |
| **ASA** | aspirin |
| **asap (ASAP)** | as soon as possible |
| **AS** | left ear |
| **ATD** | admission, transfer, discharge |
| **AU** | both ears |
| **Ax** | axillary |
| **BE** | barium enema |
| **bid** | twice a day |

| Abbreviations | Meaning |
|---|---|
| **CC** | chief complaint |
| **cc** | cubic centimeters |
| **CCU** | coronary care unit, critical care unit |
| **CHD** | coronary heart disease |
| **CHF** | congestive heart failure |
| **CHO** | carbohydrate |
| **chol** | cholesterol |
| **circ** | circumcision |
| **cl liq** | clear liquid |
| **CNS** | central nervous system |
| **COPD** | chronic obstructive pulmonary disease |
| **CPK** | creatine phosphokinase |
| **CPR** | cardiopulmonary resuscitation |
| **CPT** | chest physical therapy |
| **CS** | central supply |
| **CSF** | cerebrospinal fluid |
| **c-spine** | cervical spine |
| **CT** | computer tomography |
| **CVA** | cerebrovascular accident (stroke) |
| **CVU** | cardiovascular unit |

| Abbreviations | Meaning |
|---|---|
| **cx** | cervix or complaint of |
| **CXR** | chest X ray |
| **cysto** | cystography |
| **D & C** | dilation and curettage |
| **d/c** | discontinue |
| **D/S** | dextrose in saline |
| **D5W 5%** | dextrose in water |
| **etiol** | etiology |
| **ETOH** | ethyl alcohol, intoxicated |
| **exam** | examination |
| **exp** | exploratory |
| **ext** | external, extract, extraction |
| **FBOA** | foreign body obstructed airway |
| **FBS** | fasting blood sugar |
| **FBW** | fasting blood work |
| **FF (F. Fl)** | force fluids |
| **FH** | family history |
| **FHS** | fetal heart sounds |
| **FHT** | fetal heart tone |
| **FIFO** | first in, first out |
| **FSH** | follicle-stimulating hormone |
| **ft** | foot |
| **FUO** | fever of undetermined origin |
| **Fx** | fracture |
| **GB** | gallbladder |
| **GI** | gastrointestinal |
| **gtt(s)** | drop(s) |

| Abbreviations | Meaning |
|---|---|
| **GTT** | glucose tolerance test (pancreas test) |
| **GU** | genitourinary |
| **gyn** | gynecology |
| **H & H** | hemoglobin and hematocrit |
| **H&P** | history and physical |
| **HCG** | human chorionic gonadotrophin |
| **hct** | hematocrit |
| **IVP** | intravenous pyelogram |
| **K+** | potassium |
| **KCl** | potassium chloride |
| **KUB** | kidney, ureter, bladder |
| **L & D** | labor and delivery |
| **lab** | laboratory |
| **lac** | laceration |
| **lap** | laparotomy |
| **lat** | lateral |
| **LDH** | lactic dehydrogenase |
| **LD** | lethal dose |
| **LDL** | low-density lipoprotein |
| **liq** | liquid |
| **LLQ, LLL** | left lower quadrant (abdomen), lobe (lung) |
| **L** | lumbar |
| **LMP** | last menstrual period |
| **LOC** | level of consciousness |
| **LP** | lumbar puncture |
| **lt** | left |
| **LUQ, LUL** | left upper quadrant (abdomen), lobe (lung) |

| Abbreviations | Meaning |
|---|---|
| **MA** | mental age |
| **MAST** | medical antishock trousers |
| **MCI** | Master Client Index for DDDS |
| **meds** | medications |
| **MICU** | mobile intensive care unit |
| **MI** | myocardial infarction |
| **min** | minute |
| **MN** | midnight |
| **MOM** | milk of magnesia |
| **MRI** | magnetic resonance imagery |
| **MS** | morphine sulfate, multiple sclerosis |
| **MVA** | motor vehicle accident |
| **N/C** | nasal cannula |
| **Na+** | sodium |
| **NaCl** | sodium chloride |
| **neg** | negative |
| **neuro** | neurology |
| **NG** | nasogastric |
| **NGT** | nasogastric tube |
| **nitro** | nitroglycerine |
| **NKA** | no known allergies |
| **noc (t)** | night |
| **no** | complaints |
| **NPO** | nothing by mouth |
| **nsg** | nursing |
| **NS** | normal saline |
| **NSR** | normal sinus rhythm |

