Medication Administration
in
Shared Living and Family-Centered Home Support

2011

Maine Department of Health and Human Services
Office of Adults with Cognitive and Physical Disabilities

Department of Health and Human Services
Maine People Living Safe, Healthy and Productive Lives

Many thanks to the Maine Developmental Disabilities Nurses and especially to Living Innovations, Inc. for their contributions to this curriculum.

The Department of Health and Human Services (DHHS) does not discriminate on the basis of disability, race, color, creed, gender, age or national origin in admission to, access to, or operations of its programs, services or activities, or its hiring or employment practices.

This notice is provided as required by Title II of the Americans with Disabilities Act of 1990 and in accordance with the Civil Rights Act of 1964 as amended, Section 504 of the Rehabilitation Act of 1973, as amended, the Age Discrimination Act of 1975 and the Maine Human Rights Act.

Questions, concerns, complaints or requests for additional information regarding the ADA may be forwarded to the DHHS ADA/EEO Compliance Coordinator, SHS #11, Augusta, ME 04333-0040; (207)-287-3488 (voice); 1-800-606-0215 (TTY).

Individuals who need auxiliary aids or services for effective communication in programs and services of DHHS are invited to make their needs and preferences known to the ADA/EEO Compliance Coordinator.

This information is available in alternate formats upon request.

revised May, 2011

Table of Contents

Section I Roles, Rights, and Responsibilities 1

Training Requirements 1
Guardianship 1
Confidentiality and Privacy 2
Your Role as a Provider in Medication Administration 3
Helping Individuals to Learn About and Become Independent with Medications 5
Consumer Rights Regarding Medication 6
Communicating for Health 6

Section II Understanding Medication 1

What is medication? 1
Routes of Medications Administration ..... Error! Bookmark not defined.
Effects of Medication 3
Medication Monitoring: Blood Levels and Other Blood Tests 4
The Medication Cycle 5
Categories of Medication 6
Medication Names 7

Section III Medication Orders 1

Medication Orders 1
The Seven Important Questions 2
Common Medical Abbreviations 3
Measurements 4
Liquid Medication Orders 5
PRN Medication Orders 5
Translating Medication Orders 7
Translating Liquid Medication Orders 8
The Medication Administration Record 9
Transcribing a Medication Order 9
Scheduling Times to Give Medications 10
Controlled Medications 12
Counting Controlled Medications 13
Documentation 14

Section IV Administering Medication 1

Principles of Medication Administration 1
Infection Control: Handwashing 2
The “Six Rights” of Medication Administration 3

Section V Medication Administration Procedures 1

Techniques of Medication Administration 1
Medication Refusal 9
Mistakes 11
Poisoning and Accidental Overdose 11
Disposing of Medication 12

Section VI Body Systems 1

The Cardiovascular System 1
The Immune System 1
The Respiratory System 2
The Nervous System 2
The Digestive System 3
The Eyes and Ears 3

APPENDIX 1

Annual Guardian's Permission to Treat **2**
Over The Counter Medication Approval **3**
Controlled Drug Record **4**
Medication Administration Record **5**
Medical Appointment Notes **7**
Notes to the Nurse Instructor **8**

Medication Administration for Shared Living and Family-Centered Home Support

Introduction

This course is for people who administer medications only in Shared Living or Family-Centered Home Support settings funded under MaineCare section 21. This course is for the primary home provider as well as any others who administer medication **only** to the people living in the home. Anyone who is paid to administer medications in other settings is not eligible to take this course.

This course applies to both types of settings. References to agency policy, agency nurse, supervisor, etc., may not apply to Family-Centered Home Support.

Upon successful completion of this course, you will be certified to administer medications to people who live in Shared Living or Family-Centered Home Support. **You are not certified to administer medications to anyone else.** If you work in another setting with other individuals, you need to take a more comprehensive medication administration course and be certified as a Certified Residential Medication Assistant (CRMA).

Medications may be prescribed by various health care professionals. Throughout this book the term '**practitioner**" is used to indicate the health care provider who prescribed the medication. This course recommends best practices. These are indicated by "should" in the text. Shared Living agencies may require these practices as a matter of agency policy. Required practices are indicated by "must" in the text.

There are thousands of medications currently on the market, and many more are being developed. Modern medications can do wonders to restore or maintain a person's health. Some medicines also can do great harm if they are given incorrectly or not monitored closely. For any given condition, practitioners choose from among the many that may be available for that condition.

Some medications have names similar to other medications that work very differently or that are used for very different conditions. Practitioners and pharmacists are very well trained and follow procedures that minimize errors, but they are still human and sometimes make mistakes. Giving the wrong medication can have serious effects. **It is critically important that you are sure you are giving the correct medication in the correct way every time.**

Study Questions are given in boxes like this. The questions are to help you check your understanding of the material you have just read

☞ Reminders and tips about important points are printed in boxes like this.

Section I Roles, Rights, and Responsibilities

When you are finished with this section, you will be able to:

- ☞ List the training requirements for becoming authorized to administer medications
- ☞ Define the role of the legal guardian as it pertains to medication administration
- ☞ Describe your role and responsibilities in administering medications
- ☞ List the consumer rights related to receiving medications
- ☞ List the three basic parts of effective health care coordination

What are the Training Requirements?

As a provider, in order to be authorized to administer medications, you must complete the following steps:

1. Attend the classroom training conducted by a Registered Nurse (a minimum of 8 hours).
2. Take a standardized, state required written test and pass with a score of 80% or higher.
3. For each person you support who has a medication order, explain to the nurse instructor why the individual is taking each medication, give information about side effects and other information that you need to administer each medication safely.
4. Demonstrate to the nurse instructor that you have the knowledge, skills and judgment required to read and follow medication orders and the medication log, and to administer the medications to the individual(s) that you support.

When you have completed the training and have shown the Registered Nurse you are competent to administer medications to the individual(s) you support, you will be authorized to administer medications for two (2) years. A certificate of authorization will be completed and signed by the Registered Nurse.

Your continued authorization is based on your ability to maintain **competency** in medication administration. This means that you must be able to show that you have the **knowledge, skills** and **judgment** to administer medications safely **at all times.**

You must be **re-authorized** every two (2) years by a Registered Nurse. Your agency may require more frequent re-authorization. In order to be re-authorized, you must demonstrate that you are competent in medication administration and receive a new certificate.

Guardianship

Some individuals have a **legal guardian**, usually referred to as "the guardian" This is someone who has been legally appointed by the Court to make decisions for an individual. The individual's guardian may be a **private guardian** – a family member or a friend. They may have a **public guardian** - someone employed by DHHS whose job it is to make decisions for the individual. Some individuals do not need a guardian and make their own decisions.

Guardianship may be **full guardianship** or **limited guardianship**. A full guardian makes decisions about all aspects of a person's life, including health and medications. A limited guardian

only makes decisions in areas where the court has granted that authority. If the limited guardianship does not include authority to make medical decisions, then the person can make their own decisions about health care, including their medications.

It is important for you to know if an individual has a guardian, and what authority the guardian has. Under full guardianship or a limited guardianship that includes medical decisions, the legal guardian must give permission, also called **consent**, for:

- medical or health-related treatments
- sharing of medical or health-related information
- Medications to be given.

The legal guardian must also give consent **before** any **medication changes** can be made. This means that you must ask the guardian for consent **before** you:

- **Start** a medication
- **Stop** a medication
- **Change** a medication order in any way

You should document the guardian's consent for medication in your daily notes

Administering medication without a guardian's approval is a **Reportable Event.**

Your agency will have policies or procedures about contacting guardians. If you have any questions about an individual s guardianship, ask your supervisor or the case manager.

☞ A guardian may not always be immediately available. A **guardian permission to treat** form will allow you to follow new medication orders if you cannot get in touch with the guardian immediately. A sample form is in the Appendix.

When must you contact the individual's legal guardian for consent about medications?

1.

2.

3.

Confidentiality and Privacy

Confidentiality of health-related information is protected by state and federal laws and rules. This means that information about our health; medications and personal care cannot and must not be shared without our permission.

Information about an individual's health, medications and personal care must not be shared with people who are not entitled to have the information. The individual or their guardian must give

consent in order for you to share this information with others, including health care professionals.

This means that you should NEVER communicate about an individual's health, medications or personal care with other staff that do not support the individual, other individuals, your friends, family members or other professionals who are not entitled to have the information.

Even though you may be talking about it because you are concerned about the person or because you care about them, you may be violating their right to confidentiality of their health-related information

If you are not sure if you should share an individual's health-related information, you should consult with your supervisor, the individual's case manager, or the guardian.

> ☞ In case of an emergency, you are allowed to share necessary medical information with emergency personnel.

We all share the same right to **privacy** about our health related information, medications and personal care.

This means that you should:

- **NEVER** provide health-related supports or personal care in common areas of the home (such as the kitchen or living room) or in any other place that does not provide for privacy.

- **NEVER** talk about an individual's health, medications or personal care in common areas of the home or in public areas (such as waiting rooms) when other people, including other providers and individuals, can hear.

Your Role as a Provider in Medication Administration

Your role is critical in terms of individual safety. Individuals rely on you to provide quality supports every day and you are an important link to the quality of life enjoyed by individuals.

In order to meet the needs of those you support, you must become informed and educated. When it comes to medications, this is especially critical. Some individuals are able to independently take their medications. Others will require your help to make sure that they receive the medications that are prescribed for them.

It is important for you to fully understand your role and responsibilities in medication administration. Individuals, families and guardians rely on you to:

- Be competent to administer medications safely as taught in this course
- Assist individuals to be as independent as possible with medications
- Take medication administration seriously and pay attention at all times when you are administering medications
- Ask questions before you administer medications if you are unsure about something
- Give health care providers the information they need to safely order medications

- Get the information that you need from the health care providers to safely give medications
- Notify the practitioner, pharmacist, or nurse if there is a concern about medications
- Report any medication errors or occurrences promptly
- Give only those medications that are ordered by a health care provider
- follow the policies and procedures that your agency has developed about medication administration
- Communicate information effectively to health care providers
- Keep a record of all health care appointments
- Get a written order for each medication
- Know why a medication or treatment is ordered
- Monitor for and report side effects
- Stop and ask questions if you do not understand any part of a medication order
- Complete documentation of medication administration
- Keep an adequate supply of medications at all times
- Document and report all physical and behavioral signs and symptoms
- Communicate effectively about medications with all members of the individual's team
- Store medications safely in a locked box, drawer, or cabinet
- Obtain guardian consent, if applicable, before administering medications
- Notify a qualified person immediately if a person is unable to or refuses to take their medications
- Know about laboratory tests that may be required for monitoring of selected medications

List 5 of your responsibilities regarding medication administration.

