

# MONROE COMMUNITY MENTAL HEALTH AUTHORITY



## MEDICATION TRAINING

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## MEDICATION TRAINING OBJECTIVES

- **Know**-how to pass medications safely and accurately
- **Know**-uses and effects of medications
- **Know**—how to avoid medication errors and what to do if it occurs
- **Know**-how to transcribe and document medications
- **Know**-where to find information on medications you are not familiar with



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# BEFORE ADMINISTERING MEDICATION

To be able to administer medications independently you must pass the medication training course and exam and be observed administering medications correctly for the number of times specified by your provider.



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# BEFORE ADMINISTERING MEDICATION

Before administering medications, it is necessary to 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.**

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# BEFORE ADMINISTERING MEDICATION

**SAFETY** is the prime concern when administering medications.

As direct care staff you are responsible for knowing and understanding all of the medication administration **policies and procedures**.

Most errors in administering medications can be traced back to failing to follow the safe administration policies and procedures.

As the direct care provider, you are the last person to verify accuracy before a medication is taken. This is a very important responsibility.



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# INDEPENDENT MEDICATION ADMINISTRATION

- Sometimes consumers are learning how to administer their medications independently.
- **There must be a written goal in the Individual Plan of Service (IPOS) addressing independent medication administration.**



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# WHAT ARE MEDICATIONS?

'Meds' or 'Drugs'

- **Any** substance that when taken into a living organism may modify one or more of its functions...
- Just a few examples include antibiotics, psychotropics, vitamins, birth control pills, pain pills, alcohol & street drugs...



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# USES OF MEDICATIONS

Prescribed to help people...

- be or remain healthy
- have more control over their lives
- have a higher quality of life

As a direct care worker, it will be your job to give medications to people who are unable to safely take them for themselves.



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# USES OF MEDICATIONS

- **Prevention of Disease (health maintenance)**
  - vaccines, cholesterol pills
- **Diagnosis of Disease**
  - x-ray contrast, cardiac testing
- **Treatment of Disease**
  - antibiotics, antipsychotics
- **Relief of Pain**
  - analgesics, narcotics
- **Maintenance of Function**
  - hormone replacement, anti-rejection drugs



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# NON-PRESCRIPTION AND PRESCRIPTION MEDICATIONS

There are two groups of medications:

- **Prescription**
- **Non-Prescription or Over-the Counter (OTC).**



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# NON-PRESCRIPTION MEDICATIONS



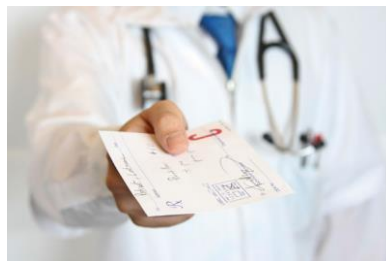
- AKA “Over-the-Counter”
- Prescription not required to purchase for personal use.
- Can be purchased in a store for personal use.
- Direct care staff **DO** need a prescription to administer **ALL** medications, including non-prescription/OTC medications to consumers.

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# NON-PRESCRIPTION MEDICATIONS

In a specialized residential setting or if support staff is administering medications, there must be a valid order/prescription on file for all medications including over the counter medications.



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# PRESCRIPTION MEDICATIONS

Prescription Medications are divided into TWO categories:

- **Non-Scheduled Medications** include all prescription or non-prescription medications that do not typically have a high potential for abuse.
- **Scheduled or Controlled Medications** (Narcotics). These medications have a high potential for abuse and require special handling procedures for storage and administration.
  - Examples of controlled medications : Ativan, Adderall, Ritalin, Klonopin, Xanax, and Valium.

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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.

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# 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.

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# 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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# HOW MEDICATIONS CAN AFFECT THE BODY

- **Contraindication:**
  - Means any reasons or circumstances that would make the use of a medication **INADVISABLE**. Medication effects may vary from person to person and even in the same person at different times due to reasons like pregnancy, medication allergies, interactions with other medications, and food interactions. For example certain medications can be harmful to a fetus; therefore, they are contraindicated (advised that you do not take the medication) during pregnancy.

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## PSYCHOTROPIC MEDICATIONS

Psychotropic Medications Include:

- anti-anxiety meds
- antidepressants
- antipsychotics
- mood stabilizing medications
- medications for side effects
- medications needed for sedation

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# PSYCHOTROPIC MEDICATIONS

- There are specific guidelines that must be followed before giving psychotropic medications.
- A consent is needed anytime a medication is given to sedate or change behavior.
- In order to administer these medications, a **Consent to Treatment with Psychotropic Medication** form must be obtained, signed by the client or guardian, and on file.
- You are responsible for making sure that this consent is on file and up to date.
- The consent is given to the consumer by and signed with the prescriber.
- You can **not** pass psychotropic medications without a consent.

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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

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## 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.

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## 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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## MENTAL HEALTH DISORDERS

The Four Most Common Mental Health Disorders:

- Schizophrenia
- Depression
- Bipolar Disorder
- Anxiety Disorders

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# WHAT IS SCHIZOPHRENIA?

- Schizophrenia is a serious brain disorder that distorts the way a person thinks, acts, expresses emotions, perceives reality, and relates to others.
- People with schizophrenia (the most chronic and disabling of the major mental illnesses) often have problems functioning in society, at work and at school, and in relationships.
- Contrary to popular belief, schizophrenia is not a split personality. Schizophrenia is a type of psychosis, a form of mental illness in which a person cannot tell what is real from what is imagined.
- At times, people with psychotic disorders lose touch with reality. The world may seem like a jumble of confusing thoughts, images, and sounds.
- The behavior of people with schizophrenia may be very strange and even shocking.
- A sudden change in personality and behavior, which occurs when people lose touch with reality, is called a psychotic episode.

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# WHAT IS DEPRESSION?

An individual with clinically diagnosed depression, often in the form of Major Depressive Disorder, feels a profound and pervasive sense of hopelessness and despair.

Major Depression is marked by a combination of symptoms that interfere with the person's ability to work, study, sleep, eat, socialize, and enjoy once pleasurable activities.

Major depression may occur only once but most commonly occurs several times in a lifetime.

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## WHAT IS BIPOLAR DISORDER?

**Bipolar Disorder**, which used to be called “**manic depression**”, is a mental illness that causes people to have severe high and low moods.

People who have this illness switch from feeling overly happy and joyful to feeling very sad, and vice versa.

Because of the highs and lows—or two poles of mood—the condition is referred to as “bipolar” disorder.

The word “**manic**” describes the periods when the person feels overly excited and confident.

These feelings can quickly turn to confusion, irritability, anger, and even rage.

The word “**depressive**” describes the periods when the person feels very sad or depressed.

Because the symptoms are similar, sometimes people experiencing bipolar depression are incorrectly diagnosed as having major depression.



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## WHAT IS AN ANXIETY DISORDER?

- **Anxiety** is a normal human emotion that everyone experiences at times. Many people feel anxious, or nervous, when faced with a problem at work, before taking a test or when making an important decision.
- **Anxiety Disorders**, however, are different. They can cause such mental distress that it interferes with a person’s ability to lead a normal life. An anxiety disorder is a serious mental illness. For people with anxiety disorders, worry and fear are constant and overwhelming, and can cripple someone’s ability to function and maintain a job, family or relationships, household, or even to care for themselves.



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## PSYCHOTROPIC MEDICATIONS

- **REMEMBER:** There are specific guidelines that must be followed before giving psychotropic medications.
- In order to administer these medications, a valid **CONSENT TO TREATMENT with PSYCHOTROPIC MEDICATION** form must be obtained, signed by the guardian or client, and be on file.



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## MEDICATION SIDE EFFECTS AND SPECIAL CONCERNS



You need to be aware of the side effects covered on the next slides while working with your consumers.

Please promptly report any possible side effects to your MCMHA nurse or physician.

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## ANTI-ANXIETY MEDICATION SIDE EFFECTS & SPECIAL CONCERNS

**Anti-Anxiety Medication class of benzodiazepines (examples are Valium, Klonopin, Ativan and Xanax)**

Important Side Effects/Concerns:

- These drugs carry a high risk of addiction and dependence so they are not desirable for long term use.
- Other possible side effects include:
  - over-sedation
  - drowsiness
  - poor concentration
  - memory problems
  - irritability

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## ANTI-DEPRESSANT MEDICATION SIDE EFFECTS

- **Selective Serotonin Reuptake Inhibitors (SSRIs) (examples: Paxil, Prozac, Zoloft, Celexa)** may cause: nausea, dizziness, drowsiness, dry mouth, weight gain, and can cause problems with sexual interest or performance.
- **Tricyclics (examples: Doxepin, Tofranil, Elavil, Amitriptyline)** may include dry mouth, constipation, blurred vision, weight gain, increased heart rate, drowsiness, urinary retention, impotence, decreased blood pressure, and dizziness when standing up.