| Abbreviations | Meaning |
|---|---|
| **NVD** | nausea, vomiting, diarrhea |
| **NVS** | neurological vital signs |
| **OB** | obstetrics |
| **OD** | right eye, overdose |
| **oint** | ointment |
| **OOB** | out of bed |
| **O** | oxygen |
| **PKU** | phenylketonuria |
| **pm** | between noon and midnight |
| **PNS** | peripheral nervous system |
| **pO2** | partial pressure of oxygen |
| **po** | by mouth |
| **post (pos)** | posterior |
| **postop, PostOp** | –postoperative |
| **pp (p.p.)** | postprandial (after eating) |
| **PPD** | purified protein derivative (TB test) |
| **P** | pulse |
| **preop, PreOp** | before surgery |
| **prn** | as needed, whenever necessary |
| **pro time** | prothrombin time |
| **pt** | patient, pint |
| **PT** | physical therapy |
| **PTT** | partial thromboplastin time |
| **PVC** | premature ventricular contraction |
| **Px** | physical exam, prognosis |
| **q** | every |
| **q2h, q3h, ...** | every two hours, every three hours, ... |

| Abbreviations | Meaning |
|---|---|
| **qd** | every day |
| **qh** | every hour |
| **qhs** | every night at bedtime |
| **qid** | four times a day |
| **qns** | quantity not sufficient |
| **qod** | every other day |
| **qs** | quantity sufficient |
| **SL** | sublingual |
| **SMAC** | sequential multiple analysis computer |
| **SOB** | shortness of breath |
| **sp. gr.** | specific gravity |
| **spec** | specimen |
| **SQ, sub q** | subcutaneous |
| **ss** | 1/2 |
| **SSE** | soap suds enema |
| **stat** | immediately |
| **STD** | sexually transmitted disease |
| **STH** | somatotropic hormone |
| **SVD** | spontaneous vaginal delivery |
| **SVN** | small volume nebulizer |
| **SVT** | supraventricular tachycardia |
| $\bar{s}$ | without |
| **Sx** | symptoms |
| **T & A** | tonsillectomy and adenoidectomy |
| **tab** | tablet |
| **tachy** | tachycardic |
| **TAH** | total abdominal hysterectomy |

| Abbreviations | Meaning |
|---|---|
| **TB** | tuberculosis |
| **TCDB** | turn, cough, deep breath |
| **temp (T)** | temperature |
| **TH** | thyroid hormone |
| **TIA** | transient ischemic attack |
| **tid** | three times a day |
| **TMJ** | temporomandibular joint |
| **VD** | venereal disease |
| **vit** | vitamin |
| **vol** | volume |
| **vo** | verbal order |
| **w/c** | wheelchair |
| **WA** | while awake |
| **WBC** | white blood cell/count |
| **WNL** | within normal limits |
| **wt** | weight |
| **y/o** | year(s) old |
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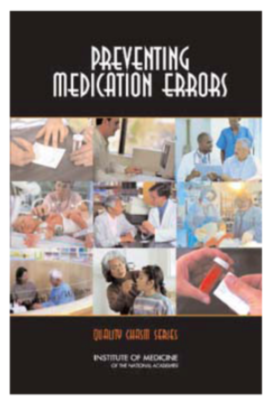
REPORT BRIEF • JULY 2006

# Preventing Medication Errors




Almost everyone in the modern world takes medication at one time or another. According to one estimate, in any given week four out of every five U.S. adults will use prescription medicines, over-the-counter drugs, or dietary supplements of some sort, and nearly one-third of adults will take five or more different medications.

Most of the time these medications are beneficial, or at least they cause no harm, but on occasion they do injure the person taking them. Some of these "adverse drug events [ADEs]," as injuries due to medication are generally called, are inevitable—the more powerful a drug is, the more likely it is to have harmful side effects, for instance—but sometimes the harm is caused by an error in prescribing or taking the medication, and these damages are not inevitable. They can be prevented.