1.

2.

3

4.

5.

Helping Individuals to Learn About and Become Independent with Their Medications

Some individuals are capable of taking their medications independently and have been authorized to do so by the guardian and by the prescriber or the Registered Nurse. Others rely on you to make sure that they receive their medications.

When you are administering medications to an individual, you should always include the individual in the process as much as possible. Some examples of how to do this include:

- ☞ Supporting and encouraging the individual to represent him/herself when talking to the health care provider or pharmacist
- ☞ Assisting the individual to help re-order and pick up refills at the pharmacy
- ☞ Ask the individual to prepare a drink or ask what they would like to drink with their medications
- ☞ Allow the individual to place the medications in his/her own mouth or to apply, with your help, topical or other medications.

Teach the individual about the medications that he/she is receiving. Some examples of how to do this include:

- ☞ Follow the self-medication training plan if there is one in place.
- ☞ When giving medications, talk to the individual about what the specific medications are and why they are taking them.
- ☞ Ask the person to identify each medication and the correct dose.
- ☞ Link routines such as mealtimes or bedtime with taking medications

Each individual will participate in a different way, but all individuals should be given the greatest amount of choice, control and involvement in the process of medication administration. **Opportunities for individual involvement increase the individual's sense of control rather than being a passive participant in the process.**

List 5 different examples of how you can teach and include the individual in the medication administration process:

1.
2.
3.
4.
5.

Consumer Rights Regarding Medication

As a provider who is authorized to administer medications, your understanding of the rights of individuals receiving medications is critical.

Individuals have the right to:

- An assessment by a qualified health care provider *before* medication is prescribed
- Receive medications from providers who are competent
- Receive information, or if applicable, for their guardian to receive information about how a medication works and the potential side effects
- Receive only those medications for which there is an order from a prescribing practitioner and, if applicable, the consent of their guardian
- Receive medications privately and in a dignified manner
- Be informed if a medication is an experimental medication
- Receive medications that are labeled and dispensed correctly
- Avoid receiving unnecessary medications
- Refuse medications

The Maine law that defines the legal rights of Persons with mental retardation or autism (34-B MRSA §5605.8.A, C, D) provides that:

- Medication may be administered only with a written order
- Daily notations must be kept of all medications
- Medications must be reviewed at least every six months.

Communicating for Health

Before you learn how to give medications, you need to know how to support individuals when they have an appointment with their health care provider. Some families and guardians prefer to be the ones to support individuals at health care appointments. Some individuals are able to represent themselves. Other individuals will require your help.

Effective Health Care Coordination is based on three basic concepts:

1. **Preparation**
2. **Communication**
3. **Follow through**

In order to successfully support individuals at health care appointments, it is important to understand how to prepare for a health care appointment, how to communicate with health care providers, and how to follow through after the appointment.

1. Preparation:

Collect and write down relevant information about:

- **Acute medical conditions (**meaning short-term symptoms or problems that the person has right now, such as flu symptoms)
- **Chronic medical conditions (**meaning symptoms or problems that are long term, such as a seizure disorder).

This information can be collected by talking to the individual, family members or others who know him/her.

Take a written list of questions so that they can be asked and answered at the appointment.

Prepare the individual for where he/she will be going, what you will be doing there, what to expect if a medical procedure is planned. This can be done in conversation or through role play.

Encourage the individual to participate as much as possible in the preparation for the visit and during the visit.

Plan ahead to be on time and to have a plan for what you will do if there is a wait, such as:

- Magazines, music with headphones, handheld videogames or taking a walk, having a snack, drink or needing a change of clothes.
- If the person will have trouble waiting quietly, give the receptionist your cell phone number and ask her to call you when they are ready, while you go outside and stay in the vicinity.

Plan to have others available to help if the person needs assistance with getting on the examination table or in and out of a wheelchair.

Appointments often run later than expected. If the appointment may run into the next scheduled medication time, bring the medication and any other needed supplies with you.

You and/or the individual must give the health care provider information about the purpose of the health care visit.

Current Medications and Allergies

Bring the individual's current medication log (or a copy), or write out all of the medications that the person is taking. Often individuals have more than one health care provider. It is essential that each practitioner knows **all** the medications a person is taking.

Write down any known allergies, including allergies to foods, medications or other substances on the same page as the current medications.

Guardianship Status

This is a legal arrangement and it is important for you to let the health care provider know about this because **only the legal guardian can give consent for medications and/or medical procedures.** You do not have the authority to give consent for any procedure or medication for an individual.

Health Insurance Information

You should have the individual's insurance card or a copy of the card with you at every appointment. Some individuals have more than one type of medical insurance. If this is the

case, you should bring both or a copy of both cards to each health care appointment.

2. Communication:

You and/or the individual must give the health care provider information about the purpose of the health care visit. **Clearly state, orally and in writing, the reason for the visit**

Make a list of any questions you want answered, and write down the answers.

> ☞ A simple Medical Appointment form will organize information and give the practitioner a place to write orders. See the sample form in the Appendix.

Make sure that you understand the information that the health care provider has given to you and to the individual. Ask the health care provider to write down all recommendations and medication orders.

3. Follow-through:

It is your responsibility to make sure that all recommendations, medication orders, follow up laboratory studies and/or follow up consultations are clearly communicated and documented.

Make sure that the individual understands, to the extent possible, what the health care provider said and answer any questions that he or she may have.

Share information about the visit with those who need it and who are authorized to receive it. Make copies of the information that was written down at the visit and distribute them.

Start collecting any information that has been requested by the health care provider.

Support the individual in making and keeping any necessary appointments to return for follow-up as requested by the health care provider.

What are 3 things you can do to prepare for an appointment?

a.

b.

c.

What are 3 things you can do to communicate effectively with the health care provider?

a

b.

c.

Why is follow through on health care appointments important?

Section II Understanding Medication

When you are finished with this section, you will be able to:

- Define "**medication**"
- Identify the different routes of medication administration
- List the ways that medications can affect the body
- Describe the considerations for medication blood levels and other blood tests
- Describe the medication cycle
- Define the two major categories of medications
- Explain why medications may have more than one name

What is Medication?

A medication is a substance that is taken into or placed on the body that does one of the following things:

- Most medications are used to **cure** a disease or condition. For example, antibiotics are given to cure an infection.
- Medications are also given to **treat** a chronic medical condition. For example, anti-depressants are given to treat depression.
- Medications are also given to **relieve symptoms** of an acute illness. For example, pain relievers are given to reduce pain.
- Vaccinations are given to **prevent** diseases. For example, the Flu Vaccine helps to prevent the person from complications of having the flu.

Routes of Medication Administration

Medications have to get into the body in order to work. The way the medication enters the body is called the "route". The most common route for medications is orally (by mouth) in the form of pills, capsules or liquids.

However, if the person is unable to take medications in this way, or if the medication is not available in oral form, medications can enter the body by other routes. Here are some of the different routes:

Oral: when medications are taken by mouth in pill, liquid or capsule form, they are swallowed and pass into the digestive system. The medications are then broken down in either the stomach or the intestine and are absorbed in the same way as food. They then pass through the liver before entering the bloodstream. Once a medication enters the bloodstream it circulates to the site where its action is needed. **Buccal** (placed in the cheek) and **sublingual** (under the tongue) medications are absorbed into the bloodstream through the thin mucous membranes that line the inside of the mouth.

Nasal medications are absorbed into the bloodstream through the mucous membranes that line the inside of the nose.

Drops are applied directly and are typically used to treat specific problems or symptoms within the eye or ear. However, some eye drops, such as those used to treat glaucoma, can be absorbed into the bloodstream.

Topical medications (creams, lotions and ointments) can be applied directly to the skin and tend to have a very localized effect. They do not usually enter the bloodstream in significant amounts.

Subcutaneous medications are injected into the fatty tissue just below the skin and travel from the fatty tissue into the bloodstream.

Intravenous and **intramuscular** medications are injected directly into a blood vessels or into a muscle by a needle and syringe.

Enteral medications are given through a G tube or a J tube and go directly into the stomach or intestine and pass into the digestive system and then through the liver and into the bloodstream. Administering these medications requires individual instruction by a Registered Nurse. Some medications that are given by mouth cannot be given via G tube or J tube. Always check with the physician or pharmacist about this.

Rectal and **vaginal** medications, such as suppositories, enemas and creams, are inserted into the rectum or vagina and absorbed by the blood vessels in the rectal or vaginal wall.

Inhaled medications have a direct effect on the lungs.

Transdermal medications are applied to the skin with an adhesive patch. The medication is gradually absorbed through the skin.

Local and Systemic Effects

Local effect: Some medications, such as eye drops or topical skin creams or ointments, are applied directly to the area that needs treatment. These applications tend to have a very **localized** effect and do not usually enter the bloodstream in significant quantities. For example, antibiotic ointment is applied to a cut or scrape on the skin. The ointment stays on the surface of the skin, where the medication effect is needed.

Systemic effect: Some medications, such as pills or liquids given orally, rectal suppositories, transdermal patches and subcutaneous injections move throughout the body in the bloodstream and act on a specific organ in the body. For example, anti-depressant medications taken orally circulate through the bloodstream and increase the amount of certain chemicals in the brain.

Give an example of a medication that has:

1. A local effect:

2. A systemic effect

Effects of Medication

A medication may have several types of effects on your body:

A. Desired effect
B. Side effect
C. Tolerance
D. Dependence
E. Interactions
F. No apparent effect
G. Paradoxical effect
H. Placebo effect

A. The **desired effect** is also called the **therapeutic effect**. This means the medication is doing what it is intended to.

B. Almost all medications that have a systemic effect on the body will cause **side effects**. Some medications that have a localized effect can also have side effects. Side effects are symptoms that result from a normal dose of the medication. Most side effects are not serious and some may decrease as the body adapts to the medication. For example, some blood pressure medications, because of the way they act on the heart, can cause the person to feel tired. Other medications may cause side effects such as dry mouth, nausea, a rash or headache.

Other side effects can be more serious, and are called **adverse effects**. An adverse effect may be related to an increased dosage of a medication or an accumulation of the medication in the body, causing **toxicity**. Toxicity can damage tissues and organs and can also, in some cases, lead to death. For example, some seizure medications and psychiatric medications require monitoring for adverse physical symptoms and monitoring through blood tests to make sure that the level of the medication in the body is not **toxic**.