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## ANTI-DEPRESSANT MEDICATION SIDE EFFECTS

- **Monoamine Oxidase Inhibitors (MAOIs) (examples: Nardil, Parnate)** include nausea, vomiting, high blood pressure, fast or slow heartbeat, severe headache, increased sweating, sensitivity to light, severe chest pain, stiff or sore neck. MAOIs can be dangerous when given to people with certain medical conditions, taking certain drugs, or eating certain foods.
  - **Stop MAOIs immediately if the client reports a severe headache or palpitations, call 911 immediately, and then call the client's physician.**
  - **Dietary Restrictions with MAOIs:** Consumers can **NOT** eat or drink any of the following when taking MAOIs unless their Doctor advises otherwise: Aged foods, alcohol, salami, summer sausage, pepperoni, cheeses, fermented foods, overripe fruit, meat prepared with tenderizers, smoked or pickled meats, poultry, or fish, and soy sauce. These foods contain a high level of "Tyramine" (monoamine). The interactions of tyramine with an MAOI can bring on a sharp increase in blood pressure that can lead to a stroke.
  - **If you have a client on an MAOI get a list of ALL dietary restrictions from the prescriber right away.**

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## ANTIPSYCHOTIC MEDICATION SIDE EFFECTS

**Antipsychotic** medications (examples: Haldol, Prolixin, Risperdal, Zyprexa, Geodon, Abilify, and Seroquel) may have side effects, but many go away after the first few weeks of treatment.

Side effects may include:

- Drowsiness
- Constipation
- Rapid heartbeat
- Dizziness
- Decrease in sexual interest or ability
- Weight gain
- Sensitivity to the sun
- Restlessness, pacing, slowing down of movement and speech, shuffling walk.

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# ANTIPSYCHOTIC MEDICATION SIDE EFFECTS

## TARDIVE DYSKINESIA

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

TD is a condition characterized by involuntary, abnormal movements

- Most often occur 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, Risperdal, Zyprexa

Higher incidence of TD in women, risk increases with age

There is no way to determine if somebody will develop TD

The Prescriber does an Abnormal Involuntary Movement Scale (AIMS) test every 3 mos. – call right away if symptoms appear.

Medications that treat Tardive Dyskinesia: Austedo, 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 WBC's & granulocytes 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 (IR) 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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# BIPOLAR MEDICATION SIDE EFFECTS

Mood Stabilizer medications commonly prescribed for Bipolar Disorder are Lithium, Lamictal, Depakote, Tegrétol, Topamax, and Neurontin.

**Side Effects** may include:

- Increased thirst or urination, diarrhea, vomiting, weight gain, drowsiness, poor concentration, or impaired memory
- Notify the nurse, physician or call 911 if the client reports persistent side effect symptoms from Lithium or if they develop diarrhea, vomiting, fever, unsteady walking, fainting, confusion, slurred speech, or rapid heart rate. **Lithium toxicity** is a serious adverse effect and can be life threatening. One expert says, "The signs of lithium toxicity are easy to identify but fatal to ignore".
- Notify the nurse or physician right away if a consumer develops a **rash** while taking **Lamictal (lamotrigine)**.
- **Stevens-Johnson Syndrome** is a rare and possibly severe reaction to Lamictal (lamotrigine) that can become dangerous and possibly life-threatening



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# MEDICATION SIDE EFFECTS

- You are responsible for knowing some basic information (desired effects, side effects, special considerations) about common medical conditions and the medications prescribed to treat these conditions.
- These conditions and medication categories include:
  - Cardiovascular (Heart) Conditions and Medications
  - Anti-seizure Medications
  - Pain Medications
  - Diabetes Medications and Signs of Hypoglycemia
- Attached Appendix titled **Medication Side Effects and Special Concerns** that covers these medications and the information that you are responsible for learning.



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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 Medication Administration Record (MAR), 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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## LEGAL & ETHICAL ISSUES



- Medication use is regulated by:
  - State Legislation & Agencies such as the Department of Community Health
  - Federal Legislation & Agencies such as the Joint Commission, FDA, and DEA
- Once this training is completed and you have passed the certification exam, **YOU** will be **LEGALLY RESPONSIBLE** for the safe and accurate administration of medication.
- You are responsible for safely and accurately administering medications to consumers who are not able to safely and/or accurately take medications without your assistance.

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## THE IMPORTANCE OF SAFETY

- **Safety** needs to be the prime concern & responsibility for everyone who passes medications.
  - Every medication is potentially dangerous.
  - Any medication error/mistake could be life threatening.
  - Always ask if you are unsure of ANYTHING.
  - Information about each medication must be obtained **BEFORE** administering the medication
  - You are responsible for knowing and following all of the relevant policies and procedures.
  - As direct care staff, you are responsible for protecting consumers by practicing safe medication administration every time you pass medications.

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# 47 FORMS OF MEDICATION

The form of a medication describes the appearance and how it is manufactured and shaped.

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## FORMS OF MEDICATION *CAPSULES*



- Capsules are small containers usually made of gelatin.
- Some capsules contain tiny beads of medicine and some contain powdered medicine.
- The capsule readily dissolves in the stomach and the medicine is released.
- Capsules are time-released medications and you should **NEVER** open a capsule unless there is a specific doctor's order directing you otherwise.
- Rarely, a doctor's order may clearly state to open a capsule and sprinkle the contents into food or drink.

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## FORMS OF MEDICATION *TABLETS*



- Tablets are pressed or molded forms/preparations of powdered drugs.
- Tablets expand and break apart when exposed to liquid.
- Tablets may have a coating or be scored.
- **NEVER** crush a tablet without checking for a proper order to do so.

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## FORMS OF MEDICATION *TABLETS*



- **Enteric Coated Tablets (EC, ER):** EC tablets have a hard covering that should **NOT** be crushed or broken. The purpose of the coating is to protect the lining of the stomach and/or to release the medication slowly. These tablets are sometimes large; if the consumer has difficulty swallowing it, contact the RN or Doctor's office to have another form prescribed.
- **DO NOT CRUSH** enteric-coated tablets or open any capsules: this will interfere with the way the medication works. (Only crush or open medications if the doctor has given orders to do so and an active order is on file).

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## FORMS OF MEDICATION

### *TABLETS*

- **Scored Tablets:** these tablets have a line pressed, cut in, or drawn on them and **may be broken** to give smaller doses. If the tablet *does not* have a line you cannot break it into smaller doses. It is important to use a pill splitter correctly to cut scored tablets to ensure accuracy.



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## FORMS OF MEDICATION

### *TABLETS*



- **Dissolvable tablets (ODT, IR):** these are tablet medications that dissolve in your mouth. If you are giving a tablet that dissolves in the mouth, carefully remove each tablet from the blister pack immediately before giving the dose. Instruct the consumer to allow the tablet to dissolve on the tongue/in the mouth and to swallow normally. You **DO NOT** need to take dissolving tablets with water. Discard any dissolvable tablets that have been previously exposed to air due to opened/damaged packaging per your facility's proper procedures.
- Some examples of dissolving tablets are Risperdal M-Tabs, Zyprexa Zydis, and some forms of Clozaril/Fazaclo.
- **Sublingual Tablets:** These are dissolvable tablets that are specifically to be placed and dissolved under the tongue for proper absorption. An example of this is Saphris.

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## FORMS OF MEDICATION *OINTMENTS & CREAMS*

- Creams and ointments are intended for external application to the skin or mucous membranes. An example is antibiotic cream applied to a wound.



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## FORMS OF MEDICATION *SUPPOSITORIES*

- Suppositories are inserted into vagina or rectum.
- These dissolve or melt at body temperature and release the medication for absorption through the mucous membranes of the colon or the vagina.



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## FORMS OF MEDICATION

### *LIQUIDS*



- Liquids are also called suspensions, elixirs, and syrups. **Follow the directions on the bottle carefully.**
- Liquids must be measured with an accurate measuring device approved by the pharmacist,, such as graduated measuring cups or liquid measuring syringes.
- You **can not** measure a liquid with kitchen measuring spoons or non-medical items.
- If the directions say to give 6 ml, you must have a measuring device that will measure exactly that amount.
- Before you leave the pharmacy, make sure you have a measuring device for the exact dose.
- Liquids are always measured at eye level.



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## FORMS OF MEDICATION

### *INJECTIONS*

- Injection medications can be given intramuscularly (muscle of the arm, leg, hip), subcutaneously (beneath the skin/into fat), or intradermally (into the skin).
- Examples of intramuscular injections are anti-psychotics like Haldol, Risperdal Consta, Invega Sustenna, and Prolixin. Examples of subcutaneous injections are Insulin and Heparin. Intradermal injections are often used for allergy and TB testing.
- **THE ONLY INJECTIONS SUPPORT STAFF CAN BE TRAINED TO GIVE ARE INSULIN-BUT ONLY AFTER A TRAINING SPECIFIC TO YOUR CONSUMER.**
- This training **DOES NOT** prepare or certify you to give injections.

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# ANOTHER REMINDER!!!

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A copy of all signed prescription orders must be kept on site to reference when passing medication, whether for prescription or over-the-counter medications.