Against this background, the Centers for Medicare and Medicaid Services requested that the Institute of Medicine study the prevalence of such medication errors and formulate a national agenda for reducing these errors. The resulting report, *Preventing Medication Errors,* finds that medication errors are surprisingly common and costly to the nation, and it outlines a comprehensive approach to decreasing the prevalence of these errors. This approach will require changes from doctors, nurses, pharmacists, and others in the health care industry, from the Food and Drug Administration (FDA) and other government agencies, from hospitals and other health-care organizations, and from patients.

**When all types of errors are taken into account, a hospital patient can expect on average to be subjected to more than one medication error each day.**

## THE UNACCEPTABLE COSTS OF MEDICATION ERRORS

In hospitals, errors are common during every step of the medication process—procuring the drug, prescribing it, dispensing it, administering it, and monitoring its impact—but they occur most frequently during the prescribing and administering stages. When all types of errors are taken into account, a hospital patient can expect on average to be subjected to more than one medication error each day. However, substantial variations in error rates are found across facilities.

An ADE arising from an error is considered preventable. It is difficult to get accurate measurements of how often preventable ADEs occur. One study estimated 380,000 preventable ADEs in hospitals each year, another estimated 450,000, and the committee believes that both are likely to be underestimates. The numbers are equally disturbing in other settings. One study calculates, for example, that 800,000 preventable ADEs occur each year in long-term care facilities. Another finds that among outpatient Medicare patients there occur 530,000 preventable ADEs each year. And the evidence suggests that both of these numbers are likely to be underestimates as well. Furthermore, none of these studies includes errors of omission—failures to prescribe medication in cases where it should be. Taking all of these numbers into account, the committee concludes that there are at least 1.5 million preventable ADEs that occur in the United States each year. The true number may be much higher.

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These medication errors are undoubtedly costly—to patients, their families, their employers, and to hospitals, health-care providers, and insurance companies—but there are few reliable estimates of that cost. One study found that each preventable ADE that took place in a hospital added about $8,750 (in 2006 dollars) to the cost of the hospital stay. Assuming 400,000 of these events each year—a conservative estimate—the total annual cost would be $3.5 billion in this one group. Another study looked at preventable ADEs in Medicare enrollees aged 65 and older and found an annual cost of $887 million for treating medication errors in this group. Unfortunately, these studies cover only some of the medication errors that occur each year in this country, and they look at only some of their costs—they do not take into account lost earnings, for example, or any compensation for pain and suffering.

What is most striking about these statistics is that much of this harm is preventable, since a variety of strategies and techniques exist for reducing medication errors. Many of these approaches have already been tested and shown to work in practice, while others seem promising but will require further development. Given this situation, the committee concluded that the current state of affairs is not acceptable and it recommended a series of steps that should be taken to prevent medication errors.

...one of the most effective ways to reduce medication errors, the report concludes, is to move toward a model of health care where there is more of a partnership between the patients and the health care providers.

## A PARADIGM SHIFT IN THE PATIENT-PROVIDER RELATIONSHIP

The first step is to allow and encourage patients to take a more active role in their own medical care. In the past the nation's health care system has generally been paternalistic and provider-centric, and patients have not been expected to be involved in the process. But one of the most effective ways to reduce medication errors, the report concludes, is to move toward a model of health care where there is more of a partnership between the patients and the health care providers. Patients should understand more about their medications and take more responsibility for monitoring those medications, while providers should take steps to educate, consult with, and listen to the patients.

To make this new model of health care work, a number of things must be done. Doctors, nurses, pharmacists and other providers must communicate more with patients at every step of the way and make that communication a two-way street, listening to the patients as well as talking to them. They should inform their patients fully about the risks, contraindications, and possible side effects of the medications they are taking and what to do if they experience a side effect. They should also be more forthcoming when medication errors have occurred and explain what the consequences have been.

Patients or their surrogates should in turn take a more active role in the process. They should learn to keep careful records of all the medications they are taking and take greater responsibility for monitoring those medications by, for example, double-checking prescriptions from pharmacies and reporting any unexpected changes in how they feel after starting a new medication.