Side effects to anti-psychotic medications can include severe **extrapyramidal reactions** and **tardive dyskinesia**. These symptoms include involuntary tremors, spasms and repetitive movements and are caused by damage to the brain.

Severe allergic reactions to medications can occur, sometimes called **anaphylactic reactions** or **anaphylaxis**, and can be life-threatening.

C. Medication **tolerance** happens when, over time or with repeated dosages, the individual's response to the medication is decreased. Tolerance is good when it means that the body has adapted to the minor side effects of a medication. Tolerance can be a problem when the medication becomes less effective so that a higher dose of the medication is needed to achieve the desired effect.

D. Medication **dependence** occurs when a person develops a physical or psychological need for the medication. For example, people who take laxatives for a long time can develop a physical dependence on the laxative as their bowel loses the ability to move without it. A person can develop a psychological dependence on anti-anxiety medication and come to believe that they will be unable to function without it.

E. **Interactions** can occur between a medication and food, or between two or more medications. For example, two or more medications may produce a *stronger* response. Sometimes this is intended, and purposefully ordered by the practitioner. Other times it is not intended and can be

harmful. Two or more medications taken together may *reduce or cancel out* the effect of one or more of the medications. Sometimes this is intended; other times it is not and can be harmful.

The two types of medication interactions noted above are most likely to occur when the practitioner is not aware of all the medications a person is taking.

Some medications are specifically ordered to be given with food or with milk. Other medications are specifically ordered to be taken before meals. Some medications must be given with a full glass of water. It is important to ask the practitioner or the pharmacist if anything should or should not be taken with the medication.

F. If you believe that the medication is showing **no apparent effect** (that it is not working) because the person's symptoms have not improved or gone away, inform the practitioner

G. Sometimes medications work in a way that appears to be opposite of what would be expected. This is called a **paradoxical effect**. For example, Benadryl usually causes a person to become drowsy. An example of a paradoxical effect of Benadryl would be that the individual becomes agitated or hyperactive.

H. The **placebo effect** can occur simply because a person believes they have taken something that will help them, whether the medication itself actually has any effect or not.

Any symptom that is unexpected or unusual must be reported immediately following your agency policy or procedure. It is not your responsibility to figure out what's wrong with the individual; that is the responsibility of the health care provider. It is your responsibility to *observe* the individual carefully and to *document* and to *report* all medication effects.

Medication Monitoring: Blood Levels and Other Blood Tests

Some medications require careful monitoring through blood levels or monitoring of other blood tests. This is done by the medical laboratory or doctor's office by taking a blood sample from the individual.

Things to remember about medication blood levels and other blood tests:

- Ask the prescribing practitioner if a blood level or other blood test is needed for the medication/s that the individual is taking
- Ask if there is a certain time of day that the blood sample should be taken.
- Ask if it is OK for the person to have food or liquids before the blood sample is taken. Sometimes it is necessary for the person to "fast" (nothing to eat or drink) until after the blood sample is taken.
- Ask if medication should be given before the blood sample is taken. Some medication blood levels require that you hold the medication until after a blood sample has been taken.
- If you have been asked to hold the medication until after the blood sample is taken, remember to give the medication after the blood test is done.
- Document in the individual's record when blood levels are scheduled
- Document in the individual's record when the blood sample has been taken.

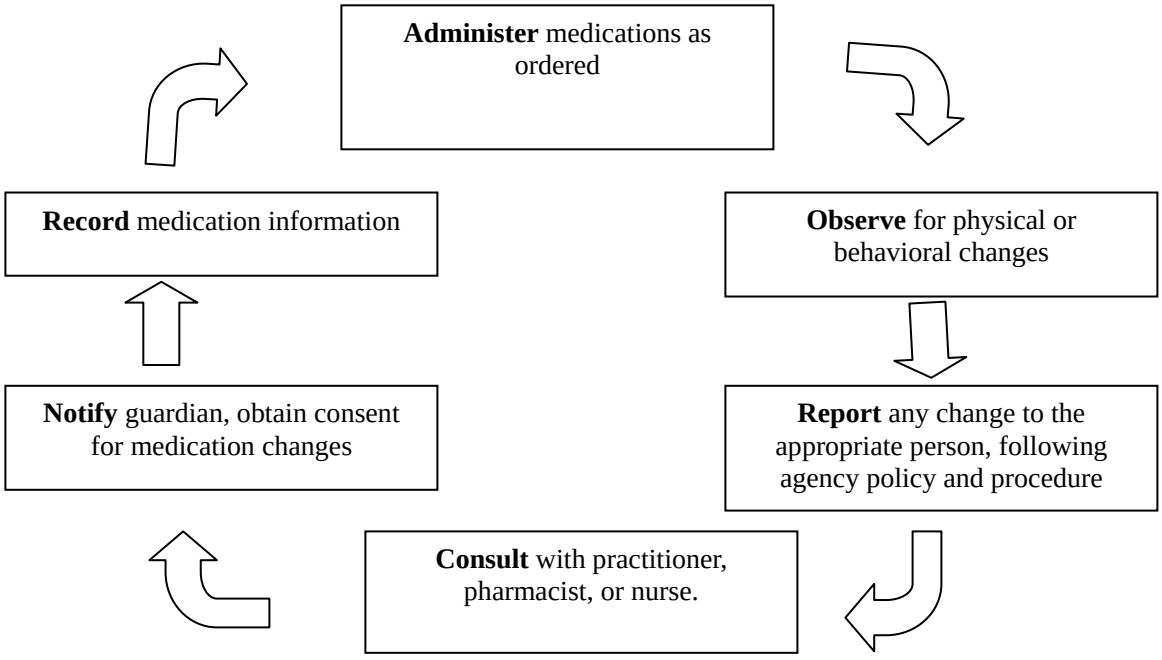
The Medication Cycle

The medication cycle is the process by which medications are prescribed, administered, and monitored for effectiveness. You, as a provider who administers medications, play a key role in the medication cycle.

You must observe the individual and determine if the medication appears to be working as intended. Your observations are based on knowledge of why the medication is prescribed, what the desired effect is, and what to do if that effect is not achieved. Your observations are also based on your knowledge of the individual's usual behavior and emotions. Some changes may be very obvious, others are not.

The medication cycle shows the basic steps for monitoring, reporting and following up on symptoms and medications. The cycle is continuous; which means that you are constantly observing, monitoring and reporting the effects of medications on individuals.

The Medication Cycle



Can you think of a time when you have followed the medication cycle, but the medication didn't work as intended and you had to complete the cycle again? What did you do?

What are some of the physical or behavioral changes that you might see in the individuals that you support?

Categories of Medication

Two general categories of medications are **prescription** and **non-prescription**.

Prescription	
Controlled	Non-Controlled

Non-Prescription (Over-the-counter, OTC)

Prescription medications include **controlled medications (**also called **narcotics** or **scheduled** medications). These are medications that have the potential for abuse or dependence. You will learn the special procedures to follow with these medications later in this course.

Non-prescription medications are also called **over-the-counter** or **OTC** medications. These are medications you can buy at a pharmacy or grocery store without a prescription. Although these medications can be obtained without a prescription, we recommend getting a doctor's approval for using such items as cold/allergy medicines, pain relievers, and antacids. See sample approval form in Appendix.

Be sure to read the labels of OTC medications to be sure of the correct dose and also to see if any **warnings** apply to the person you are administering the medication to.

Medication Names

What do the medications in each box have in common?

Prinivil	Pamelor	Motrin
Zestril	AVENTYL	Advil
Lisinopril	Nortriptyline	Ibuprofen

These are examples of medications that each have several different names.

Why is this? Many medications have at least two names, a **generic** name and a manufacturer's **brand** name. The **brand** name is usually the most familiar. There may be more than one brand name -Advil and Motrin (brand names) are both ibuprofen (generic name). Medication sold under a brand name is usually more expensive than the same medication sold under a generic name.

Often, because of cost or insurance restrictions, the pharmacist is required to fill the prescription with the least expensive form of the medication unless the practitioner has specifically indicated that a generic cannot be substituted for the brand name. In most cases you will receive generic medication.

Why is this important? You may be given a prescription or an order for Motrin and be given a pharmacy labeled supply of ibuprofen. The label will usually indicate that you were given ibuprofen in place of Motrin, but not always.

If you are not sure you have received the correct medication from the pharmacy, do not administer the medication until you have checked with the pharmacist, the practitioner, or a nurse.

If a medication or pill looks different when you pick up a new supply at the pharmacy, it may be a new or different generic brand that has been given to you. Or, you may have been given the wrong medication. <u>Always</u> check with the nurse, pharmacist, or practitioner <u>before</u> you give a medicine if you are not sure you have the correct medication.

Section III Medication Orders

When you have completed this section you will be able to:

- Define **medication order**
- Define **prescribing practitioner**
- Define **PRN protocol**
- Describe the process for administering a PRN medication
- List the "Seven Important Questions"
- Translate common medical abbreviations
- Translate medication orders
- Translate liquid measurements
- Transcribe medication orders
- List the considerations for maintaining and administering controlled medications
- Explain the importance of accurate documentation

Medication Orders

A **medication order** is written directions from a prescribing practitioner for a specific medication to be administered to an individual. The prescribing practitioner may also give a **verbal order** to a licensed person such as a nurse or a pharmacist. As an unlicensed person, **you are not authorized to take verbal orders for medication**.

Maine law (34-B MRSA §5605.8.A) provides that medication, for persons with mental retardation or autism receiving services funded by DHHS, may be administered only by the written order of a physician.

A written order may come in various forms, including:

- a written prescription (or a photocopy of the prescription)
- a written order on a consultation form, signed by the practitioner
- A written list of medication orders, signed by the practitioner
- Copy of a pharmacy call-in order, given to you by the pharmacist
- Transcription of a verbal order given to a licensed person

Note that the written order must always include the date and the name of the practitioner and be signed by the practitioner or the transcriber.

The following health care professionals are licensed to prescribe medications:

- Physicians (MD or DO)
- Nurse Practitioners (ARNP, NP)
- Dentists (DDS, DMD)
- Physician's Assistants (PA)

- Optometrist (OD)
- Podiatrist (DPM)

You should have a **written order** in order to administer any prescription medication to an individual. Remember, ***you cannot take a verbal order from a prescribing practitioner.***

The Seven Important Questions

Whenever a medication is ordered, you should be able to answer these Seven Important Questions before administering the medication to the individual.