This also applies to unlicensed settings if staff are giving the medication.

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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.

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# 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 **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 (Doctor's Order)
  - 2) Pharmacy Label
  - 3) Medication Administration Record (MAR),
- ALL match exactly.**

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

### Copy of Prescription Order

Vincent Winthrop (Date of Birth: 2-2-1962) Date: March 5, Year  
 Clonazepam 0.5 mg (Brand Name is Klonopin)  
 Take one tablet by mouth twice a day  
 Refills: 5 Quantity: 62 Tablets  
 Doctor's Signature: *Dr. S. Davidson, MD*



### Pharmacy Label

**ABC Pharmacy**  
 20 Main Street, Any Town, MI 09111 Phone 555-555-1212  
 Rx#: C284-9726 R.L. Smith, RPH  
 Date: 3-5-Year Dr. S. Davidson, MD  
 Vincent Winthrop [Date of Birth: 2-2-1962]  
 clonazepam 0.5 mg (Brand Name is KLOPIN)  
 Take one tablet by mouth twice a day  
 Refills: 5 Quantity: 62 Tablets  
 \*Discard this medication 1 year after date dispensed



## THE THREE (3) RULE

To ensure that you administer the right medication you are required to follow the **THREE (3) RULE**:  
 Check **EVERY TIME** that the following **THREE ALL MATCH**:

- 1) Copy of Prescription Order
- 2) Pharmacy Label on the Prescription Container
- 3) Medication Administration Record (MAR)

Do all three documents match? Yes or No

If All 3 match – you may then administer the med

(Yes, All Three Match)

### March (Year) MEDICATION ADMINISTRATION RECORD

Prescription Date: 3-5-Year Generic: clonazepam Brand Name: KLOPIN Strength: 0.5 mg Amount: 1 Tablet Route: By Mouth Dose: 0.5 mg Frequency: Twice a Day Doctor: Dr. S. Davidson, MD Special Instructions: None Transcriber's Initials: KB Date: 3-5-Year	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24
	8 AM	X	X	X	X	X																			
	8 PM	X	X	X	X	X																			
Name: Vincent Winthrop	CODES	Init		Signature		Init		Sig																	
Date of Birth: 2-2-1962	DP = Day Program																								
<b>No Known Drug Allergies</b>	LOA = Leave of Absence	KB		Karl Burke																					
	W = Work	RN		Reggie Newton																					

**Copy of Prescription Order**

Michel Pierre [Date of Birth: 3-3-1970] Date: 07/01/ Year  
 metoprolol 50 mg (Brand Name is LOPRESSOR)  
 Take two tablets once a day in the morning by mouth  
 Quantity: 124 Tablets Refills: 5  
 HCP's Signature: *Dr. Green Apple, MD*



**Pharmacy Label**

ABC Pharmacy 20 Main Street, Any Town, MI 09111  
 Phone: 555-555-1212  
 RX# 978642 R.L. Smith, RPH  
 Date Dispensed: 7-1-Year Dr. Gene Ackle, MD  
 Michael Perren (Date of Birth: 6-6-1967)  
 metoprolol 25 mg (Brand Name is LOPRESSOR)  
 Take two tablets twice a day by mouth  
 Refills: 5 Quantity: 124 Tablets  
 \*Discard this medication 1 year after date dispensed



## THE THREE (3) RULE

To ensure that you administer the right medication you are required to follow the **THREE (3) RULE**:  
 Check **EVERY TIME** that the following **THREE ALL MATCH**:  
 1) Copy of Prescription Order  
 2) Pharmacy Label on the Prescription Container  
 3) Medication Administration Record (MAR)

Do all three documents match?

Should you administer this medication? Yes or No

What should you do?

- Call your supervisor
- Call the prescriber (doctor)
- Call the pharmacist
- Complete an Incident Report (IR)

**July (Year) MEDICATION ADMINISTRATION RECORD**

Prescription Date: 7-1-Year Generic: metoprolol Brand Name: LOPRESSOR Strength: 50 mg Route: By Mouth Amount: 1 Tablet Dose: 100 mg Frequency: Once a Day Doctor: Dr. Green Apple, MD Special Instructions: In the Morning Transcriber's initials: KB Date: 7-1-Year	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27																				
	8 AM	X																																														
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	W = Work	RN	Reggie Newton																																													
	Name: Michel Pierre Date of Birth: 3-3-1970 <b>No Known Drug Allergies</b>																																															

No, they do not match  
 Do not administer the med



**Copy of Prescription Order**

Lucille Jones [Date of Birth: 6-6-1981] Date: April 7, Year  
 divalproex sodium 125 mg (Brand Name is DEPAKOTE)  
 Take one capsule two times a day by mouth  
 Quantity: 62 Capsules Refills: 1  
 HCP's Signature: *Dr. S. Harris MD*



**Pharmacy Label**

ABC Pharmacy 20 Main Street Any Town, MI 09111  
 Phone: 555-555-1212  
 RX# 756-4389 R.L. Smith, RPH  
 Date: 4-7-Year Dr. S. Harrison, MD  
 Lucella Jones (Date of Birth: 6-13-1990)  
 divalproex sodium 250 mg (Brand Name is DEPAKOTE)  
 Take two capsules once a day by mouth  
 Quantity: 62 Capsules  
 Refills: 1  
 \*Discard this medication 1 year after date dispensed



## THE THREE (3) RULE

To ensure that you administer the right medication you are required to follow the **THREE (3) RULE**:  
 Check **EVERY TIME** that the following **THREE ALL MATCH**:  
 1) Copy of Prescription Order  
 2) Pharmacy Label on the Prescription Container  
 3) Medication Administration Record (MAR)

Do all three documents match?

Should you administer this medication? Yes or No

What should you do?

- Call your supervisor
- Call the prescriber (doctor)
- Call the pharmacist
- Complete an Incident Report (IR)

**April (Year) MEDICATION ADMINISTRATION RECORD**

Prescription Date: 4-7-Year Generic: divalproex sodium Brand Name: DEPAKOTE Strength: 250 mg Route: By Mouth Amount: 2 Capsules Dose: 500 mg Frequency: Two Times a Day Doctor: Dr. S. Harris, MD Special Instructions: None Transcriber's initials: KB Date: 4-7-Year	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27																				
	8 AM	X	X	X	X	X	X	X	X																																							
	8 PM	X	X	X	X	X	X	X																																								
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	Lucille Jones Date of Birth: 6-6-1981 <b>No Known Allergies</b>																																															

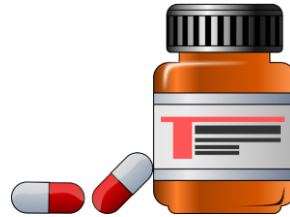
No, they do not match  
 Do not administer the med





# THE SIX RIGHTS

## Right Medication:



- Double check generic vs. Brand Names
- Double check pills that are different in appearance
- Double check meds with similar names

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



66

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**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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**ARE THESE PROPER CONTAINERS?**



68

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# ARE THESE PROPER CONTAINERS?



69

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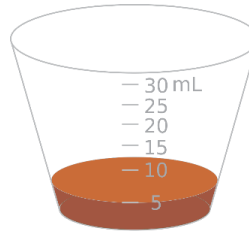
**YOU  
AND THE ORIGINAL MEDICATION CONTAINER  
PACKED BY THE PHARMACIST  
AND THE CONSUMER  
ALL HAVE TO BE IN THE SAME PLACE**



70

70

# 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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## Strength – Amount - Dose



### Strength:

Strength is the “strength” of the individual tablet or capsule.

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

RX# 139 R.L. Smith, RPH	ABC Pharmacy 20 Main Street Any Town, MI 09111 555-555-1212	Date Written: 12-18-Year Date Dispensed: 12-18-Year
Dr. S. Davidson, MD		
Vincent Winthrop [Date of Birth: 2-2-1962] lamotrigine <b>200 mg</b> Tablet (Brand Name is LAMICTAL) Take Two Tablets in the Morning by Mouth Quantity: 62 Tablets Refills: 3		
*Discard this medication 1 year after date dispensed		

1 individual tablet of lamotrigine (LAMICTAL) contains 200 mg of medication.  
Therefore, 1 individual tablet of lamotrigine (LAMICTAL) has the **Strength of 200 mg**.

### Dose:

The “Dose” is the mcg, mg, mL, etc., of medication that you “ingest at one time”.

The above label states “Take Two Tablets” in the Morning by Mouth.