Also, the healthcare system needs to do a better job of educating patients and of providing ways for patients to educate themselves. Patients should be given opportunities to consult about their medications at various stages in their care—during consultation with the providers who prescribe their medications, at discharge from the hospital, at the pharmacy, and so on. And there needs to be a concerted effort to improve the quality and the accessibility of information about medications provided to consumers. The committee recommends that the FDA, the National Library of Medicine, and other government agencies work together to standardize and improve the medication information leaflets provided by pharmacies, make more and better drug information available over the Internet, and develop a 24-hour national tele-

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phone helpline that offers consumers easy access to drug information.

## USING INFORMATION TECHNOLOGIES TO REDUCE MEDICATION ERRORS

A second important step in reducing the number of medication errors will be to make greater use of information technologies in prescribing and dispensing medications. Doctors, nurse practitioners, and physician assistants, for example, cannot possibly keep up with all the relevant information available on all the medications they might prescribe—but with today's information technologies they don't have to. By using point-of-care reference information, typically accessed over the Internet or from personal digital assistants, prescribers can obtain detailed information about the particular drugs they prescribe and get help in deciding which medications to prescribe.

Even more promising is the use of electronic prescriptions, or e-prescriptions. By writing prescriptions electronically, doctors and other providers can avoid many of the mistakes that accompany handwritten prescriptions, as the software ensures that all the necessary information is filled out—and legible. Furthermore, by tying e-prescriptions in with the patient's medical history, it is possible to check automatically for such things as drug allergies, drug-drug interactions, and overly high doses. In addition, once an e-prescription is in the system, it will follow the patient from the hospital to the doctor's office or from the nursing home to the pharmacy, avoiding many of the "hand-off errors" common today. In light of all this, the committee recommends that by 2010 all prescribers and pharmacies be using e-prescriptions.

More generally, all health care suppliers should seek to become high-reliability organizations preoccupied with improving medication safety. To do this, they will have to take advantage of the latest information technologies and the most up-to-date organizational and management strategies. They will also need to put effective internal monitoring programs in place, which will allow them to determine the incidence rates of ADEs more accurately and thus provide a way of measuring their progress toward improved medication safety.

***...the committee recommends that the drug industry and the appropriate federal agencies work together to improve drug nomenclature, including not just drug names but also abbreviations and acronyms.***

## IMPROVED LABELING AND PACKAGING OF MEDICATIONS

Another way to reduce medication errors is to ensure that drug information is communicated clearly and effectively to providers and patients. Some errors occur simply because two different drugs have names that look or sound very similar. With this in mind, the committee recommends that the drug industry and the appropriate federal agencies work together to improve drug nomenclature, including not just drug names but also abbreviations and acronyms. At the same time, the information sheets that accompany drugs should be redesigned, taking into account research that identifies the best methods for communicating information about medications.

## POLICY RECOMMENDATIONS

Reducing preventable ADEs will demand the attention and active involvement of everyone involved. The federal government should, for example, pay for and coordinate a broad research effort aimed at learning more about preventing medication errors. Various regulatory agencies should encourage the adoption of practices and technologies that will reduce medication errors. Accreditation agencies should require more training in medication-management practices. The committee believes that the effort will pay off in far fewer medication errors and preventable adverse drug events, far less harm done to patients by medications, and far less cost to the nation's economy.

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INSTITUTE OF MEDICINE

FACT SHEET • JULY 2006

# What You Can Do to Avoid Medication Errors

## PERSONAL/HOME CARE

- Maintain a list of prescription drugs, nonprescription drugs and other products, such as vitamins and minerals, you are taking.
- Take this list with you whenever you visit a health care provider and have him or her review it.
- Be aware of where to find educational material related to your medication(s) in the local community and at reliable web sites.

## AMBULATORY CARE/OUTPATIENT CLINIC

- Have the prescriber write down the name of the drug (brand and generic, if available), what it is for, its dosage, and how often to take it, or provide other written material with this information.
- Have the prescriber explain how to use the drug properly.
- Ask about the drug's side effects and what to do if you experience a side effect.