1. **What is the name of the medication -**both brand name and generic?

2. **What is the purpose of the medication** – what is it supposed to do?

3. **What effect will the medication have on the person** – how will I know it is working?

4. **How long should it take for the medication to work** – hours, days, weeks?

5. **What are the side effects, adverse reactions and/or signs of overdose of this medication?** Are blood levels or other tests needed to monitor the effects of this medication?

6. **Are there any interactions with other medications the person is taking?**

7. **Are there any special administration or storage instructions for this medication?** Does it need to be given before meals, with meals, with water or milk? Does it nee to be refrigerated? Is it a controlled medication?

Get the answers to these questions from the practitioner or the pharmacist and keep the information with the medication log so that you can review it frequently. **Never give a medication if you do not have all the information you need to do it safely!**

Common Medical Abbreviations

In order to translate medication orders you need to know commonly used abbreviations used in prescriptions and medication orders. The most commonly used abbreviations are listed here.

Frequency

Q, q = every
QD, qd = daily
QOD, qod = every other day
BID, bid = twice a day
TID, tid = three tiems a day
QID, qid = four times a day
PRN, prn = as needed
QH, qh = every hour

Dosage

I = one
ii = two
iii = three
iv = four
v = five
gtts = drops
cap = capsule
tab = tablet (pill)

Routes

PO, po = by mouth
PR, pr = rectally
SC, sc = subcutaneous
SL, sl = sublingual
top = topical

Time

Ā, ā = before
P, p = after
AC, ac = before meals
PC, pc = after meals
H, h = hour
HS, hs = hour of sleep (bedtime)

Misc.

C, c = with
S, s = without
D/C. d/c = discontinue
↑ = increase
↓ = decrease
R = right
L = left
x2 = twice
x3 = three times

Eyes

OU = both eyes
OD = right eye
OS = left eye

Ears

AU = both ears
AD = right ear
AS = left ear

You may find an abbreviation you are not familiar with, or it may not be written legibly. This can lead to mistakes in how the pharmacist fills the order and mistakes in how the medication is given.

If you do not understand an abbreviation or any part of a prescription or medication order, ask the prescribing practitioner, pharmacist or nurse for help.

Measurements

Medication dosages are usually given in **metric** measurements.

The most common unit of measure for medications in solid form is the **milligram (mg).**

The most common unit of measure for liquid medications is the **milliliter (ml).** You will see the abbreviations **ml** and **cc (cubic centimeter)** used interchangeably.

In the metric system, **1 ml = 1 cc.**

A **medicine cup** with liquid measures marked on the side, or other pharmacist-approved measure, provides the most accurate measurement. The pharmacy will usually provide a measuring cup or spoon with a liquid medication. If you do not have an approved measuring device, ask the pharmacist for one.

In rare circumstances you may need to convert from **metric** to **household** measurements. Here are metric and household equivalents.

1 teaspoon (t, tsp) = 5 ml/cc
1 Tablespoon (T, Tbs) = 3 teaspoons
1 Tablespoon (T, Tbs) = 15 ml/cc
2 Tablespoons = 30 ml/cc
1 ounce (oz) = 30 ml/cc

If you need to use household measures, use a measuring spoon, not your tableware.

Practice exercise:(you may refer to the chart above)

2 teaspoons = _____ ml/cc

10 ml/cc = _____ tsp.

1 ml/cc = ____ cc

1 Tbs = ____ tsp

2 Tbs = ____ oz.

Some liquid medications are ordered by the number of **drops** to be given by a **dropper** or a **syringe**. Since medication droppers come in different sizes, ask the pharmacist for the dropper that goes with the medication you are giving.

Liquid Medication Orders

Orders for liquid medications are generally similar to orders for other forms of medication, but there are some important differences.

Liquid medication orders give information about the **strength** or **concentration** of the drug in the liquid. Orders for liquid medication also give the **amount** of the medication to be given.

For example, you have an order that reads:

Penicillin VK oral suspension, 125mg/5ml, 250 mg po tid x 10 days
(a suspension is a liquid that must be shaken well before it is given)

The **strength** or **concentration** of the penicillin in the liquid is **125 mg** for every **5 mls** of the liquid.

The **dosage** is **250 mg**.

The **amount** of liquid that you would need to give to equal **250 mg** of penicillin is **10 mls**.

The directions on the prescription label will say:
Take 2 tsp (10 ml) by mouth 3 times a day for 10 days

PRN Medication Orders

PRN medications are given **"as needed"** due to specific **signs & symptoms**. Signs or symptoms of illness or discomfort can include:

- Tiredness
- Increased anxiety or agitation
- Headache
- Earache
- Redness and swelling in a cut or scrape indicating infection
- Coughing
- Sneezing
- Fever
- Cramps
- Itching

PRN medications may be either **prescription** medications or **Over-the-Counter (OTC)** medications. In order to give a PRN medication you should have a medication order and a PRN protocol. The prescribing practitioner or a Registered Nurse can write or approve the PRN protocol. Your agency may have more specific requirements for PRN medications.

The **PRN protocol** gives directions about how to administer the medication. For example:

> Mary complains that she has a headache. There is a PRN order and a PRN protocol for Tylenol, 650 mg by mouth every 4 hours as needed for **pain** or **fever**. A headache is a form of pain.
>
> You check the medication log to see that Mary has not had not received any Tylenol within the past 4 hours. If she has not had any Tylenol during that time, you can give Mary Tylenol for her headache.

When administering PRN medication, you should follow the medication order and the directions in the PRN protocol. A PRN protocol is needed because, unlike medications that are given on a regular schedule, ***you need to make a decision*** about whether or not a PRN medication should be given.

The PRN protocol will include all the information found in a medication order, **plus:**

- The specific signs and symptoms that the medication should be given for. This may include taking a temperature or blood pressure reading.
- A maximum daily dosage that cannot be exceeded
- Any special instructions, such as when to call the practitioner or nurse

The procedure to follow when an individual is showing signs or symptoms of illness is:

- ☑ Check to see if there is a PRN order and protocol for the signs or symptoms the individual is showing
- ☑ If there is no medication order or PRN protocol for the signs or symptoms the individual is showing, call the doctor or agency nurse consultant
- ☑ If there is a PRN order and a PRN protocol for the signs and symptoms the individual is showing, check the medication log to see when the medication was last given.
- ☑ If the medication has not been administered, or if enough time has elapsed since it was last given, administer the PRN medication according to the PRN protocol, following the Six Rights and the Three Checks (see Section IV)
- ☑ Document when and why the PRN medication was given
- ☑ Observe the individual to see if the PRN medication appears to take effect, and document the effect.

Medication orders and PRN protocols are effective for no more than **6 months**. For people receiving Developmental Services, Maine law (34-B MRSA §5605.8.D) requires that medication orders be reviewed at least every 6 months

Study questions:

1. What is a PRN protocol?
2. What should you do if a person is showing signs or symptoms of illness or discomfort?
3. What should you do if the person is showing signs or symptoms of illness or discomfort and there is no PRN protocol or medication order?
4. What kind of special instructions might you find in a PRN protocol?
5. Do you need to document administration of a PRN medication?

Practice Translating these Medication Orders

(Refer to abbreviations on page 3)

1. Tegretol 200 mg 2 tabs po bid

a. How many milligrams of Tegretol are in each tablet?
b. What dosage (in milligrams) needs to be given each time?
c. What is the route of administration?
d. How many times a day will you be giving the Tegretol?

2. Erythromycin 333 mg 1 tab po qid x 10 days

a. What is the route?
b. Approximately how many hours between doses?
c. Over a 10 day period, how many doses (total) of the Erythromycin will be given?

3. Digoxin 0.25 mg tab 1 po qAM and hold for pulse less than 60

a. At what time of day is the Digoxin to be given?
b. What do you need to do before you give the Digoxin?
c. How many times a day is the Digoxin given?
d. What do you need to do if the pulse rate is less than 60 beats per minute?

4. Acetaminophen 325 mg tabs 2 po or 650 mg pr q4h PRN for headache or fever

a. How many milligrams are in each Acetaminophen tablet?
b. How many milligrams of Acetaminophen are to be given in each dose?
c. Under what conditions will you give the Acetaminophen?
d. What routes may be used to administer the Acetaminophen?

5. Hydrocortisone 1% cream thin layer to L inner wrist area TID

a. What is the concentration of the Hydrocortisone cream?
b. What is the route?
c. Where should the cream be applied?
d. How many times per day?

(continued on next page)

6. **Dilantin infantabs 150 mg tabs, 2 tabs po tid**
   a. What is the dose to be given, in milligrams?
   b. How often should it be given?

7. **Dilantin 100 mg caps 1 PO QOD at 8 am**
   a. How often is the Dilantin to be given?
   b. At what time?
   c. How many times per day?

8. **Maalox 30 ml po before meals and at hs**
   a. How would you measure the dose for this medication?
   b. If you were using tablespoon measures, how many tablespoons would you give to equal 30 ml?
   c. At what time of day do you give the Maalox?

9. **Debrox 4 gtts AD 1x week**
   a. What is the route?
   b. How often is the Debrox given?
   c. What is the dosage?

Translating Liquid Medication Orders

You have a new order for Jeff Smith. The medication order says:

Tegretol suspension 200 mg po BID

You pick up the Tegretol at the pharmacy. The label on the bottle looks like this:

Town Pharmacy
100 main St.
Pineville, ME 00000
207-000-0000

Rx # 828291

Jeff Smith 09/29/09

Carbamazepine suspension 100 mg/5 ml
(I.C. Tegretol suspension)

Take 2 teaspoons (10 ml) by mouth twice a day

B. J Honeycutt, M.D.

Lot #: PS 56721 E.D. 9/29/09 Refills: 4

Practice exercise: on the Tegretol label for Jeff Smith, above:

1. Underline the strength or concentration of the Tegretol liquid.
2. Circle the amount of the liquid that should be given

The Medication Administration Record

The medication administration record, often referred to as the MAR, is the record of all medications and the times they are given, as well as any other relevant information. Each agency has its own format for the medication administration record, but all medication administration records will contain at least the following information:

- The person's name
- The guardian's name and contact information, if applicable
- Any allergies
- For each medication prescribed:
  - Name of the medication
  - Dosage to be given.
  - Frequency
  - Route
  - Prescribing practitioner's name
  - Order date
  - Special consideration for administering the medication, if any, as directed by the practitioner or the pharmacist
  - Date and time of each administration
  - Signature and initials for each person administering the medication

☞ You may also hear the medication log referred to as the **Medication Log.** There is a sample medication administration record in the Appendix. Take a few minutes to review it.