Therefore, the Dose will be 400 mg (200 mg Tablet + 200 mg Tablet = 400 mg)

$$\begin{array}{c}
 \text{LAMICTAL 200} \\
 \text{LAMICTAL 200}
 \end{array}
 +
 \begin{array}{c}
 \text{LAMICTAL 200} \\
 \text{LAMICTAL 200}
 \end{array}
 = \text{Dose of 400 mg}$$



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### Pharmacy Label

RX# 756-4389 R.L. Smith, RPH	ABC Pharmacy 20 Main Street Any Town, MI 09111 555-555-1212	Date Written: 4-7-Year Date Dispensed: 4-7-Year
Dr. S. Harrison, MD		
Lucella Jones (Date of Birth: 6-13-1990) divalproex sodium 250 mg (Brand Name is DEPAKOTE) Take two capsules once a day by mouth Quantity: 62 Capsules Refills: 1		*Discard this medication 1 year after date dispensed

What is the **Strength** of the individual capsule? **250 mg**  
What is the **Amount** to be administered once a day? **2 Capsules**  
What is the **Dose** to be administered once a day? **500 mg**

### Strength:

Is the strength of the individual tablet or the individual capsule


### Amount:

Is the physical quantity to be given at one time

### Dose:

Is the mcg, mg, mL, etc, that is ingested at one time

### Pharmacy Label

RX# 978642 R.L. Smith, RPH	ABC Pharmacy 20 Main Street Any Town, MI 09111 555-555-1212	Date Written: 7-1-Year Date Dispensed: 7-1-Year
Dr. Gene Ackle, MD		
Michael Perren (Date of Birth: 6-6-1967) metoprolol 25 mg (Brand Name is LOPRESSOR) Take two tablets twice a day by mouth Quantity: 124 Tablets Refills: 5		*Discard this medication 1 year after date dispensed.

What is the **Strength** of the individual tablet? **25 mg**  
What is the **Amount** to be administered each time twice a day? **2 Tablets**  
What is the **Dose** to be administered each time twice a day? **50 mg**



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## THE SIX RIGHTS

# 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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## The Six Rights

# THE RIGHT TIME



- According to the ADULT FOSTER CARE FAMILY HOME LICENSING RULES [www.Michigan.gov/afchfa](http://www.Michigan.gov/afchfa)
- MCL 400.707(7) (a) Supervision; medications
- (4) When a licensee or responsible person supervises the taking of medication by a resident, the licensee or responsible person shall comply with the following provisions:
  - (a) **Maintain a record as to the TIME** and amount of any prescription medication given or applied.
- Consultation: BCAL-3267, Medication Record may be used for this purpose. Medication should be recorded as given at the TIME it is administered.
- It should NOT be recorded ahead of time or at a later time.

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# THE RIGHT TIME



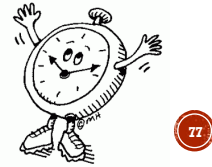
- Having a Medication Administration Record (MAR) with only AM, PM and/or HS as the scheduled times is insufficient and does NOT meet the required **TIME** documentation requirements.
- AM is defined as, “The period of time between midnight and noon” - this is a 12 hour period of time, it is not a specific time.
- PM is defined as, “The period of time from noon to midnight” – this is a 12 hour period of time, it is not a specific time.
- HS is defined as, “The usual time when someone goes to bed”, it is not a specific time.
- You are required to:
  - **Maintain a record as to the TIME** and amount of any prescription medication given or applied.
  - Medication should be recorded as given at the TIME it is administered.

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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 that specific 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.



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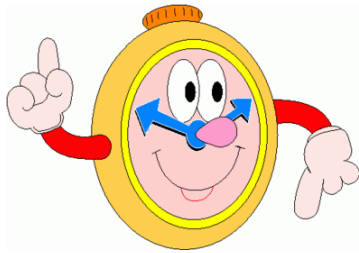
## THE RIGHT TIME



- 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.
- Examples of Scheduled Times: 8:00 AM, 1:00 PM, 10:00 PM
- 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.
- You can not give a medication more than 1 hour before or more than 1 hour after the time it is scheduled.



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## THE RIGHT TIME

- Anytime a medication is not given within the proper time window, you must contact your supervisor, follow your employer's policies and procedures, and fill out an Incident Report (IR).
- Giving a medication at the wrong time is a medication error and must be reported.

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## 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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## MISSED MEDICATION FORM

Medication, Strength, Dose	Directions
<i>Celexa 10mg 1 tablet by mouth every morning</i>	a. Call for directions immediately b. Give up to <b>3</b> hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____

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### THE SIX RIGHTS



### RIGHT ROUTE



- The way a medication is administered into the body is called the route.
- How the medication is taken determines the amount of the medication that reaches the bloodstream and target body systems/cells within a specified time.
- The prescriber's order and pharmacy label should state the route by which the drug is to be given.
- If nothing is stated in an order, contact the prescriber and/or pharmacist for clarification.
- Make sure prior to crushing or opening any medication, that there is an order from the physician to do so.

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# COMMON DRUG ROUTES

- **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)
- The oral route is the most convenient and most common route that you will use to give meds
- 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.
- If the medication is **not** given, circle the box on the MAR and fill out an Incident Report (IR)– this is a requirement for your job.

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## THE SIX RIGHTS

- YOU **MUST** VERIFY THE 6 RIGHTS **EVERY TIME** YOU GIVE A MEDICATION!
  - You may have passed medication many times, and you may be in a hurry, but if you do not check the six rights, you could make a mistake that could cause a person to get sick or die!
- NEVER pass a medication unless you are **SURE** you have the RIGHT...

**Person, Medication, Dose, Time,  
Route, and Documentation!**



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## REPORTING MEDICATION ERRORS



- It is important to report medication errors
- If the consumer develops a problem, it will give the doctor a clue as to why
- We can look at why this happened and try to figure out what to do differently next time.

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# STORING MEDICATIONS




87



All medications **MUST** be stored in the **ORIGINAL CONTAINERS** in which the licensed pharmacist dispensed them.

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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 label.
  - If it requires refrigeration, you have to keep it in a locked 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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## STORING MEDICATIONS



- Medication Cabinets:
  - Can **not** be located over heated areas (heat can change the chemical properties of medications)
  - Can only be used for storing meds (records and other items must be kept in a separate location/area)
  - Will be kept clean and orderly
  - Will have sufficient storage space and adequate lighting
  - Will be kept locked at all times except when putting in or taking out medication
- **NEVER** leave meds unattended!



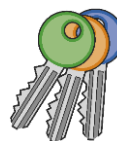
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89

## STORING MEDICATIONS



- **All** external medications (such as ointments, creams, lotions, powders, sunscreen, medicated shampoo, eye, ear and nose drops) must be stored separately from internal and oral medications. External medications must still be in a locked cabinet/container.
- Keys to the medication storage cabinet/container must be kept **on** the person assigned to medication administration on each shift. **Never leave keys out where someone might pick them up.**



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## MEDICATION ORDERS



- Whenever a prescriber wants to start a consumer on a new medication or change a medication, he/she **MUST** write a prescription (or a written doctor's order for a non-medication order) and it must be **on file** in the consumer's medical record/file on site.
  - **ALL meds** for ALL consumers must have a written prescription order in the medical chart/record
  - You **can not** pass a med unless the prescription/signed order sheet is in chart!

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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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## MEDICATION ORDERS SO...



- ...when a prescriber decides that a person requires treatment with a medication, he or she writes the prescription, and it is sent or delivered to the pharmacy.
- You need to keep a valid copy of the prescription for the medical record as well as make sure each site where the medication will be given has a copy.
- If the prescription was sent electronically to the pharmacy, you still need to get a valid paper COPY of the prescription on site before you can pass the medication.

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## TELEPHONE/VERBAL ORDERS

94



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.

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## TELEPHONE MEDICATION ORDERS



If a prescriber calls the consumer's home and asks you to start a new medication:

- Tell them you **cannot** take the new medication order over the phone.
- Have the prescriber fax the prescription to the pharmacy **AND** to the home or provider agency.

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# REMEMBER



96

Staff **cannot** take **new medication** orders or **a change** in any existing medication order over the telephone.

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## 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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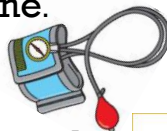
97

## 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
- Checking Weight



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## TELEPHONE NON-MEDICATION AND TREATMENT ORDERS



- When you receive a telephone order from a prescriber that is **NOT** for medication the procedure to follow is:
  - repeat order back to the prescriber for confirmation (make sure you understand)
  - write the order (what was instructed) in the medical record along with date, time, prescriber's name, and your signature
  - inform other staff and your supervisor; add to med sheet as a treatment/non-med order

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## PHARMACY LABELS

- The pharmacy label contains important information from the prescription that you must have to safely and correctly give the medication.
- The pharmacy label should give at least as much information as the prescription.
- Med containers frequently have small stickers attached giving special directions for storage or administration (such as: take with milk, take on an empty stomach, refrigerate). Write those onto the MAR, they are very important.
- If the label says, "Take on an empty stomach", the medicine will not work if they just ate cheesy fries.
- If you are not sure what a sticker means, call the pharmacist, they love to explain this stuff.