## PHARMACY

- Make sure the name of the drug (brand or generic) and the directions for use received at the pharmacy are the same as that written down by the prescriber.
- Know that you can review your list of medications with the pharmacist for additional safety.
- Know that you have the right to counseling by the pharmacist if you have any questions. You can ask the pharmacist to explain how to properly take the drug, the side effects of the drug, and what to do if you experience side effects (just as you did with your prescriber).
- Ask for written information about the medication.

## HOSPITAL INPATIENT CARE

- Ask the doctor or nurse what drugs you are being given at the hospital.
- Do not take a drug without being told the purpose for doing so.
- Exercise your right to have a surrogate present whenever you are receiving medication and are unable to monitor the medication-use process yourself.
- Prior to surgery, ask whether there are medications, especially prescription antibiotics, that you should take or any that you should stop taking preoperatively.
- Prior to discharge, ask for a list of the medications that you should be taking at home, have a provider review them with you, and be sure you understand how these medications should be taken.

Source: Committee on Identifying and Preventing Medication Errors, Institute of Medicine

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**Medicines Recommended for Disposal by Flushing**

**Listed by Medicine and Active Ingredient**

There is a small number of medicines that may be especially harmful and, in some cases, fatal with just one dose if they are used by someone other than the person for whom the medicine was prescribed. This list from FDA tells you what expired, unwanted, or unused medicines you should flush down the sink or toilet to help prevent danger to **people and pets in the home.**

| Medicine | Active Ingredient |
|---|---|
| **Abstral (PDF - 1M), tablets (sublingual)** | Fentanyl |
| **Actiq (PDF - 251KB), oral transmucosal lozenge *** | Fentanyl Citrate |
| **Avinza (PDF - 51KB), capsules (extended release)** | Morphine Sulfate |
| **Belbuca (PDF – 44KB), soluble film (buccal)** | Buprenorphine Hydrochloride |
| **Buprenorphine Hydrochloride, tablets (sublingual) *** | Buprenorphine Hydrochloride |
| **Buprenorphine Hydrochloride; Naloxone Hydrochloride, tablets (sublingual) *** | Buprenorphine Hydrochloride; Naloxone Hydrochloride |
| **Butrans (PDF - 388KB), transdermal patch system** | Buprenorphine |
| **Daytrana (PDF - 281KB), transdermal patch system** | Methylphenidate |
| **Demerol, tablets *** | Meperidine Hydrochloride |
| **Demerol, oral solution *** | Meperidine Hydrochloride |
| **Diastat/Diastat AcuDial, rectal gel [for disposal instructions: click on link, then go to "Label information" and view current label]** | Diazepam |
| **Dilaudid, tablets *** | Hydromorphone Hydrochloride |
| **Dilaudid, oral liquid *** | Hydromorphone Hydrochloride |
| **Dolophine Hydrochloride (PDF - 48KB), tablets *** | Methadone Hydrochloride |
| **Duragesic (PDF - 179KB), patch (extended release) *** | Fentanyl |
| **Embeda (PDF - 39KB), capsules (extended release)** | Morphine Sulfate; Naltrexone Hydrochloride |
| **Exalgo (PDF - 83KB), tablets (extended release)** | Hydromorphone Hydrochloride |

* These medicines have generic versions available or are only available in generic

FDA continually evaluates medicines for safety risks and will update the list as needed. Please visit the **Disposal of Unused Medicines: What You Should Know** page at www.fda.gov for more information.

