



# Special Kids Special Families

Promote, strengthen and support individuals with disabilities and their families

## Medication Administration

### *Student Manual*

July 2017

**Special Kids/Special Families**  
**Medication Administration Manual**

**Table of Contents**

**Introduction**

Course Objectives  
Scope of Practice  
Cautions

**Chapter One** 6

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Definitions  
Medication Metabolism  
Routes of Medications  
Common Medications Forms  
Dosage of Medications  
Medication Actions  
Effects of Medications  
Medication Interactions  
Chapter 1 review

**Chapter Two** 13

---

Categories of Medication  
Prescription Medications  
Non-prescription Medications/Over-the-counter medications  
Medication Names  
Care and Storage of Medications  
Chapter 2 review

**Chapter Three** 16

---

Cheyenne Village Medication Policy  
Orders for Medications and Treatment  
Paper scripts  
Weights and Measurements  
Medical Abbreviations  
Chapter 3 review

**Chapter Four** 21

---

Seven Rights of Medication Administration  
Medication Administration Records and SKSF Policy  
Medication Errors w/ Cheyenne Village Policy  
Chapter 4 review

<u>Chapter Five</u>	<u>27</u>
Infection Control	
Communication	
Procedures for Medication Administration	
PRN Medications	
Dos and Don'ts	
<u>Chapter Six</u>	<u>37</u>
Medication Administration from Medication Reminder Boxes	
<u>Chapter Seven</u>	<u>40</u>
Types of Medications	

## *Introduction*

### *Objectives of the Course*

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

#### *FOR THIS COURSE MEDICATION ADMINISTRATION IS:*

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

## **SCOPE OF PRACTICE:**

The qualified medication administration person (QMAP) is an individual who has successfully completed the medication administration course provided by a Colorado approved training entity.

A QMAP is permitted to administer medications via oral, sublingual, ear, eye, topical, nasal, inhalant, rectal and vaginal routes, and via a gastrostomy tube after additional approved training and under supervision of licensed nurse.

A QMAP is permitted to administer medications in the following authorized settings; assisted living residences, adult foster care facilities, alternative care facilities, residential care facilities, secure residential treatment centers, state certified adult day programs and program approved service agencies for people with intellectual and developmental disabilities.

## **CAUTIONS:**

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

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

*Definitions:*

**Administration** – Assisting a person with the ingestion, application, inhalation or using universal precautions rectal or vaginal insertion of medication, including prescription medications according to a physician or other authorized practitioner, as written on the prescription label, and documenting the medication, time, and amount but not making judgements or assessments of person's condition and medical needs.

**Monitoring** – is reminding a person to take medication at the proper time/route, handing a persona container or package of medication that was previously labeled by a practitioner for the individual, visual observation of the person to ensure the medications were taken, documenting compliance with each medication, notifying proper person of the individuals refusal to take medication or inability to take medication.

**Self-administration** – the ability of an individual to take medication without assistance of another person, including reminders.

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

**MEDICATION METABOLISM**

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

**Absorption** – getting into the bloodstream.

**Distribution** – carrying the substance to various parts of the body.

**Biotransformation** – Breaking substance down, chemically change the substance.

**Elimination/Excretion** – getting rid of the substance from the body.

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

**ROUTES OF MEDICATIONS**

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

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

**This training does not include administration of medications by the following routes:**

- Intravenous (IV) – liquid medication placed directly into the bloodstream
- Intramuscular (IM) – liquid medication administered into a muscle
- Subcutaneous (SC) – liquid medication administered into the subcutaneous tissue
- Through a G-Tube (requires separate training).

