

MONROE COMMUNITY MENTAL HEALTH AUTHORITY

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REFRESHER Medication Training

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BEFORE ADMINISTERING MEDICATION

Before administering medications, make sure you understand the following about each medication:

- Drug's Purpose or Therapeutic Effect
- Strength
- Dose
- Route
- Time
- Side Effects/Adverse Effects
- How to Document Administration Correctly

If you have questions regarding safe administration of any medication, the information must be obtained from the Medical Prescriber, Nurse, Pharmacist, or Approved Medication Reference Book.

NON-PRESCRIPTION MEDICATIONS



- Direct care staff **DO** need a prescription to administer **ALL** medications, including non-prescription/OTC medications to consumers.

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PRESCRIPTION MEDICATIONS



Scheduled or Controlled Medications:

- Require special handling procedures for storage and administration, such as double locking and witnessed wastes.
- Your employer is responsible for having specific policies and procedures in place to protect these medications that you must follow.

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HOW MEDICATIONS AFFECT THE BODY:

▪ Local action

- is a result from directly applying a drug to a tissue or organ. Only a limited area is affected.
 - Example: antibiotic ointment to a cut on your arm

▪ Systemic action

- is a result from when the medication circulates in the bloodstream and is carried to the cells capable of responding to them. The medication affects the whole body.
 - **Example:** oral antibiotic for kidney infection will enter the digestive system and then travel in the bloodstream to all the cells, including those in the kidneys.



HOW MEDICATIONS AFFECT THE BODY

▪ Therapeutic Effect (Desired Response):

- Means obtaining the **DESIRED** response of the medication on the body system for which it was prescribed.
 - The therapeutic effect of Tylenol (acetaminophen) is to relieve pain and/or fever.

▪ Side Effect (Unintended Response):

- Describes any response to a medication other than for which it was prescribed. It is an **UNINTENDED** effect.
 - Example: Benadryl ordered for allergies to relieve nasal congestion can cause drowsiness as a side effect.
 - Document and Report all suspected side effects to the prescriber, nurse or psychiatrist as soon as they are observed.



HOW MEDICATIONS AFFECT THE BODY

■ Adverse Effect

- Means a side effect of the medication that is potentially **HARMFUL**.
- If an adverse effect develops the medication should not be taken again.
- An adverse effect is often a serious allergic response to the medication that can affect the whole body.



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HOW MEDICATIONS AFFECT THE BODY



■ Adverse Effect

- It may be as minor as a rash or as serious as interfering with breathing or **anaphylactic shock**.
- If you suspect someone is having an allergic reaction to a medication, monitor him closely for:
 - increased irritability
 - breathing difficulty
 - changes in the pulse
 - If these symptoms are present call 911 and institute the emergency response plan for your facility. This is a medical emergency and could result in death if not treated immediately.
- If a client experiences anaphylactic shock, he is allergic to the medication and should never receive it again. If it is found that a client is allergic to a medication, it must be **documented in his record**.

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EFFECTS OF MEDICATIONS

- You are responsible for observing, recording, and reporting any unusual reactions or effects from the medications you give out.
- **Document anything out of the ordinary in the chart & report it to the physician ASAP**
- Be prepared to perform life saving measures (CPR, first aid, rescue breathing) if an adverse effect occurs



RECOGNIZING SIGNS OF ILLNESS OR BEHAVIORAL CHANGES

- As a direct care provider, you are responsible for observing, recording, and reporting any changes in your consumer's physical condition and behavior.
- An acute or worsening illness, side effect, or adverse effect needs to be recognized so that the consumer can receive appropriate care.
- Always report what you observe and also any verbalized symptoms and complaints of the consumer.
- You have day to day contact with a consumer and will be the best person to notice if anything changes in a consumer's health or behavior.
- Deciding the meaning of a sign or symptom is not your responsibility, but **recognizing it, reporting it, and making sure that the consumer receives the proper care is your responsibility.**



RECOGNIZING SIGNS OF ILLNESS OR BEHAVIORAL CHANGES

The following are signs and symptoms that will also help you identify health/behavioral problems:

- Change in dietary habits, an increase or decrease in appetite.
- Change in sleep pattern, an increase or decrease or interrupted sleep pattern.
- Changes in vital signs; an increase or decrease in body temperature, pulse, respiration or blood pressure.
- Change in body odor: breath, perspiration, urine or stool
- Changes in elimination (consistency, color and/or odor of urine and stool, increase, decrease or absence of urine or stool).
- Change in level of consciousness (confused, stuporous, dizzy, fainting, coma or convulsion).
- Change in weight (significant increase or decrease)

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RECOGNIZING SIGNS OF ILLNESS/BEHAVIORAL CHANGES

- Change in body or limb movement (shaking, tremors, jerking, stiffness, paralysis, unsteadiness, staggering).
- Changes in breathing (difficulty breathing, rapid, slow, wheezing, gasping, coughing or sneezing).
- Change in the digestive process (nausea, vomiting, diarrhea or constipation).
- Injury to the body (bruises, cuts, punctures, abrasions, swelling or pain).
- Discharge (drainage) from any body opening or of the skin.
- Changes in the skin:
 - Color: pale, flushed, cyanotic (blue), blotchy (reddish spots), jaundice (yellow).
 - Condition: dry, clammy, cold, hot, increased perspiration, rash, itchy

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ANTIPSYCHOTIC MEDICATION SIDE EFFECTS

TARDIVE DYSKINESIA

Is a movement disorder that results in unusual and uncontrollable movements.

- Most often occurs around the tongue, mouth, or face – grimacing, tongue protrusion, lip smacking, pursing, or puckering
- Rapid eye blinking, upward gaze
- Rapid movements (jerking and twisting) of arms, legs, trunk
- Impaired finger movements – like playing piano or guitar

Seen most often after long term treatment with older antipsychotic medications – Haldol, Prolixin, Mellaril, Thorazine

Higher incidence of TD in women, risk increases with age

There is no way to determine if somebody will develop TD

Early detection is key - the Dr. or RN does an Abnormal Involuntary Movement Scale (AIMS) test every 3 months – call right away if symptoms appear.

There are 2 meds that may help control TD – Austedo and Ingrezza

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ANTI-PSYCHOTIC MEDICATION SIDE EFFECTS

Neuroleptic Malignant Syndrome (NMS):

is a potentially fatal disorder characterized by:

- Muscle rigidity (stiffening) – first symptom, can quickly become severe
- Fever
- Sweating
- High/Unstable blood pressure
- Muscle tremors
- Confusion, delirium, and sometimes coma
- Symptoms rapidly progress and peak in less than 3 days
- **Call 911, if you suspect NMS. It is a Medical Emergency.**
- NMS is caused by antipsychotic use. Both older and newer meds can cause NMS.
- The higher the dose and faster the titration, the more likely NMS is to develop. It often occurs within 2 weeks of starting the drug, but MAY develop at ANY TIME.

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AGRANULOCYTOSIS

Agranulocytosis is a condition marked by a decrease in the number of infection-fighting white blood cells. This can leave a person prone to infection.

- **Clozaril, or Clozapine (Fazaclo)**, is the antipsychotic most commonly linked to the potentially serious adverse effect of Agranulocytosis. Consumers who take Clozaril are **required** to have lab monitoring of their Absolute Neutrophil Count (ANC) in order to get their medication. Frequency of labs may be weekly to monthly.
- Support staff are responsible for taking consumers to their lab draws on time so that they can obtain their medication.
- Pharmacy will not dispense refills of medication unless labs have been completed on time as ordered.
- **“No Blood, No Drug”**

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CLOZARIL, OR CLOZAPINE (FAZACLO)

- **Doses are NOT to be missed!!**
- **If a dose is missed, for any reason, the prescribing doctor is to be contacted immediately for instructions on how to proceed. Your supervisor is to be notified and an Incident Report is to be completed.**
- **If a dose is missed and the prescribing doctor is not available, immediately contact a Pharmacist for instructions on how to proceed. Your supervisor is to be notified and an Incident Report is to be completed.**
- Other adverse effects of Clozaril include an increased risk of seizure activity, hypotension with related dizziness, drooling, weight gain, hypertension, tachycardia. Report all adverse effects to RN or MD.