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| **Fentora (PDF - 338KB), tablets (buccal)** | Fentanyl Citrate |
|---|---|
| **Hysingla ER (PDF - 78KB), tablets (extended release)** | Hydrocodone Bitartrate |
| **Kadian (PDF - 135KB), capsules (extended release)** | Morphine Sulfate |
| **Methadone Hydrochloride, oral solution *** | Methadone Hydrochloride |
| **Methadose, tablets *** | Methadone Hydrochloride |
| **Morphabond (PDF – 162 KB), tablets (extended release)** | Morphine Sulfate |
| **Morphine Sulfate, tablets (immediate release) *** | Morphine Sulfate |
| **Morphine Sulfate (PDF - 282KB), oral solution *** | Morphine Sulfate |
| **MS Contin (PDF - 433KB), tablets (extended release) *** | Morphine Sulfate |
| **Nucynta ER (PDF - 38KB), tablets (extended release)** | Tapentadol |
| **Onsolis (PDF - 297KB), soluble film (buccal)** | Fentanyl Citrate |
| **Opana, tablets (immediate release)** | Oxymorphone Hydrochloride |
| **Opana ER (PDF - 56KB), tablets (extended release)** | Oxymorphone Hydrochloride |
| **Oxecta, tablets (immediate release)** | Oxycodone Hydrochloride |
| **Oxycodone Hydrochloride, capsules** | Oxycodone Hydrochloride |
| **Oxycodone Hydrochloride (PDF - 100KB), oral solution** | Oxycodone Hydrochloride |
| **Oxycontin (PDF - 417KB), tablets (extended release)** | Oxycodone Hydrochloride |
| **Percocet, tablets *** | Acetaminophen; Oxycodone Hydrochloride |
| **Percodan, tablets *** | Aspirin; Oxycodone Hydrochloride |
| **Suboxone (PDF - 83KB), film (sublingual)** | Buprenorphine Hydrochloride; Naloxone Hydrochloride |

* These medicines have generic versions available or are only available in generic

FDA continually evaluates medicines for safety risks and will update the list as needed. Please visit the **Disposal of Unused Medicines: What You Should Know** page at www.fda.gov for more information.

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| | |
|---|---|
| **Targiniq ER (PDF - 48KB), tablets (extended release)** | Oxycodone Hydrochloride; Naloxone Hydrochloride |
| **Xartemis XR (PDF - 113KB), tablets** | Oxycodone Hydrochloride; Acetaminophen |
| **Xtampza ER (PDF – 67.6KB), capsules (extended release)** | Oxyccodone |
| **Xyrem (PDF - 185KB), oral solution** | Sodium Oxybate |
| **Zohydro ER (PDF - 90KB) capsules (extended release)** | Hydrocodone Bitartrate |
| **Zubsolv (PDF - 354KB), tablets (sublingual)** | Buprenorphine Hydrochloride; Naloxone Hydrochloride |

* These medicines have generic versions available or are only available in generic

FDA continually evaluates medicines for safety risks and will update the list as needed. Please visit the **Disposal of Unused Medicines: What You Should Know** page at www.fda.gov for more information.

**Controlled Substance Count Sheet**

**Individual's Name:** ______________________________

**Medication/Strength:** ______________________________

**Prescription Number:** ______________________________ **Quantity:** ____________________

| DATE | TIME | AMOUNT ON HAND | AMOUNT USED | AMOUNT LEFT | SIGNATURE |
|---|---|---|---|---|---|
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PARC Approved: 06/24/08
Form #25 CS/ASP

**Controlled Substance Count Sheet** (continued)

**Individual's Name:** ______________________________

**Medication/Strength:** ______________________________

**Prescription Number:** ______________________________ **Quantity:** ____________________

| DATE | TIME | AMOUNT ON HAND | AMOUNT USED | AMOUNT LEFT | SIGNATURE |
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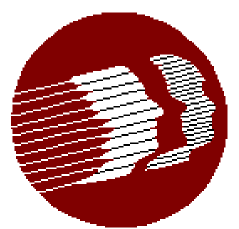

**Department of Health and Social Services**
**Division of Developmental Disabilities Services**
**Community Services**

## LEAVE/VACATION MEDICATION FORM

Name: ______________________________________________MCI #: ____________________

Date of Departure: ________________ Expected Date of Return: ________________________

Destination: ___________________________________________________________________

MEDICATIONS: For each medication and strength specify exactly as on the prescription label.

| Name of Medication | Strength | # of Pills Sent | # of Pills Ret. | Name of Medication | Strength | # of Pills Sent | # of Pills Ret. |
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Special medication instructions/comment:

_______________________________________________________________________________

_______________________________________________________________________________

_______________________________________________________________________________

___________________________________________________

***Signature of Staff who Prepared Leave of Absence Medications & Date***

___________________________________________________

***Signature of Staff who Counted the Medication Upon Return***

To whom are medications entrusted?_____________________________________________
Name/Relationship

I have received the medications listed above and have no questions regarding their administration. I understand that I may call the agency staff if any further questions arise.