### COMMON MEDICATION FORMS

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

#### *Solid*

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

#### *Semi-solid*

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

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

### *Liquids*

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

### *Topical*

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

### *Inhalant/Aerosol/Spray*

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

## *DOSAGE OF MEDICATIONS*

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

Dosage is based on:

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

Dosage amount and frequency is determined by:

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

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

## MEDICATION ACTIONS

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

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

## MEDICATION INTERACTIONS

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

## EFFECTS OF MEDICATIONS

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

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

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

medication. For an anaphylactic reaction 911 or the local emergency medical services system should be called **immediately!**

**CHAPTER ONE REVIEW**

1. Define what occurs with each metabolic process:

Biotransformation\_\_\_\_\_

Distribution\_\_\_\_\_

Elimination/Excretion\_\_\_\_\_

Absorption\_\_\_\_\_

2. Define each route.

ophthalmic\_\_\_\_\_

inhalant\_\_\_\_\_

nasal\_\_\_\_\_

topical\_\_\_\_\_

rectal\_\_\_\_\_

otic\_\_\_\_\_

vaginal\_\_\_\_\_

sublingual\_\_\_\_\_

oral\_\_\_\_\_

3. Give 3 examples of adverse effects:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. Give 5 examples of side effects:

\_\_\_\_\_

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5. Identify the medication form.

- \_\_\_\_\_ Compressed form of drug
- \_\_\_\_\_ must be shaken before pouring
- \_\_\_\_\_ Dissolves in the mouth
- \_\_\_\_\_ Medication given under the tongue
- \_\_\_\_\_ Medication breathed into the lungs
- \_\_\_\_\_ Gelatin container for powdered medication
- \_\_\_\_\_ rubbed onto the skin
- \_\_\_\_\_ Semi-solid medication melts at body temperature
- \_\_\_\_\_ medicated adhesive pad applied to the skin
- \_\_\_\_\_ contains time released medication

4. Describe the three routes a QMAP is not permitted to administer:

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## CHAPTER 2

### CATEGORIES OF MEDICATIONS

Medications are divided into two main categories: prescription and non-prescription (over-the-counter) medications.

Prescription medication is a medication that cannot be obtained except from a licensed pharmacy with the written order from a physician or other authorized practitioner.

Non-prescription medication or Over-the-counter (OTC) is medication that can be purchased in a variety of stores with no approval from healthcare providers.

All medications that QMAPs administer and/or monitor (prescription and non-prescription) MUST have a written, signed physician's or other authorized practitioner's order prior to administration. All medications (prescription and non-prescription for individuals in comprehensive services (e.g. GRSS, IRSS, DHSS) must have a written, signed physician's or other authorized practitioner's order.

### PRESCRIPTION MEDICATIONS

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

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

### NON-PRESCRIPTION OR OVER-THE-COUNTER (OTC) MEDICATIONS

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

### MEDICATION NAMES

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

It is important to know both the trade and generic name for common medications or to know where to find the other name, i.e. if you have the trade name where to find the generic name and if you have the generic name where to find the trade name (www.rxlist.com).

### CARE AND STORAGE OF MEDICATIONS

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

- Medications must be safely locked in a storage container (e.g. lock box or medication cabinet) or stored in a safe place in the person's home at all times except when the individual is taking the medication.
- Medications supplies for each individual must be stored under the proper conditions of sanitation, temperature, light, refrigeration, and moisture (as stated by the pharmacy label or manufacturer instructions).
  - Exposure to excessive heat over a period of time causes deterioration of some medications.
  - Refrigeration is required for some medications because they deteriorate if kept at room temperature. These medications must also be stored in locked storage container in a refrigerator.
  - Exposure to light causes deterioration of some medications. These medications must be kept in a dark bottle
  - Bottles must always be capped when not in use to prevent deterioration of the medication. Many medications undergo chemical changes when exposed to air for a length of time.
- Prescription medications are to be obtained from a licensed pharmacy and are to be labeled with name, address and telephone number of pharmacy, the name of the individual, name and strength of the medication, directions for use, date filled, prescription number, the name of the physician or other authorized practitioner, and the prescription expiration date (if no expiration date is found, the prescription expiration date is one year from the date of being dispensed). NO one should alter the label by writing on it.

- Non-prescription (over-the-counter) medications, including vitamins, herbal remedies, etc. may be purchased and taken provided the following conditions are met:
  - The physician or other authorized practitioner ordered the medication;
  - The medication is maintained in the original container; and
  - The individual's name is taped or written on the container in such a manner as to not obscure the original label/manufacturer's instructions and expiration date.
  