Transcribing a Medication Order

To **transcribe** means to write down what is spoken or to copy what is written into a different form.
As an authorized provider, you will take the information from the practitioner's order and write it in the proper place in the medication log. This is called making a **transcribing a medication order** or making a **medication log entry.**

Be very careful of abbreviations and decimals. 1.0 mg is **100 times** more than .01 mg. A mistake like this could result in a dangerous overdose.

Be sure to indicate Am or PM for each time the medication is to be given.

Remember: All medication log entries must match the practitioner's order and the pharmacy label for each medication. This means that:

- The medication log entry and the order must match
- The medication order and the pharmacy label must match
- The medication log entry and the pharmacy label must match

If the medication order and the pharmacy label do not match, c**all the pharmacy or follow your agency policy for reporting medication occurrences.**

> ☞ If another authorized provider is available, it is good practice to have them double-check your transcription.

Scheduling Times to Give Medications

If the medication order gives a specific time of day that you are supposed to give the medication, follow the order and transcribe the medication for that time of day.

If the medication order does not include a specific time or times to give the medication, consult with the practitioner, the pharmacist or the nurse to determine the best time/s to give the medication.

Consider:

- Some medications will interact if taken together
- Some medications must be given either
  - Before meals (ac) on an empty stomach **OR**
  - After meals (pc) so that there will be food in the stomach
- When does the person take other medications? Try to schedule medications so that they will have the least impact on the person's daily activities.
- If you must choose a time of day that is different from the usual medication schedule, **beware!** New or "off-time" meds are more likely to be overlooked or forgotten.
- If the person is receiving enteral tube feedings, ask the practitioner or the pharmacist if the medication and feeding will interact. If the answer is yes, you need to separate the feeding and the medication by at least 30 minutes.

Practice Exercise: Transcribe these medication orders into the medication log

1.
Joe Snow, M.D.
555 Sunny St.
Rainfall, CA 98765

Name: NANCY JONES Date: 1/23/08
Address: DOB: 10/05/55

ZYPREXA 5 MG
TAKE 2 TABS PO QHS

Dispense: 60 TABS
Refills: 2

Signed: JOE SNOW, MD

2.
Fannie B. Hind, M.D.
14 True Lane.
Longview, CT

Name: Nancy Jones Date: 5/17/2010
Address: DOB: 10/05/55

Augmentin 875 mg
Take 1 tab PO BID for 14 days

Dispense: 28 tabs
Refills: 0

Signed: Fannie B. Hind MD

3.
Dan LeMan, M.D.
333 Wattervue Dr.
Muscle Beach, ME 04000

Name: Nancy Jones Date: 9/13/2007
Address: DOB: 10/05/55

Ativan 0.5 mg
Take 1 tab po qhs and
1 tab Q4h PRN for extreme anxiety

Dispense: 60 tabs
Refills: 2

Signed: Dan LeMan, MD

4.
Ima Ball, M.D.
1A Contact St.
Seestrainght, KY 99999

Name: Nancy Jones Date: 7/5/09
Address: DOB: 10/05/55

Dulcolax suppository 10 mg
Administer 1 suppository PR qod @ hs

Dispense: 15 tabs
Refills: 4

Signed: Ima Ball, MD

(Continued on next page)

5.
Ben A Doctor, M.D.
625 Drinkin Dr.
Ambulance, TX

Name: Nancy Jones Date: 8/14/2010
Address: DOB: 10/05/55

TRIAMCINOLONE CREAM 0.5 MG
APPLY THIN LAYER TO RASH ON R HAND BID X 10 DAYS

Dispense: 1.5 oz.
Refills: 0

Signed: *Ben A. Doctor MD*

6.
Ben N. Gerry, ARNP.
4242 Cherry Dr.
Garcia, ME 04000

Name: Nancy Jones Date: 11/3/2009
Address: DOB: 10/05/55

Rx: *Diflucan 150 mg*
Sig: *Take 1 tab PO 1X per month as needed for vaginal discharge and itching*

Dispense: #3
Refills: 0
Signed: *Ben N. Gerry, ARNP*

Controlled Medications

If you are not sure if a medication is a controlled medication, ask the practitioner or the pharmacist. This is one of the "Seven Important Questions" you have learned to ask (see page 2).

A **controlled medication log** should be started as soon as a controlled medication is received from the pharmacy. This is separate from the standard medication log, and will provide an exact record of how many pills are present before and after each dose is administered. This record will be invaluable if there is ever a question of missing medication or any suspicion of improper use of the medication.

The pages of the log should be bound together and numbered. Loose-leaf sheets are not acceptable.

Each agency will have its own version of a controlled medication log. There is a sample controlled medication log in the Appendix

Controlled medications should be counted as soon as they are received from the pharmacy, and the count documented on the controlled medication log. Always count each pill. Never assume that the bottle contains the number of pills listed on the label.

Controlled medications should be counted each time **before** administering the medication to confirm that the count is correct.

Controlled medications should be counted again each time **after** administering the medication and the new total written in the controlled medication log.

Controlled medications should be **counted at least daily, even if not given that day**, and documented in the controlled medication log.

Controlled medication should be kept under double lock (in a locked container within a locked container

or cabinet).

Controlled medications should be disposed of by **at least two people, and one of them should be a nurse or other licensed person.**

If a controlled medication order is **discontinued** by the practitioner, or if the **medication supply has expired** you should **continue to count the supply daily** until a nurse or other licensed person is available to dispose of the medication.

Take time to review your agency's controlled medication log or the sample controlled medication log in the Appendix.

Counting Controlled Medications

The pharmacy may dispense controlled medication in a pill bottle. That means you must pour the pills out of the bottle to count them. You should use a **pill counting tray** like the one shown above to do this. The pill counting tray helps you count the pills and put them back into the bottle without touching or spilling them. When you use a pill counting tray, be sure the tray is clean and dry before you pour medications into it. Wash your hands before you count medications and avoid touching the pills with your hands. Use a clean, dry knife or other utensil to move the pills. You can obtain a pill counting tray from the pharmacy.

If you do not have a pill counting tray, you may use a clean and dry plate or a paper plate to pour the pills onto.

The pharmacy may dispense controlled medication in a **unit dose** or a **bubble pack** container that allows you to see each pill without opening the package. These are more convenient and make counting easier.

Any error involving a controlled substance is a Reportable Event and must be reported immediately according to your agency's procedure for reporting medication errors or occurrences.

List 5 different things you must do when working with controlled medications:

1.

2.

3.

4.

5.

Documentation

Documentation of medication administration is very important. **Whenever** you administer medication, you must remember to:

1. Follow the medication log exactly and sign off for each medication **immediately.**
2. **Double-check** the medication log after you have given medications and again at the end of the day to make sure your documentation is complete.

Some general principles for documentation are:

- Documentation must be **able to be read and understood** by others. It is a legal document.
- Documentation must be **complete,** with no blank spaces. Draw a line through any unused spaces in the log.
- Use blue or black ink. Do not use whiteout! Do not write over, cross out, or scribble over mistakes.
- If you make a mistake in documentation, or if you forget to document when you have given a medication, **circle the error in ink** and write an explanation in the medication log.

Please answer the following questions:

1. When do you sign off in the medication log?

2. Is it OK to go back later in the day or the next day to initial the medication log?

3. Can you document in pencil, and do it over later in ink?

4. If you make a mistake in documenting, what should you do?

5. Why is it important to double-check your medication log documentation after you give meds?

Section IV Administering Medication

When you have completed this section, you will be able to:

- Describe the steps in medication administration
- Demonstrate 5 steps in hand washing
- List the **"Six Rights"** of medication administration
- List the "**Three Checks"**

`Principles of Medication Administration

When you give medication of any type, you will always follow these basic principles:

- Talk with the person and explain what you are doing before you give medications. Answer any questions, and allow the person to be as involved as possible in the process.

- Give medication administration your **compete attention**. Give medications in a quiet area free of distractions. **Never leave medications unattended**, even for a moment.
- Provide privacy for the person.
- Wash your hands! Wash before and after giving medications to each individual to prevent contamination of the medication.
- When you are giving some types of medication you will need to wear protective gloves.

- Remove and dispose of the gloves as soon as you have finished giving medication to the person. Never re-use gloves, and always wash your hands as soon as you remove the gloves.
- Follow the **"Six Rights"** of medication administration. The Six Rights are described later in this section

If you have a question or concern, call the practitioner, the pharmacist, or a nurse for help.

Infection Control: Handwashing

The single most important thing you can do to safeguard the health of yourself and others is to wash your hands, and do it often!

How often should I wash my hands? You should wash your hands:

- First thing in the morning and last thing at night
- After you go to the bathroom
- Before, during, and after meal preparation
- Before eating, including before snacking
- After blowing your nose, coughing or sneezing
- Before and after providing personal care
- After doing gardening or housework
- Before and after handling medications
- Whenever your hands are visibly dirty

Effective Handwashing is proven to decrease the spread of colds and flu and to reduce overall infection rates. Handwashing with soap and warm water is the most sensible way to make sure your hands are clean.

You may also use an alcohol-based **hand sanitizer** in place of soap and water

Wearing gloves does not take away the need for Handwashing; gloves may have tiny tears or punctures. Always wash your hands as soon as you remove your gloves. Use your gloves for only one task with one individual. Never wear the same gloves for another task or with another person.

5 Steps to Clean Hands

1. **Use soap and running water**
2. **Rub your hands together vigorously for 10-15 seconds** (the time it takes to hum “Row, Row, Row your Boat” or “Happy Birthday to You” twice)
3. **Wash all surfaces: backs of hands, wrists, between fingers, under nails.** Friction is as important as soap in getting dirt off your skin.
4. **Rinse well** under running water.
5. **Dry hands with disposable paper towel**. Damp cloth towels may allow the growth of bacteria that will be transferred to the next user.

The "Six Rights" of Medication Administration

Each time you administer medication, you must be sure you have the:

1. Right person
2. Right medication
3. Right dose
4. Right time
5. Right route
6. Right documentation

You must systematically and conscientiously check your procedure against the six rights **every time** you administer **any** medication, even a medication that you have been giving to the person for a long time.

1. Right Person

This should not be a problem in a Shared Living or Family-Centered Home Support setting. However, if there are two persons who each get the same medication, it is important to make sure you are always using the right bottle for the right person, since their dosages may be different.