_______________________________________ _______________________________________

Signature of Person Entrusted with Medication/Date Signature of Agency Staff Transferring Medication/Date

**Instructions for use of Leave/Vacation Medication Form**

**When to be Completed:** Every time a person is expected to receive his/her medication from a person other than a residential or day program staff who have successfully completed LLAM training (example: a person leaves the home for a vacation, respite or a visit with his/her family).

**Instructions for Completion of Form Prior to Individual's Departure:**

1. Staff person (this includes agency contracted staff and shared living provider) completes the top section of the form.

2. Staff person (this includes agency contracted staff and shared living provider) completes the first three (3) columns of the table.

3. Staff person (this includes agency contracted staff and shared living provider) completes the section re: special medication instructions/comments, if applicable.

4. Staff person (this includes agency contracted staff and shared living provider) signs on the line that states "staff who prepared medication for leave".

5. Staff person (this includes agency contracted staff and shared living provider) writes the name and relationship of the person to whom the medication is being transferred on the line that states "to whom are medications entrusted".

6. Staff person (this includes agency contracted staff and shared living provider) reviews the medication and the information on the Leave/Vacation Medication Form with the receiving person.

7. The person receiving the medication signs and dates on the bottom line of the form attesting to his/her receipt and understanding of the medications.

**Instructions for Completion of Form Upon Individual's Return:**

1. Staff person (this includes agency contracted staff and shared living provider) counts the number of pills returned and documents in Column 4 of the table and signs the form on the indicated line. It is preferable that this be done in the presence of the person to whom the medications were entrusted.

**Where to File Completed Form:**

1. Provider agency staff shall file the completed form with the corresponding month's MARs.

2. Shared Living providers shall forward the form to the consultative nurse who will then forward to DDDS HIM.

**5/4/16**

# Medication Administration Record (MAR)

***Page # 1***

**Name:**____________________________________ **Month:**______________, **Year: 20**_____

**Allergies:** ______________________________________________________________________

***Must contain:***
- ✓ *Drug Name*
- ✓ *Dosage*
- ✓ *Route*
- ✓ *Frequency*
- ✓ *Your Initials*

| Medication | Time | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Prescribed By: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Drug Name, Dosage, Route** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| NOTES: | Signature | Initial | Signature | Initial |
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*Page # 2*

**Name:** ____________________________________________

**Record medication administration notes below. For medication not administered, use the codes in the box at the left, including appropriate dates, comments, and explanations.**

REASON MEDICATION NOT ADMINISTERED

1 = LOA

2 = Refused

3 = Hospital

4 = Held by HCP *(explain)*

5 = Medication not available *(explain)*

6 = Other *(explain)*

*Time, date, and initial each explanation.*

*Sign and initial at the bottom of the form.*

## COMMENTS – REASON MEDICATION NOT GIVEN

| *DATE* | *TIME* | *MEDICATION* | *REASON NOT GIVEN* | *INITIAL* |
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| SIGNATURE | INITIALS | SIGNATURE | INITIALS | SIGNATURE | INITIALS |
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**DELAWARE HEALTH AND SOCIAL SERVICES**
**DIVISION OF DEVELOPMENTAL DISABILITIES SERVICES**
**COMMUNITY SERVICES**

# OVER THE COUNTER MEDICATION

**Individual's Name**: ________________________________________ **MCI Number:** ______________

**Drug Allergies:**______________________________________________________________________________

**Home Name and Address**: ______________________________________________________________________

_______________________________________________________________________________________________

**ATTENTION STAFF**: **Whenever you assist with any of the medications from this form, you must sign the MAR, and document usage and effectiveness in the electronic record.**

NON-EMERGENCY CONDITIONS: Non-Prescription Medications

**1. HEADACHE OR MINOR ACHES AND PAINS:**

Acetaminophen / Tylenol — Dose: Two 325mg Tablets — Frequency: Every 4 hours as needed
Route: By Mouth

**Call Health Care Provider if headache persists for 24 hours, if it occurs more than 3 times per week, or if it becomes intense, incapacitating, or no relief is obtained from the medication. Also, call Health Care Provider if body aches continues over 24 hours.**