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100

# PHARMACY LABELS

- All prescription containers **MUST** bear a label with **AT LEAST** the following information...
- **LABELS MUST BE LEGIBLE and COMPLETE WITH:**
  - **Pharmacy name, phone number, and address**
  - **Prescription number**
  - **Consumer's name (name of recipient)**
  - **Date prescription was most recently dispensed**
  - **Prescriber's name**
  - **Directions for use (Schedule of administration)**
  - **The name of the medication**
  - **Amount/Quantity dispensed**
  - **Strength of medication**
  - **Dosage of medication**
  - **Expiration Date**

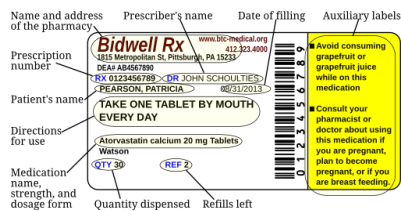


101

101

# PHARMACY LABELS

- **Additional Information on the label...**
  - **Refill Instructions/Refills Available**
  - **Initials/Name of the Pharmacist**
  - **Special Storage or Handling Instructions**
  - **Special Warnings or Caution Instructions**



Pharmacy Labels will not list the person's allergies

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## GENERIC AND BRAND NAME MEDICATIONS

- Most medications you will be administering have two types of names and these will be on the label:

**Generic Name  
and  
Brand Name**

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## GENERIC MEDICATIONS



- Generic medications are classified as nonproprietary medications and are not protected by trademark but they do meet the same testing requirements that Brand Name medications do.
- Generic medications are usually less costly. The pharmacist may substitute a generic product for the Brand Name, in that case, the prescription label should list both names and state the Generic Equivalent or the Generic Substitution.

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## BRAND NAME MEDICATIONS

105



Brand Name medications are protected by trademark.

A generic equivalent cannot be dispensed for a brand name medication until the patent has run out.

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## EXAMPLES OF BRAND AND GENERIC NAMES

Brand Name	Generic Equivalent
Motrin	ibuprofen
Depakote	divalproex sodium
Prozac	fluoxetine
Zyprexa	olanzapine

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# WHAT'S WRONG WITH THE LABEL?



107

**Happy's Pharmacy Shoppe**  
704-203-3371 Ext. 3339



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

5/20/Year

Matt Damon, RPH

Clooney, George H. (Date of Birth: 5-6-1961)

Procardia XL 10 mg Tablet

QTY 90

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

What's Wrong/Missing? Pharmacy Address, Prescription # (Rx#), Doctor's Name, Dispensing Instructions, Refills



108

**1001 S. Raisinville Rd.  
Monroe, MI 48162  
704-203-3371**



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

RX: 69877

4/10/Year

Sara Dee (Date of Birth: 4-23-1942)

**TAKE BY MOUTH AT BEDTIME**

Ativan (lorazepam) Tablets

QTY 30

REF 2

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

What's Wrong/Missing? Name of Pharmacy, Doctor's Name, Pharmacist's Name, Strength, Dispensing Instructions



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**Key West Pharmacy Shoppe  
1001 Salt Shaker & Salt Rd.  
Key West, Florida  
704-203-3371**



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

RX: 57962

R.L. Margaritaville, RPH

4/20/Year

Dr. Jimmy Buffet, M.D.

Take one capsule by mouth before meals and at bedtime.

Take no more than 4 times a day.

Prilosec (omeprazole) Tablet

QTY 120 capsules

**0 Refills**

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

What's Wrong/Missing? Name of Patient, Patient's Date of Birth, Strength, Both Capsule and Tablet are written



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# TRANSCRIBING



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## WHAT IS TRANSCRIBING?



- Transcription is the transfer of information from medication orders and pharmacy labels to a consumer's chart and Medication Administration Record (MAR).
- Transcribing is an important part of administering medication safely. Dangerous errors can occur if you do not write down prescription information correctly.



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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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# MEDICATION AND TREATMENT RECORD

- Document medications on the Medication and Treatment Record, or Medication Administration Record (MAR).
- Some sites may have a variation of this form.
- The MAR has the consumer's name, identification number, allergies, site or house name, initials, and signatures of staff.

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## MEDICATION ADMINISTRATION RECORD

- The medication's written prescription, the prescription label, and the Medication Administration Record (MAR) must be **EXACTLY** the same.
- Remember the **THREE (3) RULE**.
- If there are any discrepancies, do not administer the medication, you must call your supervisor, prescriber and pharmacist for clarification, get the discrepancy corrected and complete an Incident Report (IR).

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## DOCUMENTING ON THE MEDICATION ADMINISTRATION RECORD

- Do NOT use white-out on the Medication Administration Record (MAR). If you make an error, you must draw one line through the error, initial and rewrite correctly. 
- Use only ink pen. 
- Write clearly and legibly, there should be no room for guessing. If you cannot read the entry, contact your supervisor for clarification and complete an incident report (IR).
- The person administering the medication must document.

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## DOCUMENTING ON THE MEDICATION ADMINISTRATION RECORD

- In the specialized residential setting, all medications must be documented, including OTC or non-prescription medications.
- The first time you document the administration of a medication on the Medication Administration Record (MAR), sign your name, title, and initials at the top of the page.
- STAT, single dose, and As Needed (PRN) medications must be recorded on the Medication Administration Record (MAR).
- Any codes used must be explained at the bottom/back of the Medication Administration Record (i.e. LOA for leave of absence).
- If a medication is not given, circle (preferably in red) and explain on the back why it was not given, inform your supervisor, and complete an Incident Report (IR).

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## DOCUMENTING ON THE MEDICATION ADMINISTRATION RECORD

- **Discontinuation of a Medication:**
  - If an order is received to discontinue a medication, put a line after the last given dose, write DISCONTINUED, date and initial the entry, inform your supervisor and document it in the communication log.
  - Remember, you must also receive and have a written Discontinuation Order on file.

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## DOCUMENTING ON THE MEDICATION ADMINISTRATION RECORD (MAR)



Document a medication was given **IMMEDIATELY AFTER** administering the medication!!!

It should NOT be recorded ahead of time or at a later time.

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## ABBREVIATIONS & SYMBOLS

- When you are transcribing a prescription onto the Medication Administration Record (MAR), write clearly, and avoid using ANY abbreviations.
- All sites must have a list of abbreviations posted for you to refer to when transcribing onto the Medication Administration Record (MAR). This is to be used as a reference so that you can transcribe an abbreviation on the prescription to its complete meaning on the Medication Administration Record (MAR).
- The only abbreviations that are allowed on Medication Administration Record (MAR) are mcg, mg, gm, mL and other measuring units.
- Prescriptions and Handwriting can be hard to read...
  - Never guess at an abbreviation because serious errors can occur  
---- call the pharmacy or prescriber to clarify and make sure!
- You will not be responsible for memorizing these abbreviations, that is why your facility must provide you with a reference list.



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# MCMHA “DO NOT USE” ABBREVIATION LIST”



<b><u>Abbreviation</u></b>	<b><u>Potential Problem</u></b>	<b><u>Preferred Term</u></b>
U (unit)	Mistaken as zero, four, or cc	<b>Write “unit”</b>
IU	Mistaken as IV or the number 10	<b>Write “international unit”</b>
Q.D.-daily	Mistaken for each other.	<b>Write “daily” and “every other daily”</b>
Q.O.D.-every other daily	The period after Q can look like an I	
Trailing zero (x.o mg)	Decimal point is missed	<b>Never write a zero by itself after a decimal point.</b>
Lack of leading zero (.x mg)		<b>Always use a zero before a decimal point</b>
MS	Confused for one another.	<b>Write “morphine Sulfate” or “magnesium sulfate”</b>
MSO <sub>4</sub>	Can mean morphine sulfate or magnesium sulfate	
MgSO <sub>4</sub>		
Ug (for microgram)	Mistaken for “mg” Resulting in one thousand-fold dose	<b>Write “mcg”</b>

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# MCMHA “DO NOT USE” ABBREVIATION LIST”



<b><u>Abbreviation</u></b>	<b><u>Potential Problem</u></b>	<b><u>Preferred Term</u></b>
T.I.W. (for three times a week)	Mistaken for “three times a day” resulting in an overdose.	<b>Write “three times weekly” or “3 times weekly”</b>
c.c. (for cubic centimeter)	Mistaken for “u” (units) when poorly written	<b>Write “ml” for milliliters</b>

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# ABBREVIATIONS & SYMBOLS

Abbreviation	Meaning	Abbreviation	Meaning
q	Every	c̄	With
q̄	Without	PRN	As needed
Tbs or T	Tablespoon	tsp	Teaspoon
HS or hs	Bedtime	pc	After meals
mL	Milliliter	ac	Before meals
i	One	BID	Twice a day
iii	Three	TID	Three times a day
gtt	Drop	QID	Four times a day

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## ABBREVIATIONS & SYMBOLS

Abbreviation	Meaning	Abbreviation	Meaning
BID	Two times a day	mg	Milligram
TID	Three times a day	ac	Before Meals
INS	Intranasal	ER	Extended Release
PO	By Mouth (Oral)	h	Hour
q	Every	AM	Morning
HS	Bedtime	PM	Afternoon
PRN	As Needed	gtts	Drops
OU	Both Eyes	mcg	Microgram