2. Right Medication

Read the medication label carefully. Remember that some medications have more than one name: a brand name and a generic name. Some medications have similar names and can easily be confused with each other. **Compare** the name of the medication on the **container label**, in the **medication log**, and on the **written medication order.**

3. Right Dose

The right dose is **how much** of the medication the person is supposed to get at one time. To determine the dose you need to know the **strength** of the medication. In the case of liquid medications, you need to know the strength of the medication in each liquid measure.

The dose equals the **strength** of the medication multiplied by the **amount.** Look at the sample below:

Town Pharmacy
100 main St.
Our Fair City, USA 99999
Tel. ###-###-####

Rx #: 654321

Jeff Smith 9/29/00

Valporic acid 250 mg
(I.C. Depakote)

Take 2 tabs by mouth twice a day

P.J. Amas, MD

Lot #: 78965 Exp. date: 9/29/2001 Refills: 4

The **strength** of each Valporic acid tablet is **250 mg**.
The **amount** is 2 tablets.
The **dose** is **500 mg**.
Strength (250 mg) X **amount** (2 tablets) = **dose** (500 mg)

> ☞ **ALERT!** Always ask the practitioner, pharmacist, or nurse about any order that calls for **more than 3 tablets or capsules** of the same medication in one dose. This could be an over-dosage!

Compare the dose on the container label, the written medication order, and the medication log. If they do not match, or if there is any doubt that you are giving the right dose, call the practitioner, pharmacist or nurse, following your agency's procedure for medication occurrences.

4. **Right time**

   Some medications need to be administered only at very specific times of the day. For other medications, the time of day is less critical. For example, some medications work best when given before meals, one hour after meals, or at bedtime.

   It is very important that the medication be given at the time of day written on the medication order. If no specific time is written, ask the practitioner, pharmacist or nurse about the best time of day to give the medication. Write this time in the medication log.

   Medications should be given within ½ hr. before or after the time specified in the medication log. Giving the medication too early or too late is a **medication error** (see Section V)
   The ½ hour rule does not apply to PRN medications. For example, if you have a PRN for Tylenol to be given every 4 hours as needed, you cannot give it until 4 hours have passed since the last dose.

Compare the time in the medication log with the time on the container and the time in the written order every time you administer the medication. If the times do not match, or if there is any doubt that you are giving the medication at the right time, call the practitioner, pharmacist or nurse for help.

5. **Right Route**

   The route is the way the medication enters the body. Most medication is taken into the mouth and swallowed. Some medications enter the body through the skin, eyes, ears, nose, lungs, rectum, vagina, through a G-tube or a J-tube, or by injection.

   Mistakes can happen when you are giving different medications by different routes at the same time. For example, you may be giving and eye drop and an ear drop to the same person. If you become distracted, you may put the eye drop into the ear and vice versa. This would be a very serious mistake. Avoid this type of error by giving one kind of drop first, and then put the drops away before taking out the other drops.

Compare the route in the medication log with the route on the pharmacy label and the route in the written order every time you administer the medication. If the routes do not match, or if there is any doubt that you are giving the medication by the right route, call the practitioner, pharmacist or nurse for help.

6. **Right Documentation**

You have administered the medication carefully, but you are not done yet! Each time a medication is administered, it must be documented. Your documentation must be done at the time you administer the medication. Waiting to do it later can lead to confusion and documentation errors.

You must complete all the documentation that is required in the medication log.

- Use only blue or black ink – no colors, no pencil.
- Never cross out or write over a medication log entry.
- If you make a mistake when you are writing in the medication log, circle your mistake and write a note on the log to explain what happened.

Double-check your documentation as soon as you finish giving medications and again at the end of the day. If there is someone else who can double-check for you, ask them to go over your documentation to be sure that it is complete.

If there is any question about documentation in the medication log, follow your agency procedure for reporting medication occurrences.

Three Checks

Each time that you give a medication you should remember to do the "**Three Checks". This means you will triple-check the 6 rights each time you give a medication.**

1. Remove the medication from the locked container and check the pharmacy label against the medication log to make sure that they match. **This is the 1st check.**

2. Before pouring* the medication, check the pharmacy label against the written medication order. **This is the 2nd check.**

3. After you pour the medication, but before you give it to the person, check the pharmacy label against the medication log again to make sure they match. **This is the 3rd check.**

* **Pouring**: removing the specified dose of a medication from its container.

Section V Medication Administration Procedures

When you have completed this section you will be able to:

- Demonstrate specific techniques for administering medications by each of the most common routes
- Describe the procedure to follow in case of a medication refusal
- Describe the procedure for medication errors
- Describe what to do in case of a poisoning or accidental overdose.
- Describe how to dispose of unneeded medication

Techniques of Medication Administration

> ☞ Remember to help the person be as independent as possible in taking their medications. Don't do for them what they can do for themselves.

Oral Medications

Solid Pills, tablets, and capsules

Make sure the person is upright – either sitting or standing. Never give pills to a person who is lying down.

Try not to touch the pills with your bare fingers. Use gloves or shake the pills into a medication cup or the pill bottle cap

Give only the number of pills that the person can swallow easily and safely. Many individuals can only swallow one pill at a time. If the person is having trouble swallowing the pills, notify the practitioner or nurse immediately.

Make sure the person is fully alert when giving medications. Never give medication to a person who is drowsy or semi-conscious.

Stay with the person and observe to make sure that all the medication has been swallowed.

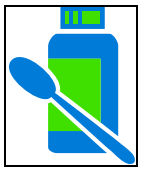
Some individuals need to have their medication put into food or liquid to help them swallow it. **Always** check with a pharmacist before crushing or mixing a medication with food or liquid, because doing so may change the action of the medication.

If you have permission to mix a medication with food or liquid, stay with the person and observe to make sure all the medication is swallowed.

Never leave medications lying around, and be especially careful when medications are mixed with food or liquid. Other individuals could mistake them for a snack and take the medication. This is a **poisoning** and

a very serious issue.

Liquid Medications



Make sure the person is upright – either sitting or standing. Never give liquid medication to a person who is lying down.

If the person is having trouble swallowing the liquid, notify the practitioner or nurse immediately.

Make sure the person is fully alert when giving medications. Never give medication to a person who is drowsy or semi-conscious.

Stay with the person and observe to make sure that all the medication has been swallowed.

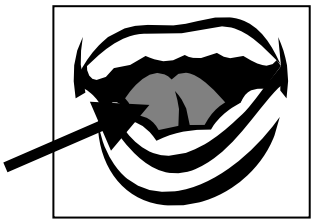
Always shake the bottle well before giving a liquid medication.

Measure carefully, using an approved measuring device. This could be a small clear plastic measuring cup, a syringe, a dropper, or a specially designed measuring spoon.

Hold the measuring device at eye level. Fill it to the right level according to the markings, and then re-check on a level surface.

Sublingual Medications

Sublingual medications are also given orally. They are different from other oral medications because they **must not be swallowed**. Sublingual medications are placed under the tongue where they are left until they dissolve



Eye Medications

Always check the label. Eye medications should always be labeled as "**ophthalmic"** drops, solutions, or ointments.

Wear gloves

Ask the individual to sit with their head tilted back, looking up, or lying down on their back.

Use a warm moist facecloth to remove any crusting around the eye. Wipe from the inner corner of the eye outward. Use a separate facecloth for each eye, and use only warm water on the facecloth – no soap!

Use your finger or thumb to gently pull the lower lid down to form a "pocket".

Hold the drops or ointment between your index finger and thumb and rest your hand against the person's forehead to steady your hand

For eye **drops**, gently squeeze the drops one at a time into the "pocket" of the lower lid

For eye **ointment**, gently squeeze the ointment from the inner corner to the outer corner of the "pocket" in the lower lid. Squeeze the ointment directly from the tube – do not use a Q-tip or other swab to apply the ointment!

Do not touch the tube to the eye.

Ear Medications

Check the label: ear medications should always be labeled as **"otic"** solutions or drops

Wear gloves.

Ask the individual to sit with their head tilted to the side or to lie down on their side with the ear you will be treating facing up

Use a warm moist facecloth the remove any crusting within or around the ear. If you are treating both ears, use a separate facecloth for each ear. Do not use a Q-tip.

Gently grasp the earlobe and lift it slightly upward and outward. This helps to straighten the ear canal so the drops will get in to do their work.

Do not touch the ear with the dropper. Gently squeeze the dropper and allow the drops to flow into the ear canal.

Ask the person to keep their head tilted or to remain lying on their side for 1-2 minutes to keep the medication from draining back out of the ear.

Nasal Medications

Wear gloves

Ask the individual to blow their nose to clear the nostril.

Use a warm, moist facecloth to remove any crusting or debris within or around the nose. Do not use a Q-Tip.

When giving nasal sprays or a nasal inhaler, ask the individual to sit up with their head in an upright position.

Gently insert the rounded spray nozzle or the inhaler nozzle into the nostril. Ask the individual to “sniff” as you gently squeeze the bottle or pull down on the spray handle.

Inhalers

Always shake the inhaler well.

Ask the individual to exhale deeply just before placing the device into the mouth.

Place the inhaler in the individual’s mouth and ask the individual to breathe in slowly and deeply as you push on the top of the inhaler canister to deliver a “puff” of medication. Ask the individual to hold the medication in their lungs for 5-10 seconds with each puff.

You may be using a device called a “spacer. This helps the medication get into the lungs and also helps if the individual is unable to follow directions about inhaling or holding the medicine in.

If you are using a spacer, connect the inhaler to the spacer and place the spacer mouthpiece in the person’s mouth. Squeeze the inhaler to deliver a “puff” of medication or inhalation. Ask the person to breathe in deeply after each “puff” has been squeezed into the spacer.

If you are giving more than one “puff”, or if you are giving more than one medication by inhaler, wait at least I minute between each puff or between each medication.

Assist the person to rinse out their mouth with water after giving medications by inhaler.

Although inhalers are a very common way of giving medications by this route, there are also other types of inhaled medications, including *dry powder* inhalers and *nebulizers*. You will need specific instructions and training in order to learn how to give different types of inhaled medications

Topical Medications

Wear gloves.

Gently clean the skin with a warm, moist facecloth and pat dry before applying a topical medication unless you have been specifically instructed not to. You can use plain warm water or warm water with a mild soap.

Do not touch the medication container to the person's skin.
Squeeze a small amount of the medication onto your gloved fingers.