- The contents of any medication container having no label or with an unreadable label (excessively soiled, damaged or detached) must not be used. Follow the agency's procedure for disposing of medications.
  
- Prescription medications having a specific expiration date must not be used after the date of expiration on the label. OTC medications must not be used after the date of expiration on the container. Follow the agency's procedure for disposing of medications.
  
- Medications for external use must be kept in a separate storage container from those medications that are taken internally. The storage container must be marked "external medications".
  
- Controlled medications must be counted and documented on a controlled medication record. Other medications may be counted and recorded according to the agency's procedures
  
- Medications may come in the following packaging: pharmacy containers, blister packs, manufacturer's containers, tubes, and medication reminder boxes.

CHAPTER TWO REVIEW

1. Name and describe the difference between the two categories of medication:

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

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

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

5. Describe what should be done with medications that have expired:

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## CHAPTER 3

### ORDERS FOR MEDICATIONS OR TREATMENTS

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

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

1. All medications or treatments (new, changed or discontinued) must have a written and signed order from the physician or other authorized practitioner (the script). The physician or other authorized practitioner may write a prescription that the staff or provider may take to the pharmacy to fill (staff will need to get a copy of the prescription for the agency records), or the physician or other authorized practitioner may phone the pharmacy with the medication order and give the staff or provider a written order in different format. The script may also be for treatment and therapy and must be given to the agency that will provide services i.e. physical therapy or for a new walker.
2. Staff or host home providers may NOT take a prescription order from the physician or authorized practitioner over the phone. They may either:
  - a. Take an agency order form to the physician's or other authorized practitioner's office and ask him/her to write out and sign the order;
  - b. Call the agency nurse consultant who will then phone the physician or other authorized practitioner for the medication order and notify the staff or provider of this order (in writing); or
  - c. Ask the physician or other authorized practitioner to fax the order to the staff or provider.
3. All medication or treatment orders from the physician or other authorized practitioner should be started in a timely manner. If any concerns contact the agency nurse/nurse consultant, physician or other authorized practitioner.
4. The agency nurse is responsible for ensuring that all orders, physician or other authorized practitioner's, are communicated to direct care providers and placed in the proper place for documentation such as the MAR.

\*\* Review actual prescriptions for medications and services

## WEIGHTS AND MEASUREMENTS

Dosage is measured by systems – the Metric System and the Household System are the most widely use.

1. The Metric System includes:

cc = cubic centimeter (no longer used as often)

ml = milliliter

mg = milligram

mcg = microgram

G or Gm = gram

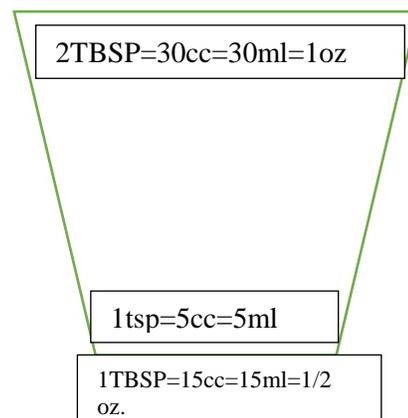
2. Household equivalents are sometimes used, but care must be taken to use standard measuring devices (e.g. measuring spoons). Never use serving spoons, tableware, etc. due to variation in amounts they hold (e.g. a table ware teaspoon may hold 4-7ml.). if household measures are written on the prescription, the pharmacy may change to the metric equivalent.

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

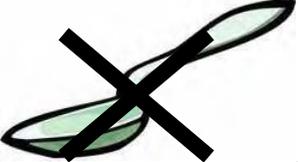
### Conversion Chart:

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

### Measured Medication Cup:





ALWAYS	NEVER
<p>1. ALWAYS measure using the metric system.</p>	<p>1. NEVER use household spoons.</p> 
<p>2. ALWAYS use an oral measuring syringe for small amounts of liquid medication</p> 	<p>NEVER switch the special droppers that come with some liquid medications.</p>
<p>3. ALWAYS place cup on a solid surface at eye level.</p> 	<p>NEVER use cups that are not marked with the amount they hold.</p> 
<p>4. If the label says to measure in ml's, ALWAYS use a measuring device that is marked in ml's.</p>	<p>NEVER measure ml's with a measuring device that is marked in mgs.</p>
<p>5. If the label says to measure in mgs, ALWAYS use a measuring device that is marked in mgs for that medication.</p>	<p>NEVER measure mgs with measuring devices that are marked in ml's</p> <p style="text-align: center;"><b>mg ≠ ml</b></p>
<p>6. ALWAYS consult your pharmacist when you have a question about measuring.</p>	<p>6. NEVER leave air bubbles mixed with liquid in an oral measuring syringe.</p>

COMMON MEDICAL ABBREVIATIONS

Bid, BID	2 times daily	NKDA	no known drug allergies
tid, TID	3 times daily	cap	Capsule
Qid, QID	4 times daily	tab	tablet
Qod, QOD	every other day	supp	suppository
q, Q	every	cc	cubic centimeter
Qd, QD	every day	mg	milligram
H	hour	ml	milliliter
Ac	before meals	tsp	teaspoon
Pc	after meals	TBSP	tablespoon
HS	bedtime	I	one
prn, PRN	as needed	II	two
p.o., PO	by mouth	III	three

CHAPTER THREE REVIEW

1. T or F Staff and other providers may take a verbal order to change a medication form a physician over the telephone.
2. You need to give one ounce of milk of magnesia. How many cc's will you pour in the med cup? \_\_\_\_\_
3. You need to give 1 tsp. of medication. How many cc's will you give? \_\_\_\_\_
4. You need to give 15cc of a medication. How many TBSP will you give? \_\_\_\_\_
5. Give the abbreviations for the definition

\_\_\_\_\_ pro re nata/as needed

\_\_\_\_\_ twice a day

\_\_\_\_\_ every day

\_\_\_\_\_ bedtime

\_\_\_\_\_ before meals

\_\_\_\_\_ four times a day

\_\_\_\_\_ no known drug allergies

\_\_\_\_\_ by mouth

\_\_\_\_\_ tablespoon

\_\_\_\_\_ teaspoon

\_\_\_\_\_ after meals

## CHAPTER 4

### THE Seven RIGHTS OF MEDICATION ADMINISTRATION

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

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

document after you have observed the individual swallow pills, placed eye or ear medications, spread creams or placed patches, watched the individual inhale a medication or placed in proper body cavity: until these actions are done the medication has not been given.

7. The RIGHT TO REFUSE: every individual has the right to say “NO”. As a QMAP you may attempt to convince the individual that taking the medication is in their best interests but if it is NO you must respect that. Sometimes it is how you approach the individual that leads to the NO, sometimes it is other influences that lead to the NO. Once an individual has said “NO”, you may give information to the individual to attempt to convince them to take the medication or ask in a different way; if the answer remains “NO”, accept the response and document. It also doesn’t matter if “the day QMAP” was able to get them to take the medication; if it’s NO, it’s NO. Medication may NOT be placed or hidden in food without the individual’s knowledge.

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

### *THE MEDICATION ADMINISTRATION RECORD*

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

#### *REMEMBER:*

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

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

- The name of the individual taking the medication(s);
- The month and year the record is for;
- The name of the primary physician or other authorized practitioner;
- The name of the medication(s) and how it is to be taken, as ordered by the physician or other authorized practitioner;

- The time the medication(s) is to be taken;
- Any medication sensitivities and allergies. If there are not any known allergies then ‘NKA’ (no known allergies) or ‘NKDA’ (no known drug allergies) should be listed on the record;
- The signatures and identifying initials of ALL staff or other providers who assisted with medications; and
- Each time a PRN (as needed) medication is given the above items apply as well as the staff or other provider will note the reason the PRN medication was given and the results of the medication.

### RULES FOR DOCUMENTATION ON THE MEDICATION ADMINISTRATION RECORD

MAR specifics will be covered as appropriate!