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REMINDERS



- Any medication given must have a valid prescription, even if it's over-the-counter
- **All medications that a client receives must be prescribed/ordered by a prescriber, even if it's over-the-counter.**
- All medications must have a pharmacy label, even if it's over the counter
- All medications must be documented on the med sheet, even if it's over-the-counter

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LEGAL & ETHICAL ISSUES



- **NEVER FORCE SOMEONE TO TAKE MEDICATION...RESIDENTS HAVE THE RIGHT TO REFUSE.**
- **What to do if a consumer refuses their medication:**
 - First counsel the consumer on the medication's purpose and importance.
 - Ask about and explore reasons why they are refusing – it could be fixable, such as a pill is hard to swallow. Contact the CMH RN with refusal reasons.
 - If the consumer does not want to discuss why he is refusing, or continues to refuse after discussion, wait 15 minutes and offer it again.
 - If the consumer still refuses, have another staff approach him about taking his medications 15 minutes later.
 - If none of the above work, **complete an Incident Report (IR)** and contact your supervisor and the CMH RN or prescribing Doctor's office.
 - Remember: **ALL** refusals must be reported & recorded appropriately

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FORMS OF MEDICATION *INJECTIONS*

- THE ONLY INJECTIONS SUPPORT STAFF CAN BE TRAINED TO GIVE ARE INSULIN-BUT ONLY AFTER A TRAINING SPECIFIC TO YOUR CONSUMER.
- This class **DOES NOT** prepare or certify you to give injections.

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THE SIX RIGHTS OF MEDICATION ADMINISTRATION

Observing the “**Six Rights**” is the required and safest way to administer medication, making it less likely for a medication error to occur.

THE SIX RIGHTS

The Six Rights Include:

- *Right Person*
- *Right Medication*
- *Right Dose*
- *Right Time*
- *Right Route*
- *Right Documentation*

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THE SIX RIGHTS



▪ **Right Person:**

- In order to make sure that you have the **Right Person**, you have to positively identify the consumer.
- **When administering medication, TWO types of client identifiers are required.**
- **Staff MUST use at least TWO of the following** identifiers whenever administering medication(s) or treatment(s):
 - Recipient states their **Full Name** and staff compares the name to the Medication Administration Record (MAR).
 - Recipient states their **Date of Birth Date** and staff compares it to the Medication Administration Record (MAR).
 - **Picture ID** or recent photograph attached to the Medication Administration Record (MAR).
 - **Staff** who knows the individual identifies the recipient.

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THE SIX RIGHTS



▪ **Right Medication:**

- To ensure you administer the right medication you are required to follow the **THREE (3) Rule** – Check EVERY time that the:

- 1) Prescription
- 2) Pharmacy Label on the prescription container
- 3) Medication Administration Record (MAR)

ALL match

- If you have any questions **DO NOT** give the medication and contact your supervisor, the pharmacy, and prescriber to clarify.

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**YOU MUST KEEP THE
MEDICINE IN THE
ORIGINAL CONTAINER
PACKED BY THE PHARMACIST.**



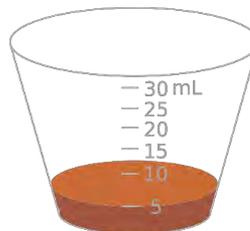
**YOU CAN NOT TAKE A MEDICINE
OUT OF ONE CONTAINER AND PUT
IT INTO A DIFFERENT CONTAINER**

You must use a container that was packed by the pharmacist



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THE SIX RIGHTS



■ Right Dose:

- The dosage of a medication is how much of the drug is given.
- The dose is usually measured in micrograms (mcg), milligrams (mg), grams (gm), or milliliters (ml).
- By definition, the strength of a medication and the dose of a medication are **not** the same thing.