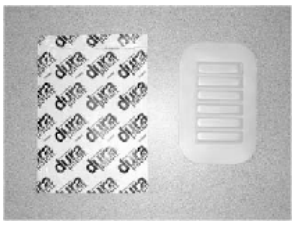
Gently apply the topical medication with your fingers.

Apply topical medications in a thin layer unless other wise ordered. Apply the medication only to the area(s) of the body indicated in the medication order.

Do not rub or massage or cover over the area unless you have been instructed to do so.

Remove the gloves before giving another medication.

Transdermal Patches



Always wear gloves when applying or removing transdermal patches. Do not allow medication from the patch to touch your skin.

Gently clean the skin with a warm moist facecloth and pat dry before applying a transdermal patch unless you have been specifically instructed not to. You can use warm water or warm water with a mild soap.

Apply transdermal patches in areas where there is minimal body hair, if possible. If you have been instructed to apply the patch to a specific body area, do so.

Do not apply a transdermal patch to an area of skin that is scabbed, scratched, or has a rash.

To apply the patch, carefully peel off the backing.

Apply the patch and peel off the covering on top of the patch. Press down on the patch or cover it gently with your hand for 30 -60 seconds to help the patch stick.

Keep the patch clean and dry.

Remember to remove the patch according to the medication order.

When you put the next patch on, put it in a slightly different place.

If a patch falls off before it is time to remove it, do not apply a new patch until you have been specifically instructed to do so. **Report this immediately according to your agency procedure for medication occurrences.**

Rectal Medications

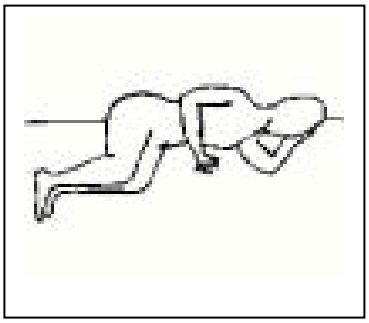
Provide privacy for the individual. Think how you would want to be assisted if you needed a suppository. Be sensitive to the person's sense of modesty.

Explain what you are doing at each step of the process.

Wear gloves.

Rectal Suppository
Unwrap the suppository. Most suppositories are wrapped in foil or plastic which must be removed before you insert it in the rectum.

Lubricate the suppository with K-Y jelly or other water-based lubricant – not Vaseline.



Assist the person to lie on their **left** side with their buttocks exposed.

Gently lift the top check of the buttocks and locate the rectum.

Gently insert the suppository into the rectum and use your index finger to push it in as far as you can. Tuck the suppository up against the rectal wall.

Ask the person to hold the suppository in for as long as possible.

Enema
Follow the general guidelines above regarding privacy, wearing gloves, and positioning. In most cases you will be using a pre-filled, lubricated and measured enema.

Remove the cover on the tip of the enema and gently insert the tip of the enema into the rectum as far as it will go. Squeeze the enema until all of the liquid goes into the rectum.

Ask the individual to hold the enema contents in as long as possible.

Vaginal Suppositories

Provide privacy for the individual. Think how you would want to be assisted if you needed a suppository. Be sensitive to the person's sense of modesty.

Explain what you are doing at each step of the process.

Wear gloves.

Unwrap the suppository. Most suppositories are wrapped in foil or plastic which must be removed before you insert it in the vagina.

Lubricate the suppository with K-Y jelly or other water-based lubricant – not Vaseline.

Assist the individual to lie on her back with her legs open, or if she is more comfortable, on her side with the top leg bent and forward.

If the individual is lying on her back, gently spread open the labia.

If the individual is lying on her side, gently lift the top cheek of the buttocks and locate the rectum. The vagina is located closer to the front.

Gently insert the suppository into the vagina using the applicator provided. Tuck the suppository up against the vaginal wall.

Medication Refusal

Individuals have the right to refuse medications. Individuals may tell you or show you that they do not want to take the medication.

Some common reasons why a person may refuse or resist taking medication:

- An individual's beliefs, e.g., "Doctors are all quacks"
- Fear of becoming addicted to drugs
- Discomfort associated with the medication; it may be difficult to swallow or have an unpleasant taste.
- There may be unpleasant side effects like headache, dry mouth, or indigestion.
- Timing may be inconvenient, "I want to watch TV now."

- Communicating through behavior rather than language, e.g., “You weren’t nice to me this morning, so I won’t take my meds now.”
- They may not understand why they have to take medication when they don’t feel sick.
- They may not be able to understand the concept of prevention.

If a person refuses to take a medication, first try to find out why. Careful observation and listening may help us to better understand the reasons why a person doesn’t want to take their medication. The better we can understand what is motivating the person’s refusal, the more likely we are to be able to resolve the situation.

Some ways to help resolve problems of refusing medications:

- ☞ Give the person as much choice and control as possible
- ☞ Be respectful of their refusal. Never demand that they take their medication or make threats. **Never** try to force someone to take a medication
- ☞ Invite the person to learn to become more independent in taking their own medications
- ☞ Whenever possible, give the person a choice of food or liquid to take with the medication
- ☞ Schedule medication administration at time of day that is most convenient for the person
- ☞ Observe and report any side effects to the prescribing practitioner
- ☞ Educate the individual about the reason for taking the medication and the consequences of not taking the medication
- ☞ Ask the prescriber about changing the form or method of taking the medication, e.g., changing from a pill to a liquid.
- ☞ Consult with the person’s planning team to see if a formal behavioral plan is needed.

If the individual refuses to take a medication, wait 10 – 15 minutes and offer it again. If the person still refuses, wait and try again. **Don’t consider it a final refusal until the third refusal**.

A medication refusal is a Reportable Event. Document all medication refusals according to your agency policy.

Inform the practitioner of medication refusals.

List two reasons why a person might refuse a medication:
1.

2.

List three things you might do to resolve a problem of medication refusal.
1.

2.

3.

Mistakes

Sometimes, even when you are being careful, you may make a mistake. Mistakes in medication administration are called "**medication errors"** or **"medication occurrences".**

If the mistake is a poisoning or overdose, see the procedures below.

A Medication error is a Reportable Event. When you make a mistake or discover a mistake, report it immediately according to your agency policy. By reporting mistakes you can get advice for corrective action that helps minimize the effect of the mistake on the individual.

Your agency will have a form to fill out when a medication error happens. Complete the form and follow agency procedure.

It is understandable to feel embarrassed, guilty, or angry at yourself when you make a mistake. Don't let your feelings keep you from reporting. We all hope to provide the best possible medication administration for people and we try hard not to make mistakes.

Once you have reported the medication occurrence, take some time to think about how the error could be avoided in the future. **Most mistakes happen for more than one reason**. You can help prevent future mistakes by carefully evaluating each mistake and taking steps to avoid the factors that led to it.

Poisoning and Accidental Overdose

By following the procedures you have been taught, you will have the best chance of avoiding accidental **overdose** (when the person gets too much of a medication) or **poisoning** (when an individual receives another person's medication).

If an accidental overdose or poisoning happens, follow these three steps:

1. Stay calm
2. Stay in control
3. Act immediately to get advice and treatment. **Call the Poison Control Center** (1-800-222-1222) or **Emergency Medical Services** (911).

DO:
Post emergency numbers for Poison Control, EMS, police, fire, pharmacist, practitioner, guardian, etc. near you phone. Keep a copy of the list in your vehicle. Store these numbers in your cell phone. Having these numbers available saves valuable time in life-threatening emergencies.

DON'T:
Give the person anything to eat or drink unless told to do so by a health care professional.

Don't try to make the person vomit unless told to do so by a health care professional.

Don't give fluid or foods if the person is unconscious, having a seizure, or very drowsy. The person could choke and get food or fluid into their lungs, making the situation much worse.

Disposing of Medication

When a medication has been discontinued, or if a PRN or OTC has reached its expiration date, the medication must be disposed of safely. Keeping outdated and unused medications increases the chances of giving the wrong medication, or an ineffective medication. Having unneeded medications in the home may also increase the risk to children.

The traditional method of disposal has been to flush the medication down the toilet. In recent years, however, increasing levels of chemicals used in medicines have been detected in the environment, including in aquifers and in public drinking water supplies. Maine has a mail-back program for medication disposal. Details are available at www.safemeddisposal.com or at participating pharmacies. If there is no participating site in your area, you may continue to dispose of medications by flushing. Remember that disposal of a controlled medication requires the presence of a licensed professional.

☞ Never dispose of medication by putting it in household trash.

Section VI Body Systems

When you are finished with this section, you will be able to:

- Describe how medications affect different systems in the body
- Name medication categories related to each body system

The Cardiovascular System

The **cardiovascular system** and the **circulatory system** (the heart and the blood vessels) work by pumping blood, oxygen, nutrients and hormones through the blood vessels to the cells and all of the organs in the body.

Some heart and blood vessel problems can cause problems with other body systems or organs. For example hypertension or high blood pressure can cause a person to have a stroke (bleeding or blood clot in the brain).

Many heart problems can be treated or prevented by having a healthy lifestyle. This means that by helping individuals to have a healthy diet, keep a good weight (not over or under-weight), exercise, and not to smoke can treat or prevent life- threatening heart problems. Helping individuals to take medications that treat cardiovascular problems and to manage and report side effects is critical.

Cardiovascular medications act in a number of ways. For example:

- **Anti-angina** meds help open up the blood vessels to increase blood flow to the heart.
- **Blood thinners** thin the blood to reduce blood pressure.
- **Antiarhythmics** help the heart beat in a normal rhythm.
- **Anticoagulants** prevent or decrease formation of clots in the blood vessels.
- **Diuretics** help the body excrete excess fluid.

The Immune System

The **immune system** is the body's "defense system". It helps protect the body against infection and some cancers. The immune system sets up "barriers" within the body to protect it. If the body's defense system breaks down or is unable to "fight" the infection, the person may need an antibiotic.

Antibiotics are medications that are used to treat infections that are caused by bacteria. They work by either killing the bacteria or by preventing the bacteria from multiplying. There are many different groups of antibiotics and some antibiotics will work on many different types of infections. Others work only on certain types of bacteria so it is important to understand that "one size does not fit all" when giving antibiotics.

In this category of medications, there are also medications that treat infections caused by fungus (**anti-fungals**) or viruses (**anti-viral**). When you are giving a medication to treat an infection, you need to know what type of infection the medication is supposed to be treating.

The immune system is also responsible for allergies and allergic reactions. **Anti-allergy** medications are used to treat many different types of allergic reactions, including hay fever, nasal congestion caused by allergies, and eczema, an itchy, red skin rash.