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

### MEDICATION ERRORS

The possibility of medication errors occurring is a constant danger. By following proper procedures (e.g. The 7 Rights) errors can be minimized. However, errors occasionally do happen and must be dealt with properly. The severity of an error will vary depending on the medication and the individual involved. When an error occurs,, it is extremely important that you are willing to admit it, seek help, notify the nurse/nurse consultant and/or the physician or other authorized

practitioner and document the error (e.g. MAR and incident report). Reporting an error is not for punishment. It is for the agency and the state to track and find methods for prevention of errors, as well as to monitor the individual for reactions or effects from the medication error. For any medication error you must follow SKSF procedures (see Attached Policy). Some of the more common errors are:

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

Special Kids/Special Families reserves the right to enact corrective action based on the type, severity (injury to the client) and frequency of errors made by its trained QMAP staff (Medication Error Policy will be reviewed).

## CHAPTER FOUR REVIEW

1. List and define the Seven Rights of medication administration:

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2. Match the situation with the appropriate category:

- |  |                     |
|--|---------------------|
| _____ Tim's pharmacy label reads: Take Lasix 20mg QD. He took it before each meal.                           | a. Wrong person     |
| _____ Ben put his nose drops in his eyes.  | b. Wrong Medication |
| _____ Sue gave 3 TBSP Mylanta to Bob. The order reads Give 30cc/ml.  | c. Wrong Dosage     |
| _____ Stacy's heart medication was oral. She held it under her tongue.                                       | d. Wrong Time       |
| _____ Mary was going to the movies. Dan gave her 9pm meds at 6:30pm before she left.                         | e. Wrong Route      |
| _____ Glenn told Bill his name was Rich. Bill gave Glenn Rich's 5pm medications.                             | f. No Error         |
| _____ Kyle gave Bill his 5pm medications at 7pm when he ate dinner because the label said to give with food. |                     |
| _____ Jill gave Carbamazepine to Sam. The order was to give Gabapentin.                                      |                     |
| _____ Jim gave 5cc's of cough syrup to Marc. The order reads Give 1 TBSP.                                    |                     |
| _____ Sarah gave Joe Field's medication to Jo Feld.  |                     |

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

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

ABC Pharmacy 1234 Main St Anytown, CO 12345 (303) 987-6543	Greene, Hazel  Take 10mg p.o. qd  BuSpar 5mg	April Jones, MD
Rx# 23579		
Refills: 2	QTY: 60	Dates Filled: 7/1/02 Exp.: 7/1/03

\_\_\_\_\_ What dosage is being prescribed?

\_\_\_\_\_ How many tablets are in the bottle?

\_\_\_\_\_ What is the prescription number?

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

\_\_\_\_\_ How many times can the prescription be refilled?

\_\_\_\_\_ How often per day do you give this medication?

## CHAPTER 5

### PROCEDURES FOR MEDICATION ADMINISTRATION

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

#### *Infection Control:*

Infection control is the prevention of the spread of disease causing microorganisms such as bacteria, viruses and fungi. The number one method to prevent the spread of infection is **HANDWASHING!** Handwashing should be done before and after each client contact.

Universal Precautions is the standard set forth by the Center for Disease Control that states precautions are taken on the assumption that **ALL** blood and body fluids contain infectious material regardless of what is known about the client.

- Handwashing is the first step in the standard.
- Following handwashing is the use of personal protective equipment (PPE). The most often used is gloves.
  - If there is the potential for the staff or provider to be in contact with mucous membranes (i.e. eyelids, mouth, vagina or rectum) or with broken skin, gloves are to be worn.
  - If the individual has secretions (excessive body fluids) from a site, gloves are worn.
  - If gloves become contaminated, by touching tables or counters, by touching secretions, they should be removed and a new pair put on.
  - When task is finished, gloves should be removed and hands washed.

#### *Communication*

Communication is the sending and receiving of messages between individuals. It involves not just the spoken words, but the choice of words, tone of voice, facial expressions and body language.

When communicating with individuals it is important that words, tone and body language are conducive to elicit cooperation with our clients in taking their medication. There is a

difference between “Here are your pills” with the medicine cup thrust in their face and the tone of voice hard and abrupt, and “here are your pills” with the medicine cup held out to them in their visual range but to place the med cup in their hand or waiting for them to indicate they are ready by opening their mouth, and the tone of voice calm.