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THE RIGHT TIME

- When a physician prescribes a medication, he/she will specify how often it is to be taken. Some meds must be administered only at very specific times of the day.
- Give the medicine as close as possible to the prescribed time. This ensures a steady therapeutic level of medication in the bloodstream so that the consumer receives the most benefit from the medication.

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IF THE DOCTOR ORDERS A SPECIFIC TIME

- If the doctor orders it at a specific time, such as 7:00 am, the order will state the time, the label will state the specific time, and the Medication Administration Record (MAR) is to state the specific time.
- However, you are allowed to give a medication up to 1 hour before or 1 hour after it is due.



THE RIGHT TIME



- If the medication order is written with approximate times, such as every 8 hours, **Scheduled Times are to be written on the Medication Administration Record (MAR).**
- AM, PM, HS are not scheduled times and are open to interpretation as to the meaning of the time – these are not to be written in place of scheduled times.
- Give the medication at the time scheduled on the Medication Administration Record (MAR).
- You can give the medication up to 1 hour before or 1 hour after it is scheduled.



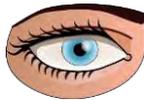
RIGHT TIME



- If the scheduled time is missed and the prescriber has completed a “**Missed Medication Procedure Form**” then the medication(s) should be administered according to the Missed Medication Procedure Form.
- An Incident Report (IR) must still be completed.

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THE SIX RIGHTS



RIGHT ROUTE

- The way a medication is administered into the body is called the route.
- **Major Routes of Medication Administration:**
 - Oral (by mouth)
 - Injectable (IM, SUBQ, or ID)
 - Topical (Direct application to a body tissue or organ, such as to the skin, eye, ear, or nose)
 - Rectal
 - Vaginal
 - Patch that is put on the skin for systemic absorption
 - Inhaler or inhalation therapy (for inhalation therapy-additional training is necessary)
- This training does **not** qualify you to give medications by injection or perform other procedures not covered

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THE SIX RIGHTS:

Right Documentation



- Document **immediately after** administering the medication by initialing the Medication Administration Record (MAR).
- It should NOT be recorded ahead of time or at a later time.
- The person administering the medication **must** be the person who documents on the MAR.
- Failure to document correctly is a medication error.

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STORING MEDICATIONS

- All medications must be stored in locked compartments/containers. 
- Refrigeration
 - Some medicines must be kept in the refrigerator. Check the label.
 - If it requires refrigeration, you have to keep it in a locked box in the refrigerator. 
 - If the power goes out, call the pharmacist to see if the medicine is still okay
- All other medicines must be kept between 68° and 86° degrees.
- Keep them away from heat and moisture 
- If you are delivering medicines on a hot day, keep them in a cooler in your car so they do not go over 86° degrees.

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MEDICATION ORDERS



- In order for the prescriber to prescribe the best medication for a client, the following types of information will be needed:
 - Complete medical record/health history
 - Complete list of drug allergies
 - Current month's medication list (Scheduled and PRN)
 - Medical & Dental diagnoses/conditions
 - Written observations of recent physical or behavioral changes
- It will be important for you to get to know each resident so that you can share information and relevant changes

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TELEPHONE/VERBAL ORDERS

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Only a licensed person can take medication orders over the phone.

Direct care staff **CANNOT** take phone orders for a **new medication** or a **change** in any existing medication order.

HOLDING OR DISCONTINUING MEDICATIONS



- There may be a reason for a medication to be held or discontinued (stopped completely). You **may hold** the medication (not give it) **or discontinue** it if instructed to do so by the physician, but you must still get a **written order** (the doctor may fax it to you), and document all instructions carefully.
- Make sure you repeat the order back to the physician for confirmation. Be sure you understand what you are instructed to do. Ask any necessary questions. Immediately write it down in the client's record. Write down the full name of the physician you talked to, his/her phone number, the date and time of order, what was instructed, and your signature. Inform all staff of the changes by communication book, in the medication record, and by verbal report. Notify your supervisor and nurse.