**1) citalopram 40 mg, 1 tablet, once a day, PO**

Name of Medication: **citalopram**

Strength: **40 mg**

Amount: **1 Tablet**

Dose: **40 mg**

Frequency: **Once a Day**

Route: **By Mouth (Oral)**

Special Instructions: **None**

**3) Xanax 1 mg, 1 tablet, TID, PO**

Name of Medication: **Xanax**

Strength: **1 mg**

Amount: **1 Tablet**

Dose: **1 mg** (Dose is what is ingested at one time, not an entire day's worth)

Frequency: **Three Times a Day** (Will be dosed with 1mg three times a day)

Route: **By Mouth (Oral)**

Special Instructions: **None**

**2) divalproex sodium 250 mg ER, 3 tablets, BID, PO**

Name of Medication: **divalproex sodium**

Strength: **250 mg ER (Extended Release)**

Amount: **3 Tablets**

Dose: **750 mg** (250 mg + 250 mg + 250 mg)

Frequency: **Two Times a Day**

Route: **By Mouth (Oral)**

Special Instructions: **None**

**4) acetaminophen 325 mg, 2 tablets, every 4-6 hours PRN, for headache, fever, PO**

Name of Medication: **acetaminophen**

Strength: **325 mg**

Amount: **2 Tablets**

Dose: **650 mg** (325 mg + 325 mg)

Frequency: **Every 4-6 Hours As Needed**

Route: **By Mouth (Oral)**

Special Instructions: **For Headache, Fever**

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**TRANSCRIBING: Discontinuation Order**

**March 5, Year: 1:00 PM  
Discontinuation Order**

Vincent Winthrop (Date of Birth: 02-02-1962)  
Date: March 5, Year  
Discontinue alprazolam (Brand Name is XANAX)  
Doctor's Signature: *Dr. S. Davidson, MD*



**Discontinuation of an Existing Medication on the MAR**

- Answers are written in **Blue**
- Draw a straight line from March 5<sup>th</sup> thru to March 31<sup>st</sup>
  - Write the full word, "DISCONTINUED", Discontinuation Date, Your Initials
  - Put your initials and your signature on the bottom of the MAR
  - Complete the Progress Note – Date of Discontinuation Order, Time of Discontinuation Order, Your Initials, Brief Description of Discontinuation Order, Add your initials to the Progress Note, Sign the Progress Note

**March (Year) MEDICATION ADMINISTRATION RECORD**

Prescription Date: 2-1-Year Generic: alprazolam Brand Name: XANAX Strength: 1 mg Amount: 1 Tablet    Route: By Mouth Dose: 1 mg Frequency: Once a Day Doctor: Dr. S. Davidson, MD Special Instructions: At 8:00 AM Transcriber's Initials: KB    Date: 2-1-Year	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	8 am	KB	KB	RN	RN	KB																										

**DISCONTINUED 3-5-Year "Your Initials"**

Name: Vincent Winthrop Date of Birth: 2-2-1962 No Known Drug Allergies	CODES	Init	Signature
	DP = Day Program	YI	Your Signature
	LOA = Leave of Absence	KB	Karl Burke
	W = Work	RN	Reggie Newton

**PROGRESS NOTE**

Date	Hour	Initials	
3-5-Yr	1:00 pm	YI	Dr. Davidson discontinued Xanax (alprazolam) 1 mg
Initials	Signature	Initials	Signature
YI	Your Signature		
KB	Karl Burke		
RN	Reggie Newton		

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**TRANSCRIBING: New Med on 3-5-Year at 1:00 pm**  
Answers are in **Blue**

**3-5-Year 1:00 PM New Prescription Order**

Vincent Winthrop [Date of Birth: 2-2-1962]    Date: March 5, Year  
clonazepam 1 mg (Brand Name is KLOPININ)  
Take One Tablet by Mouth Once Daily at 8 AM  
Refills: 2    Quantity: 30 Tablets  
Doctor's Signature: *Dr. S. Davidson, MD*



**3-5-Year Matching Pharmacy Label**

RX# C284-9726    ABC Pharmacy    Date: 3-5-Year  
R.L. Smith, RPH    20 Main Street, Any Town, MI 09111  
Phone: 555-555-1212

Dr. S. Davidson, MD



Vincent Winthrop [Date of Birth: 2-2-1962]  
clonazepam 1 mg (Brand Name is KLOPININ)  
Take One Tablet by Mouth Once Daily at 8 AM

Refills: 2    Quantity: 30 Tablets  
\*Discard this medication 1 year after date dispensed

**March (Year) MEDICATION ADMINISTRATION RECORD**

Prescription Date: 3-5-Year Generic: clonazepam Brand Name: KLOPININ Strength: 1 mg Amount: 1 Tablet    Route: By Mouth Dose: 1 mg Frequency: Once a Day Doctor: Dr. S. Davidson, MD Special Instructions: At 8:00 am Transcriber's Initials: YI    Date: 3-5-Year	Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	8 am	X	X	X	X	X																										

Name: Vincent Winthrop Date of Birth: 2-2-1962 No Known Drug Allergies	CODES	Init	Signature
	LOA = Leave of Absence	YI	Your Signature
	W = Work	KB	Karl Burke

**Progress Note**

Date	Hour	Initials	
3-5-Year	1:00 pm	YI	Dr. Davidson prescribed Klonopin (clonazepam) 1 mg once a day at 8:00 am
Initials	Signature	Initials	Signature
YI	Your Signature		
KB	Karl Burke		
RN	Reggie Newton		

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**TRANSCRIBING: New Med on 3-5-Year at 1:00 pm**  
 Answers are in **Blue**

**3-5-Year 1:00 PM New Prescription Order**

Vincent Winthrop [Date of Birth: 2-2-1962] Date: March 5, Year  
 ibuprofen 200 mg (Brand Name is MOTRIN)  
 Take two tablets, by mouth, Every 6 Hours As Needed  
 For knee pain,  
 Do not give more than 4 doses in 24 hours  
 Quantity: 124 Tablets Refill: 2  
 Doctor's Signature: *Dr. S. Davidson, MD*



**3-5-Year Matching Pharmacy Label**

RX#287-97226 Date: 3-5-Year  
 R. L. Smith, RPH ABC Pharmacy  
 20 Main Street, Any Town, MI 09111  
 Phone: 555-555-1212  
 Dr. S. Davidson, MD  
 Vincent Winthrop [Date of Birth: 2-2-1962]  
 Ibuprofen 200 mg (Brand Name is Motrin)  
 Take Two Tablets by Mouth Every 6 Hours As Needed  
 For Knee Pain, Do not give more than 4 doses in 24 hours  
 Refills: 2 Quantity: 124 Tablets  
 \*Discard this medication 1 year after date dispensed



**March (Year) MEDICATION ADMINISTRATION RECORD**

Prescription Date: **3-5-Year**  
 Generic: **ibuprofen**  
 Brand Name: **MOTRIN**  
 Strength: **200 mg**  
 Amount: **2 Tablets** Route: **By Mouth**  
 Dose: **400 mg**  
 Frequency: **Every 6 Hours As Needed**  
 Doctor: **Dr. S. Davidson, MD**  
 Special Instructions: **For Knee Pain**  
 Do not give more than 4 doses in 24 hours  
 Transcriber's Initials: **YI** Date: **3-5-Year**

Hour	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>P</b>	X	X	X	X																											
<b>R</b>	X	X	X	X																											
<b>N</b>	X	X	X	X																											
	X	X	X	X																											

CODES	Init	Signature	Init	Signature
DP = Day Program	<b>YI</b>	<i>Your Signature</i>		
LOA = Leave of Absence			KB	<i>Karl Burke</i>
W = Work			RN	<i>Reggie Newton</i>

Name: **Vincent Winthrop**  
 Date of Birth: **2-2-1962**  
 No Known Drug Allergies

Date	Hour	Initials	Progress Note
3-5-Yr	1:00 PM	YI	Dr. Davidson prescribed Motrin (ibuprofen) every 6 hours as needed for knee pain
Initials	Signature	Initials	Signature
YI	<i>Your Signature</i>		
KB	<i>Karl Burke</i>		
RN	<i>Reggie Newton</i>		



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# MAKING THE MOST OF A MEDICAL APPOINTMENT

This is a guide to help staff make the most of medical appointments, both in getting and providing necessary information, and to allow consumers to communicate and to be part of the appointment.

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# MAKING THE MOST OF A MEDICAL APPOINTMENT



## **What To Bring:**

1. The Medication Log.
2. The consumer's medical book.
3. A consultation form with consumer information included.
4. A current Medication Administration Sheet (MAR), including information on As Needed (PRN) use.
5. Complete list of allergies.
6. Information on the reason for the appointment: chief complaint, signs/symptoms, etc... **KNOW WHY YOU ARE THERE.**
7. Seizure record if applicable (neuro, annual exam).
8. Menses record for Annual physical or OB/GYN exam

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## BEFORE THE APPOINTMENT



- Ask the consumer what they want to talk with the doctor about
- Write a list of all the questions and issues the consumer wants to address
- If the consumer has a guardian, ask if they have anything they want the doctor to know
- Write down any concerns and questions you would like the doctor to address.
- Bring the list to the appointment.