The Respiratory System

The respiratory system works along with other systems to bring oxygen to all of the cells in the body and to remove carbon dioxide (recycled oxygen) from the cells. This happens through breathing in and out. The circulatory system helps the respiratory system move oxygen and carbon dioxide through the body.

The respiratory system is often talked about in two parts, the upper respiratory system and the lower respiratory system.

The upper respiratory system is made up of the nose and sinuses, the throat and the trachea (windpipe).

The lower respiratory system is made up of the lungs. Oxygen gets into the bloodstream as the blood circulates through the lungs.

Anti-asthmatics dilate the passages in the lungs so that more oxygen reaches the bloodstream.
Expectorants help loosen secretions in the lungs so they can be removed by coughing.

The Nervous System

The **nervous system** is made up of the brain, the spinal cord and the nerves. When the nervous system is damaged either by injury or disease, medications may be needed to treat seizures and other nervous system diseases such as Parkinson's Disease.

Pain is sensed in the nervous system. When the body is damaged, the nerves send a pain message to the brain. Medications used to treat pain are also called **analgesics**.

Sleeping problems are related to the nervous system. Sleeping medications work on the brain to cause tiredness and are also called **hypnotics**.

Mental health problems are related to the nervous system. There are many different medications that work to treat mental health problems, including **antidepressants, antipsychotics,** and **anti-anxiety** agents.

Individuals with developmental disabilities have a higher likelihood of having a seizure disorder than people who do not have a developmental disability. Medications used to treat seizures are called **anticonvulsants**.

The Digestive System

The digestive system consists of the mouth, esophagus, stomach, small intestine, large intestine (colon), and the rectum. Saliva begins breaking down food in the mouth. Food is broken down further by acids in the stomach. Food is absorbed into the bloodstream as it passes through the intestines.

During the digestive process excessive acid may enter the lower esophagus causing **heartburn,** which may be treated with **antacid.** Excessive acid in the stomach may also lead to deterioration of the stomach lining and **ulcers.**

Other common disorders of the digestive system include **constipation** and **diarrhea.**

The Eyes and Ears

Disorders of the eye are very common. Early identification and treatment of eye problems helps to keep good eyesight. All medications that are used in the eye must be labeled as "**ophthalmic**" (sometimes abbreviated as "ophth".) If the eye medication is not specifically labeled in this way, check with the pharmacist before putting the medication in the eye. **This is critical** because if you put something into a person's eye that is not specifically made for this reason, you could cause pain and damage to the eye and the person's vision.

Eye medications may treat or prevent dryness or excessive tears. **Antibiotics** may treat infections in the eye.

Disorders of the ear can affect hearing and the sense of balance. All medications that are used in the ear must be labeled "**otic**". If the ear medication is not specifically labeled in this way, check with the pharmacist before you put the medication in the ear.

APPENDIX

The forms in this section are samples. You may download them at http://www.maine.gov/dhhs/OACPDS/DS/training.shtml and modify them to meet your needs. You may also use forms from another source or make up your own.

Annual Guardian's Permission to Treat

Name of Ward _____

Home provider name _____

I give my permission for the above-named provider or any employee of the provider to take the following actions on behalf of my ward, as indicated by my initials for each type of permission. This permission is granted with the understanding that I will be contacted as soon as possible prior to or following each event.

Routine Medical Permission to accompany my ward to the hospital, doctor or dentist for routine medical/dental care including but not limited to check ups, medical tests, lab work, X-rays etc., and to share relevant health information, with the understanding that I will be contacted as soon as possible after each visit.

_____approve _____refuse

Emergency Medical Permission in case of illness or injury requiring medical attention, to obtain treatment from the nearest hospital or doctor, with the understanding that I will be contacted as soon as possible.

_____approve _____refuse

Medication Administration Permission to assist with the administration of prescribed medication . I also give authorization to administer non-prescribed medication following the Over the Counter Medication Form filled out by the doctor.

_____approve _____refuse

Permission to make Medication Changes in case of any medication changes or additions or a prescribed treatment, as ordered by medical professional through phone contact with me. In the event that I am not immediately available, I give permission to implement any changes in medication with the understanding that I will be contacted as soon as possible.

_____approve _____refuse

This permission may be withdrawn at any time and expires one year from date of signature.

Guardian:_____ Date:_____

Over The Counter Medication Approval

Patient name: _____

Please indicate by checking the space provided, if your patient may have on hand and use these medications for common ailments. Form expires one year from date of signature.

Drug/Product	May Use	May **Not** Use	**Description for Use**
Acetaminophen			As directed on label for pain, headache, or fever
Ibuprofen			As directed on label for pain, headache, or fever
Naprosyn/Anaprox			As directed on label for pain, headache, or fever
May use the above for up to 3 consecutive days. Notify doctor if needed on day 4			
Pseudophedrine			As directed on label for sinus congestion
Allergy Capsules Diphenhydramine HCL			As directed on label for runny, itchy, nose, sneezing, scratchy throat, itchy/watery eyes
Antacid/Antiflatulent			As directed on label for indigestion, stomach upset, excess gas
Calcium Carbonate			As directed on label for heartburn
Do not use antacid within 1 hour of administering psychotropic medication			
Anti-diarrhea			As directed on label after___ loose bowel movements
Stool Softener			As directed on label if no bowel movement in ___days
Laxative			As directed on label, if no bowel movement in ___days
Milk of Magnesia			As directed on label, if no bowel movement in ___ days
Cough syrup			AS directed on label for cough/congestion
Cough drops			As directed on label for cough
Ipecac syrup			As directed on label
Calamine lotion			As directed on label for poison ivy, poison oak, poison sumac
Anti-Itch cream/spray			Apply to affected area as directed on label, **do not use on broken skin**
Desenex powder			As directed on label for Athlete's foot
Sunscreen lotion			As directed on label before exposure to sunlight
Sunburn lotion/cream			As directed on label for sunburn
Hydrogen Peroxide			As directed on label for cuts, scrapes
First Aid spray			As directed on label for cuts, scrapes
Triple Antibiotic ointment			As directed on label for cuts or scrapes and cover with dry sterile dressing if needed. **Notify Dr of redness or swelling**
Warm/Cold Packs			Apply to affected/painful areas as needed
Fluoride Rinse			As directed on label
Dandruff shampoo			As directed on label

Physician's Signature_____Date_____

CONTROLLED DRUG RECORD

NAME:			
Medication:	**Dosage:**	**Frequency:**	**Method of Administration:**
Date Received:	**Received from pharmacy by::**		**Doctor:**
Amount Received:		**Prescription #:**	**Pharmacy:**

Signature:	Date	Time	Amount On Hand		Amount Given	Amount Remaining

Write comments on back, dated and initialed.

Disposition of Unused Portion of Prescription:

.

MEDICATION ADMINISTRATION RECORD

Name: _____ DOB: _____ Month _____ Year 20____

Allergies:

Guardian name: Guardian phone:

	Time	1	2	3	4	5	6	7	8	9	10	1	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medication:																																
Dose:																																
Frequency:																																
Route:																																
MD:																																
Reason Prescribed:																																

	Time	1	2	3	4	5	6	7	8	9	10	1	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medication:																																
Dose:																																
Frequency:																																
Route:																																
MD:																																
Reason Prescribed:																																

	Time	1	2	3	4	5	6	7	8	9	10	1	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medication:																																
Dose:																																
Frequency:																																
Route:																																
MD:																																
Reason Prescribed:																																

	Time	1	2	3	4	5	6	7	8	9	10	1	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Medication:																																
Dose:																																
Frequency:																																
Route:																																
MD:																																
Reason Prescribed:																																

Initials _____ Signature _____ initials _____ Signature _____

Initials _____ Signature _____ initials _____ Signature _____

Note PRNs and medication errors on reverse

Date	Time	Initials	Medication	Dose	Explanation	Result

	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
Temp.																															
Pulse																															
Resp.																															
Blood Press.																															
Weight																															

Medical Appointment Notes

Patient name _____ **DOB** _____

Reason for visit:

☐ Bring current Medication Administration Record or a list of current medications

Questions	**Answers** (continue on back if more space is needed)
1.	
2.	
3.	
4.	

Notes:

New medication: _____

- **Brand name:** _____ **Generic name:** _____
- **Purpose:**
- **Indications of desired effect:**
- **How long to be effective?**
- **Side effects, adverse reactions, signs of overdose:**
- **Interactions with other current meds?**
- **Special administration or storage instructions:**

Orders:

Signed _____ **Date** _____

Notes to the Nurse Instructor

This course is intended to consist of at least 8 hours of classroom instruction consisting of:

- Review and discussion of the material in this booklet
- Additional information as deemed relevant
- Demonstration and practice of medication administration. "Dummy" pills and liquids may be used for demonstration and practice. All containers used in practice should have simulated pharmacy labels.
- Administration of the standardized test.

It is recommended that students either download and print their own copies of this booklet or be given printed copies to keep so they can take notes and have the book for future reference.

In addition to the classroom portion of the curriculum, in order to receive certification each student must do at least one medication pass following all of the "Six Rights". A medication pass consists of administering one dose of one medication to an individual at one scheduled time and completing documentation.

If the student is supporting a person who does not take medication regularly, or if observing in the home is not feasible, 3 simulated medication passes using three different dummy medications and documentation may be accepted. When the person has a medication order it is recommended that the nurse instructor observe an actual medication pass in the home, if feasible.

These medication passes must be observed by the nurse instructor. The nurse instructor may not coach or correct the student during the medication pass, but may provide feedback once the medication pass is completed. The nurse instructor may require additional medication passes if the student's performance is not satisfactory.

If you or a sponsoring agency is charging a fee for this course, the fee may include the time and travel required to observe medication passes in the student's home.

Test questions and a certificate of competence may be downloaded. In order to download, you will need to request a password by submitting your name and Maine Board of Nursing license number. Go to http://www.maine.gov/dhhs/OACPDS/DS/training.shtml and click on "Medication Administration in Shared Living and Family-Centered Home Support".

Do not issue a certificate of competence until you are satisfied that an individual is competent to administer medications safely. If at any time it is your professional opinion that a student will not be able to demonstrate competence, you may refuse to give them a certificate.

Re-certification is accomplished by a 2-4 hour session consisting of:

- Review and discussion of selected topics in this booklet
- At least one simulated medication pass using 'dummy' medications
- A written test is not required for re-certification

Revised 9/20/2010