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TELEPHONE NON-MEDICATION ORDERS AND TREATMENT ORDERS



- Direct care staff that have completed this course will be qualified to take **non-medication/treatment orders** from a prescriber over the phone.

- Checking vital signs
- Applying ice or heat packs
- Glucose Monitoring



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Happy's Pharmacy Shoppe
704-203-3371



Caution: Federal Law prohibits transfer of this drug to any person other than patient for whom prescribed.

Dr. Stein, Frank E., MD

Krueger, Freddie (Date of Birth: 2-20-1942)

Take one capsule by mouth

Prozac (fluoxetine) Tablet

QTY 90 capsules

***Discard this medication 1 year after date dispensed.**

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TRANSCRIBING

- Before you can transcribe and pass any medication, you must have:
 - The medication in the original container supplied by the pharmacist
 - A correct and legible pharmacy label
 - A written prescriber's order (prescription)
 - Any additional instructions the prescriber or pharmacist has given you.
- You are now ready to transcribe...



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TRANSCRIBING ONTO THE MEDICATION ADMINISTRATION RECORD

- The medication's written prescription, prescription label, and the Medication Administration Record (MAR) must be the same.
- **Remember the "3 Rule".**
- If there are any discrepancies you must call your supervisor, prescriber and pharmacist for clarification, and complete an Incident Report (IR).

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WHEN NOT TO GIVE MEDICATION

There may be occasions when it is time to administer medications, BUT unusual circumstances require that you do **NOT** proceed.

- **If either of the following THREE required items are missing or illegible:**
 - **1) Written Prescription**
 - **2) Pharmacy Label**
 - **3) Medication Administration Record (MAR)**



- If the person shows a dramatic change in status: If the client is showing signs of seizure, unconsciousness, difficulty breathing, or other changes which appear to be life threatening, do not administer the medication. Follow the instructions given for reporting an emergency or life-threatening situation.
- If you have any doubt that you have the Six Rights of Medication (Right Person, Med, Dose, Time, Route and Documentation).

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WHEN NOT TO GIVE MEDICATION



- If the person refuses to take it after following the refusal procedure.
- If “Discontinued” is written on the med sheet.
- If the med was dropped or contaminated.
- If the medication has expired or there are visible changes or an unusual odor. Contact the pharmacy.

- **For any of these circumstances, and anytime a med is not given, you must complete an incident report (IR), contact your supervisor, and contact the prescriber’s office.**

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MEDICATION ERROR REMINDERS

- If an error does occur, it must be reported immediately to all three of these:
 - Your supervisor
 - The MCMHA Nurse or prescriber’s office and
 - A written Incident Report (IR) to MCMHA.
- All other agency policies must be followed.
- If a wrong med or wrong dose was given, consult POISON CONTROL at 1-800-222-1222 to see if treatment is needed immediately.

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CRITICAL LAB VALUES



- Critical lab values are an emergent nature and the consumer will need to be contacted via phone or an outreach to the home if there is no phone.
- An agency prescriber who has received a lab value that is critical may contact after hours staff.
- After hours staff must attempt to make contact directly with the consumer who has the critical lab value.
- If the consumer is developmentally not able to understand, after hours staff contacts the guardian or group home, and directs the consumer to go to the emergency room immediately.
- If the consumer refuses, after hours staff works with the guardian and /or group home staff to assure that the consumer is taken to the emergency room.

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PROTOCOLS FOR MEDICATION ADMINISTRATION

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PROTOCOL FOR ADMINISTRATION OF TOPICAL MEDICATIONS



- **Wash hands. Put on non-sterile gloves.**
- Remove medication from the jar with tongue blade or cotton tipped applicators. DO NOT USE YOUR FINGERS.
- If you use your fingers, you will absorb some of that medicine into your own body.
- Insert applicator or tongue blade into container only once, NEVER RE-INSERT.
- If you stick the applicator back into the container, you will put germs into the container.
- Use cotton tipped applicators, sterile gauze, or gloved hand to apply topical medications unless otherwise directed.
- **Remove gloves and wash hands.**
- **Document.**