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## MAKING THE MOST OF A MEDICAL APPOINTMENT



### During the Appointment:

- Enable the consumer to be part of the appointment as much as possible.
- Help them to say as much as possible, even when speech is difficult (staff providing additional information only as necessary).
- Nonverbal consumers can hand a completed consultation form to the prescriber that states the reason for the appointment, medications, and allergies.
- Speak to the consumer, not about them.
- Consumers have feelings that need to be recognized. Staff may need to remind doctors or other healthcare professionals of this.

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## MAKING THE MOST OF A MEDICAL APPOINTMENT

### After the Appointment:

1. Make sure the doctor writes down all orders and instructions. Make sure you understand any orders or instructions before you leave the office. If anything is unclear ask questions. Make sure the consultation form is completed and you have copies of all the prescriptions. Remember ALL medications, whether prescription or non-prescription, must have a written order.
2. Fill the prescription(s) and keep copies of all prescriptions in the consumer's chart.
3. Make sure that you understand that medication's purpose, directions for administration, and possible side effects/ adverse effects.
4. Make sure the medication does not contain anything the client is ALLERGIC to, if unsure ask.

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# MAKING THE MOST OF A MEDICAL APPOINTMENT

## After the Appointment:

5. At home record the new order on the Medication Administration Record (MAR) as soon as possible. This might include discontinuing a medication etc..
6. Alert staff through the communication log of the appointment and any new orders.
7. Make sure any follow up occurs as ordered and paperwork is properly filed.
8. If the medication is to be given at school/work/day setting, a separate pharmacy bottle must be obtained.
9. Make sure a medication consent has been obtained prior to administering a psychotropic drug (for behavior, mood, sleep, seizures, sedation) from the consumer or guardian.

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## PREPARATION & ADMINISTRATION OF MEDICATIONS

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## PREPARING TO PASS MEDS, OR “SETTING UP MEDS”

- It will be your responsibility to make sure your consumers get all of their medications safely, accurately, and in a timely manner.
- Prepare one person’s medication at a time.
- Check each consumer’s medication record to see if the consumer is scheduled to receive medication on your shift.



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## MEDICATION PREPARATION

- Have the written **Prescription, Pharmacy Labeled Bottle,** and **Medication Administration Record (MAR)** in front of you. (**The 3 Rule**)
- Concentrate on this task only. Avoid interruptions.
- Always wash your hands before preparing medication and use a clean technique while passing meds
- Prepare medications in a clean, well-lit, and quiet work area.
- Check for allergies: Make sure any medication or food allergies are noted on the front of the chart in a brightly colored label and on the Medication Administration Record (MAR).

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## MEDICATION PREPARATION

- Review the list of medications that the consumer is scheduled to receive on your shift—if you are not familiar with a medication you are going to administer, you **MUST** check with the pharmacist, MCMHA nurse, or an approved medication book to find out the following **BEFORE** administering:
  - Desired (therapeutic) effect
    - purpose, what the med is supposed to do
  - Time it takes to work
    - when the desired effect should occur
  - Possible side effects/adverse effects and what to do
  - Any special administration or storage instructions
  - Any drug interactions



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## MEDICATION PREPARATION

- Have medication orders for every medication that you are administering to the consumer, including over the counter medications (including sunscreen!).
- Never give a medication prescribed for one consumer to another.
- Keep medications in the original containers from the pharmacy.

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# MEDICATION PREPARATION

- If using a bottle, pour the pill into the cap and then into medicine cup. If using blister packs, pop the medication out into a med cup.
- Pour liquids from the unlabeled side.
- Measure liquid in graduated measuring cups, labeled measuring spoons, or liquid measuring syringes. Do not use kitchen measuring spoons.
- Pour liquids at eye level.
- Note meds that are not supposed to be swallowed (lozenges, nitroglycerin).

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# MEDICATION PREPARATION

- Only administer meds that you have prepared yourself!
- Set up (& pass) meds for only one person at a time!
- If there is anything unusual about the appearance or smell of the medication, **DO NOT GIVE IT** until you check with the pharmacist.

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# MEDICATION PREPARATION



- Information can be obtained from the prescriber, prescriber's nurse, the pharmacist, drug insert/ pharmacy supplied information sheet, or approved drug book.

- IF IN DOUBT, CHECK IT OUT!



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# MEDICATION PREPARATION

- Make sure each consumer has enough medication/prescribed medical supplies AT ALL TIMES.
- Contact the designated staff responsible for reordering medications or prescribed medical supplies when you have one week left in the container. If there is not a designated staff, call the pharmacy for a refill. If the prescription container or prescribed medical supply does not have any refills, contact the prescriber to request and/or make an appointment to obtain refills.

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# MEDICATION PREPARATION

- Be aware of what prescriptions need to be written when the consumer has a medical or psychiatric appointment. All prescriptions must be current and written within 90 days of administration date.
- New prescriptions are to be filled and administered as soon as possible after you receive the prescription.
- **IT IS YOUR RESPONSIBILITY** to make sure there is enough medication or prescribed medical supplies (i.e. glucose monitoring strips) to administer/use at the specified time.

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# MEDICATION PREPARATION

If there is not enough medication to administer the proper dose:

1. Contact the pharmacy immediately.
2. Contact your supervisor.
3. Complete an Incident Report.
4. Obtain the medication as soon as possible.
5. Contact the prescriber and MCMHA nurse.



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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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## PROTOCOL FOR ADMINISTERING MEDICATION

1. **Positively identify the consumer prior to administering the medication.**
  - You must have at least **TWO** identifying methods.
  - a. **Knowledge of the consumer by Name and Date of Birth**
  - b. **Have another staff member identify the consumer.**
  - c. **Have a photo of the consumer in the medication chart.**
  - d. **Ask for identification with picture (i.e. Michigan ID or license)**

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## PROTOCOL FOR ADMINISTERING MEDICATION

2. Wash your hands and have a clean work area.
3. Prepare only one client's medication at a time.
4. Compare the label of the medication container with the medication record three (3) times to ensure accuracy as follows:
  - a. As the container is taken from the storage area.
  - b. Before the medication is removed from the container.
  - c. Before the container is returned to the storage area.

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## PROTOCOL FOR ADMINISTERING MEDICATION

5. **Remember the Three (3) Rule:** Compare the Prescription Order to the Pharmacy Label and to the Medication Administration Record (MAR).. If all three do not match, DO NOT GIVE the medication until you have checked with the pharmacist, supervisor or physician.
6. **Prepare according to the SIX RIGHTS:** prepare the Right Medication in the Right Dosage at the Right Time by the Right Route for the Right Person and complete the Right Documentation.
7. Follow any special instructions written on the pharmacy label or attached to the container.
8. Pour liquid medication from the unlabeled side at eye level then wipe off any excess with a paper towel.

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## PROTOCOL FOR ADMINISTERING MEDICATION

9. If you are using a bottle of capsules or tablets, pour the quantity needed into the lid and then pour them into a med cup. Once the medication is in the med cup it is considered contaminated and cannot be placed back into the original bottle. If it is not taken you must dispose of the medication according to policy and procedure for your setting.
10. Tell the consumer the name of the medicine, why the prescriber ordered the medication and what the administration procedure will be (even if the person is non-verbal). It is important for the consumer to understand why he is taking the medication.
11. Provide privacy.

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## PROTOCOL FOR ADMINISTERING MEDICATION

12. Assist the consumer to take medication safely by:
  - Positioning the head correctly for easier swallowing
  - Giving adequate water to aid in swallowing
  - Notify nurse if consumer is having trouble swallowing pills
  - Remain with the consumer until they swallow the medication.
13. Administer only medication that **you** prepare.
14. Observe, document, and report consumer's response to medication
15. Wash your hands, clean the area, and go to the next consumer.
16. Protocols for specific administration of Eye Drops, Nose Drops, Suppositories, etc., are presented as an appendix.

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## NEVERS WHEN PASSING MEDICATIONS



- **NEVER** give a person any medication that has not been prescribed by a person licensed to prescribe (physician, NP, PA, or dentist)
- **NEVER** use a medication ordered for one person to treat another
- **NEVER** give a medication to one person from another person's prescription bottle
- **NEVER** give medication from a container from which the label is illegible
- **NEVER** give a medication without an active and verified order
- **NEVER** force someone to take a medication
- **NEVER** pour medication from one bottle to another or re-label a bottle

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## NEVER USE THESE



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## NEVERS WHEN PASSING MEDICATIONS

- **NEVER** give out a medication you did not prepare or “set up”
- **NEVER** change a pharmacy label
- **NEVER** return an unused dose of medication to the bottle
- **NEVER** leave a medication cabinet or cart unlocked or meds unattended
- **NEVER** cut an unscored tablet
- **NEVER** call medications “candy”
- **NEVER** take a telephone medication order from a physician/dentist/NP/PA
- **NEVER** mix medications together unless there is an order from the prescriber

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## NEVER BE AFRAID TO ASK QUESTIONS

- **Safety first!**
- If someone makes fun of you or insults you for asking a question, they are the one with the problem. Stay calm, be polite, and explain that you care about the consumer.