**2. MENSTRUAL CRAMPS: (Females Only)**

Advil / Ibuprofen — Dose: Two 200mg Tablets — Frequency: Every 4 hours as needed
Route: By Mouth

**3. TEMPERATURE ELEVATION:**

Acetaminophen/Tylenol — Dose: Two 325 mg Tablets — Frequency: Every 4 hours as needed
Route: By Mouth

**To be given when oral temperature is over 100° F or axillary temperature is over 99°F.**
**Call Health Care Provider if fever persists over 24 hours or if it is accompanied by vomiting and / or diarrhea, increased coughing or congestion, headache, or abdominal pain that does not stop.**

**Notify the Health Care Provider sooner if an increased temperature / fever is accompanied by increased coughing, congestion, or difficulty breathing.**

**4. MINOR ABRASIONS OR CUTS:**

Clean area with soap and water then apply Antibiotic ointment topically to the area. May cover with a Band-Aid if needed. Apply twice a day until healed.

**If affected area worsens (increased redness, drainage, warmth, swelling, etc.) during above treatment, notify Health Care Provider.**

______________________________________ ____________________

**Prescribing Health Care Provider's Signature** **Date**

**New Castle Regional Office**
2540 Wrangle Hill Road, 2nd floor
Bear, DE 19701
PH: (302) 836-2100

**Kent Regional: Office,**
**Thomas Collins Bldg.**
540 S. DuPont Hwy., Suite 8
Dover, DE 19901
PH: (302) 744- 1110

**Sussex Regional Office**
**Stockley Center:**
26351 Patriots Way
Georgetown, DE 19947
PH: (302) 933-3100

Delaware Health & Social Services
**Division of Developmental Disabilities Services**

**Medical Appointment Information Record [MAIR]**

Name:__________________________ MCI#:_________________________ Date: ____________________

Ht: ________ Wt: ________ BP: ________ P: __________ Temp: ________________________________

Doctor seen: ___________________________Specialty:__________________________________________

Known Drug Allergies: ____________________________________________________________________

Symptoms Present:________________________________________________________________________
_________________________________________________________________________________________

Physical findings:_________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Tests Done:_____________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Diagnosis and Prognosis:___________________________________________________________________
_________________________________________________________________________________________

Restrictions: ____________________________________________________________________________
_________________________________________________________________________________________
_________________________________________________________________________________________

Prescriptions & Treatment:_________________________________________________________________
_________________________________________________________________________________________

Return Appointment Date:__________________________________________________________________

Signature of Doctor: _________________________________
Address: _________________________________
_________________________________
Phone: _________________________________

**MAIR Page 2**
Name of Individual:________________________________

## MEDICAL APPOINTMENT CHECKLIST

This form must be completed and taken on every doctor's appointment:

**The following items must accompany you on this appointment**

| ☐ | Medical Appointment Information Record | ☐ | COR (Client Oriented Record) |
|---|---|---|---|
| ☐ | Current MAR | ☐ | Physical Exam form and Standing Medical Orders (for annual physical only) |

**The following questions must be answered prior to the doctor's appointment:**

What is the nature (purpose) of this appointment?

☐ An annual physical
☐ An illness
☐ A follow up appointment

What symptoms are being experienced? How long have the symptoms been present? (Include when the illness started, how often does it occur and how long does it last?) ______________________________________________
______________________________________________________________________________
____________________________________________________________________

Has this occurred before? ☐ YES ☐ NO If yes when and what was done for it?
______________________________________________________________________________
__________________________________________________________________________

What has been done for the individual to help with this condition?
______________________________________________________________________________
__________________________________________________________________________

Signature/Title:________________________________ Date:______________________________________

At the end of the appointment, these questions should be asked of the doctor:

What care is being ordered?______________________________________________________
__________________________________________________________________________

If medication is prescribed, what is the medication supposed to do? (What is the desired effect?) ____________
______________________________________________________________________________
____________________________________________________________________

Are there any side effects that we should be concerned about? ____________________________________
______________________________________________________________________________
____________________________________________________________________

Signature/Title:_____________________________________________ Date:_________________________
**PARC Approved: 11/15/04**
**Revised: 07/21/08, 06/02/09**
**Form #: 12/Admin**