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PROTOCOL FOR ADMINISTRATION OF EAR DROPS



- **Wash hands. Put on non-sterile gloves.**
- Check the dropper tip for chips or cracks.
- If the drops are a cloudy suspension, shake well for ten seconds.
- Position the consumer with the affected ear up.
- Draw the medicine into the dropper.
- Do not touch the dropper against the ear or anything else to reduce the chance of contamination or ear injury.
- To allow the drops to run in, straighten the ear canal on an adult by pulling the ear up and back. (Child: down & back)
- Replace dropper and secure.
- Keep the ear tilted up for 3-5 minutes.
- **Remove gloves and wash hands, then Document.**

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PROTOCOL FOR EYE DROPS



- **Wash hands. Put on non-sterile gloves.**
- Check the dropper tip for chip or cracks.
- Have the client lie down or tilt head back.
- With your index finger, pull the lower lid of the eye down to form a pocket.
- Draw the medicine into the dropper.
- Hold the dispenser with the opposite hand and place as close to the eye as possible, without touching it.
- Hold the dropper tip down all the time. This prevents the drops from flowing back into the bulb where they may become contaminated.
- Brace hand on forehead.
- Drop the prescribed amount into the pocket made by the lower lid.
- Avoid touching the eye with the dropper or anything else.
- Replace dropper and secure.
- Caution the person not to rub their eyes. Wipe off any excess liquid with a tissue.
- **Remove gloves and wash hands.**
- **Document**

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PROTOCOL FOR ADMINISTRATION OF EYE OINTMENT



- **Wash hands. Put on non-sterile gloves.**
- Tilt head back.
- Hold the tube between your thumb and forefinger and place the tube as near to the eyelid as possible.
- Avoid touching the top of the tube against the eye or anything else.
- With your finger on the other hand, pull the lower lid of the eye down to form a pocket.
- Place the ointment into the pocket made by the lower lid.
- Have the client blink eye gently.
- With a tissue, wipe off any excess ointment.
- **Remove gloves and wash hands.**
- **Document**

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PROTOCOL FOR ADMINISTRATION OF RECTAL SUPPOSITORIES

- **Wash hands.**
- Remove suppository from storage. Store suppositories in a cool place to avoid melting. Refrigerate them if so labeled.
- Explain to the consumer why the prescriber ordered the medication and the procedure.
- Provide privacy.
- Have the client remove their undergarments and lie on their left side with the lower leg straightened out and the upper leg bent forward toward the stomach. Cover exposed area with a towel or sheet. Do not give in a sitting position.
- Remove wrapper if present. **Put on disposable gloves.** Lubricate suppository, finger, and rectal opening with water-soluble lubricant (e.g. K-Y Jelly).
- Lift upper buttock to expose rectal area. Encourage the client to take several deep breaths to help relax.
- Insert suppository with finger until it passes the muscular sphincter of the rectum, about $\frac{1}{2}$ to 1 inch in infants and 1 inch in adults. If not inserted past this sphincter, the suppository may pop back out.
- Hold buttocks together for a few seconds.
- Have the client remain lying down for about 15 minutes to avoid having the suppository come back out.
- **Remove gloves and wash hands.**
- **Document.**



PROTOCOL FOR VAGINAL SUPPOSITORIES

- **Wash hands** and remove suppository from storage. Store suppository in a cool place to avoid melting. Refrigerate them if so labeled.
- Explain to the consumer why the prescriber ordered the medication and the procedure.
- Select a private location with adequate lighting.
- Have the consumer remove undergarments, cover with a sheet or towel.
- Have the consumer lie on back with knees bent.
- Remove the wrapper if present.
- Put on gloves.
- Identify vaginal opening.
- Insert medication approximately two inches into vaginal canal, following the instructions on the pharmacy label.
- Ask the client to remain lying down for 15 minutes.
- **Remove gloves and wash hands.**
- **Document**



THANK YOU!

Thank you for your attention and cooperation today.

You are helping consumers to lead safer, healthier lives.