How a staff member or provider approaches and communicates with the client makes a difference in whether the client will cooperate in taking their medications.

In addition when communicating with clients regarding medication it is important to instruct them in what you want them to do as well as what to expect from you. For example if you are going to give them eye drops, before you move to touch their eyes, let them know what you are going to do. Otherwise they will refuse and push you away. Our clients may become angry and aggressive.

### *ORAL MEDICATIONS:*

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

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

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

4. After counting out or pouring medication and before giving the medication, re-read and compare the label of the container to the written physician’s or other authorized practitioner’s order and the medication administration record.
5. Observe the individual taking the medication. Observe the individual swallow the medication. If the individual cannot take the medication by him/herself, place the medication in his/her mouth.

Some individuals can swallow medication easier if it is mixed in applesauce or pudding. Remember, the individual must be told if the mixture contains medication.

Staff providers may not ‘hide’ medication in foods or drinks without the individual’s knowledge. Be careful not to crush enteric-coated tablets or capsules.

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

### *EYE MEDICATIONS:*

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician’s or other authorized practitioner’s order and the medication administration record.
2. Wash your hands and put on gloves if secretions are in or around the eyes.
3. If secretions are present in the eyes, remove secretions by wiping the eyelid from inner corner to outer corner of the eye with a cotton ball, gauze or tissue.
4. Remove and discard gloves and contaminated items. Wash hands again. Re-glove if necessary.
5. Before giving the medication re-read and compare the label of the container to the written physician’s or other authorized practitioner’s order and the medication administration record.
6. Tilt the head back and hold steady, or have the individual lie down. Someone may need to assist you.
7. Expose the inside of the lower eyelid by placing a finger on the skin beneath the eye and gently pulling the eyelid down.
8. FOR EYE DROPS: Always hold the dropper with the tip straight down. The solution should be at room temperature (less irritating). Drop the prescribed number of drops into the pocket of the lower eyelid. Be careful not to let the drops fall on the eyeball, as this can be painful. Do not allow the drops to fall on the lower lid close to the nose, as the medication will immediately be lost through the tear duct. If the dropper touches the eye, wash the dropper with soap and water.
9. FOR EYE OINTMENT: Squeeze a small amount of the medication along the inside

of the lower eyelid. Instruct the individual to keep the eye closed for 1-2 minutes to allow the medicine to spread out and be absorbed.

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

### EAR MEDICATIONS:

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

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

3. Before giving the medications re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
4. Position the individual with the affected ear up. Gently pull ear up and back. Someone may need to assist you.
5. Always hold the dropper with the tip straight down. Instill the drops into the ear canal.
6. Keep the person's ear tilted for at least 3 minutes to allow the drops to penetrate deeply into the ear canal.
7. Re-read and compare the label of the container to the written physician or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
8. Wash hands
9. Document by recording your initials on the medication administration record each time a medication is given in the appropriate place. If giving a PRN medication,

remember to document the reason given and the results of the medication.

### NASAL MEDICATIONS:

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

### INHALED MEDICATIONS:

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

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

### TOPICAL SKIN MEDICATIONS:

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

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

**RECTAL SUPPOSITORIES:** (Ensure Privacy!)

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

**VAGINAL MEDICATIONS:** (Ensure Privacy!)

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

### *PRN Medications*

PRN medications are medication that the prescriber orders for when an individual has a specific complaint, one that does not occur with regularity. PRN medications may be given when the individual meets the criteria for administration of the med. For example, if a client states that they have a headache. On their MAR is an order for Tylenol 325mg give 2 tablets by mouth every 4 hours as needed for fever of 99.0-100.0. While Tylenol is often given for headaches, it may not be given in this instance as the order is not for pain or headache. A new order must be obtained by the agency RN to give the medication for pain or headache first.

When documenting a PRN medication, you must document the date, time and reason the medication was given. In addition, a result must be documented. The result of a PRN

medication is the effect of the medication; was the temperature reduced, was the pain relieved, was the indigestion resolve, or was there no change. When there is no change in a complaint, the RN/LPN should be notified.

### Drug Diversion

Drug diversion is an instance in which a person with access to medications takes, to take themselves or to sell, instead of giving them to the person for which they were prescribed. This often occurs for medications which have a high risk for abuse, such as controlled medications OxyContin, Percocet, morphine, etc. A Controlled Medications count sheet is one way that these medications are tracked to prevent drug diversion.

Staff and clients need to be monitored for indications that drugs are being diverted from the clients. Signs to watch for:

- In staff:
  - Slurred, confused, fragmented speech, with unusually soft or loud volume
  - Disorientation to location, date, time, situation
  - Inability to focus on work
  - Resistance to authority
  - Refusal to follow directions
  - Lack of motor coordination
  - Belligerent mood
  - Ebullient mood
  - Giddy
  - Talkative
  - Nervous
  - Excessive perspiration
  - Bloodshot eyes
  - Dilated or pinpoint pupils
  - Confession
- In clients
  - Pain not controlled despite documentation supporting medication administration
  - Increase in previously controlled behaviors including aggression, wandering or self-harm – all that have the potential to result in injury to the client
  - Reports that they are not getting their medications

### Emergencies

What is an emergency that would apply to medications? First large scale situations, such as a fire or flood would be considered an emergency. Provisions must be in place to ensure the clients will still receive their medications when they have to evacuate from an emergency. (SKSF policy to be reviewed)

A medication error that has a negative impact on the client is also an emergency. If a client receives a medication that they are allergic too, they may have hives, or more serious, difficulty

breathing.

First the client must be cared for; depending on the severity of the injury. If difficulty breathing is present in any form, 911 should be called. Regardless of extent or severity of incident it must be documented; an incident report must be made. The proper individuals need to be notified at the agency, including the client's parent or guardian, and primary care physician.

### *DO'S AND DON'TS IN ASSISTING INDIVIDUALS WITH MEDICATIONS*

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

### *DON'T*

1. Don't leave the medication storage container unlocked (if applicable) or medications unattended.
2. Don't allow individuals to take medications from an improperly labeled bottle.
3. Don't re-label medications yourself.
4. Don't allow the individual to take medications until you have checked the label for proper information.

5. Don't leave medications out in opened containers.
6. Don't allowing individuals to take medication without a written order by the physician or other authorized practitioner.
7. Don't put off recording medications.
8. Don't deny medication errors.
9. Don't be afraid to ask for help.
10. Don't give oral medications to an unconscious person because of the danger of choking.
11. Don't give oral medications to an individual who has vomited.
12. Don't pre-dispense medications for later in the shift/day.
13. Don't give medications you have not prepared/set up.
14. Don't chart medications in the medication administration record for other staff or providers.
15. Don't borrow or substitute someone else's medications for another person.
16. Do not mix medications from an old container into a new container.

ADMINISTRATION OF MEDICATIONS FROM MEDICATIONS REMINDER  
BOXES

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

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

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

## CHAPTER SIX REVIEW

1. T or F      If staff or provider administering medications notice an extra tablet in a compartment of the medication reminder box, staff should remove the extra tablet and administer the remaining medications.
  2. T or F      Medication reminder boxes may be used for PRN medications.
  3. The label on the medication reminder box gives the following information: Name of person, name of medication, quantity to be given, and time to be administered. What information is missing?
-

TYPES OF MEDICATIONS

Psychotropic Medications

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

These medications should be used only for diagnosed psychiatric disorders and based on recommendations of a psychiatric evaluation by a psychiatrist.

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

When a psychotropic medication is prescribed for an individual in services, it must be used in accordance with SKSF Psychotropic Medication Policies. Some of the requirements regarding the administration of psychotropic medications are:

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

Some common psychotropic medications include:

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

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

- Extra pyramidal symptoms (EPS) may develop after a single dose or after

prolonged usage. These symptoms include: tremor, rigidity, restlessness, fatigue, or weakness of arms and legs and continual movements of hands, mouth, and body.

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

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

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

### Seizure Medications

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

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

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

epilepticus.

### Hormonal Medications

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

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

### Herbal Remedies

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

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

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

Guidelines for use:

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

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