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## MEDICATION ADMINISTRATION AT DIFFERENT LOCATIONS



- If a consumer will be taking a medication at more than one location, for example, in the home AND at work, school or day program, follow these procedures for the specialized residential setting:
  - 1. Tell the pharmacist that the consumer will be taking meds at two different locations. They need two pharmacy-labeled containers, one for each location.
  - The pharmacist needs to know how many pills to put in each bottle. Give him the information he needs to do this correctly (how many days and times per week or month that the consumer will need the medication at the work/school/day setting). Ask the pharmacist to clearly label SCHOOL, WORK, HOME or DAY PROGRAM on each container.

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## MEDICATION ADMINISTRATION AT DIFFERENT LOCATIONS

- 2. Give the original pharmacy labeled container **DIRECTLY** to the appropriate facilities along with a copy of the physician's order.
- 3. Share any information that the physician, pharmacist, or nurse has given you about the medication and the potential response of the person. Be sure that:
  - You **DO NOT** transfer medication from one container to another container for someone else to administer. **ONLY** pharmacists can put pills into containers.
  - Register the correct code on the Medication and Treatment Record, such as LOA or S=School, W=Work, D-Day Program.

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## MEDICATION ADMINISTRATION AT DIFFERENT LOCATIONS



- If a consumer has a leave of absence, the pharmacist should dispense medications to be given while on leave.
- If this is not possible, all medications must be signed out by the family/guardian and sent in the original pharmacy containers.
- Be sure to share all information with the family/guardian that the physician, pharmacist, and nurse have given about the medication and potential response of the consumer.
- When the consumer returns, ask the family/guardian whether the medication was administered and how the client responded.
- Register the correct code on the Medication and Treatment Record when the person was given medication by the family/guardian, and that it was given on a LOA (Leave of Absence).
- Be sure that the medication is returned to the consumer's medication box.

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## SOME COMMON CAUSES OF MEDICATION ERRORS

- The wrong consumer was given a medication
- The wrong medication was given to a consumer
- The wrong dose was given to a consumer
- A liquid medication is given without measuring it with a precise, pharmacist approved measuring cup/device
- A med was administered at the wrong time or not at all
- A med was given by the wrong route

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## SOME COMMON CAUSES OF MEDICATION ERRORS



- There is improper or missing documentation
- A med that was on hold or discontinued is given
- The prescription for a medication was not current within the last 90 days when a medication was given
- An expired medication was given
- There is no valid written prescription with a matching readable pharmacy label and entry in the Medication Administration and Treatment Record
- A medicine was not given from the original container packed by the pharmacist

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## HOW TO PREVENT MEDICATION ERRORS

- Observe the Six Rights of Medication Administration every time you give medications.
- Avoid distractions when preparing, administering, and documenting medications. If you get distracted, start over and double check your work.
- Be knowledgeable about the medications you administer.
- Ask for help from a supervisor, pharmacist, and licensed prescriber's office if you are unsure about anything.
- There is no such thing as a dumb question when it comes to consumer safety.
- Make sure that the medication prescription order is current within 90 days and on file, that the pharmacy label, and that the transcribed entry on the Medication and Treatment Record match. Remember the **THREE (3) RULE**

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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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## PROTOCOL FOR DISPOSING OF DISCONTINUED, CONTAMINATED, OR EXPIRED MEDICATION

- There are several ways to dispose of medications. It is your responsibility to learn and follow the required method that has been approved and adopted by your employer. Each Direct Care Provider Agency is responsible for safe medication disposal. MCMHA does not specify the procedure for medication disposal.
- A physician's order authorizing discontinuation MUST be on file in the person's record for discontinued medications.
- A medication that has been contaminated or expired does not require an order to be destroyed. However, you will have to secure a replacement from the pharmacy and/or prescriber's office if the medication order is still active to ensure that there is enough medication available to administer as prescribed.

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## PROTOCOL FOR DISPOSING OF DISCONTINUED, CONTAMINATED, OR EXPIRED MEDICATION

### **TWO Direct Care Staff, one acting as a witness, must:**

1. Compare the pharmacy label with the prescriber's order to make sure the right medication is being discarded.
2. Destroy the medication beyond possible reclamation by returning unused medication to the pharmacy or by another method that is recommended and approved by local health agencies and pharmacies. Discontinued, expired, contaminated, and recalled medication should be destroyed by an environmentally sound method that has been selected and implemented by your employer.

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## PROTOCOL FOR DISPOSING OF DISCONTINUED, CONTAMINATED, OR EXPIRED MEDICATION

3. Any destroyed or returned medication shall be documented on an 'Expired, Recalled, or Discontinued Medication Inventory Sheet' and an Incident Report must be completed. The disposal of medication should also be noted on the consumer's record/communication log, and include the date, time, and both staff's signatures.
4. All protected health information shall be blocked out or removed and shredded prior to disposal of the container.
5. Never dispose of medications where humans or animals may come in contact with them.

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## PROTOCOL FOR DISPOSING OF DISCONTINUED, CONTAMINATED, OR EXPIRED MEDICATIONS

6. Write **DISCONTINUED** in bold letters on the Medication and Treatment sheet after the last dose or treatment along with the date of discontinuation and the initials of the staff making the entry.
7. Make other staff aware of the discontinuation of the medication.
8. If a medication is prescribed for a specific number of days or doses, the medication is supplied in this amount by the pharmacy and administered until all the medication is gone. However, if the physician decides to increase, decrease, or discontinue a medication before it has all been taken, the remaining medication must be discarded in a safe and thorough manner or returned to the pharmacy. The prescriber must write a new prescription.
9. Replace the expired medication.

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# MEDICATION RECONCILIATION



**In situations when a consumer may have a change in medications** (hospitalization, emergency room or crisis services, doctor appointment) it is important to **STOP** and verify:

- Consents to speak with health providers are in place.
- ALL medication orders are clear and current.
- Medication changes are transcribed correctly.
- Guardian or family, caregivers and staff are notified of changes.
- **Primary care physician and specialists (example- psychiatrist, neurologist) are promptly notified if changes were made.**
- Follow-up appointments are scheduled.



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## WHEN THE CLIENT IS HOSPITALIZED! REMEMBER!



- Clarify all previous orders. Get a new written order for any medication changes.
- Notify family members of hospitalization/ER visits or significant changes in status (especially if the consumer has a guardian)
- The primary care physician/prescriber and all specialists (example-psychiatrist, neurologist) need to have written notice of any medication changes.
- Staff will be responsible for making sure all follow-up appointments occur.
- Do not pass medications if a consumer is in an ER, hospital, urgent care, or being seen at a prescriber's office for a significant status change.

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## LABORATORY VALUES



*After Hours procedure for CRITICAL LAB VALUES*

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## AFTER HOURS PROCEDURE FOR CRITICAL LAB VALUES



- After Hours will be contacted only after 4:45 PM and after reasonable attempts have been made to contact the assigned prescriber, assigned nurse, and assigned clinician (CSM, Supports Coordinator).
- An agency prescriber who has received a lab value that is critical may contact After Hours staff. This will be of an emergent nature and the consumer will need to be contacted via phone or an outreach to the home if there is no phone.
- 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.**

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# 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**

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## MEDICATION SIDE EFFECTS AND SPECIAL CONCERNS

Clients may also have medical conditions or diseases that need treatment with medication. Common problems are - heart conditions, seizures, pain, and diabetes.

### Cardiovascular (Heart) Medications:

- ❖ **Digoxin** (Lanoxin): This drug increases the strength of the heart muscle contractions. Digoxin reduces heart failure symptoms. Monitor heart rate (*may have order to hold med if too low*).
  - Side effects – Dizziness, fainting, fast, pounding, or irregular heartbeat or pulse, slow heartbeat extreme toxicity, increased salivation, increased gag reflex, anorexia, nausea, vomiting, headache, drowsiness, weakness, faintness, visual changes (halo around lights), confusion.
- ❖ **Nitroglycerin**: Is used to prevent angina (chest pain) caused by coronary artery disease. This medicine is also used to relieve an angina attack that is already occurring.
  - Side effects – burning, crawling, itching, numbness, prickling, “pins and needles”, or tingling feelings, difficult or labored breathing, feeling faint, dizzy, lightheadedness, feeling of warmth or heat, flushing or redness of the skin, especially on the face and neck, headache, rapid weight gain, shortness of breath, sweating, tightness in the chest, tingling of the hands or feet, unusual weight gain or loss, wheezing.
  - Special concerns for administration – one tablet should be dissolved under the tongue or in the buccal pouch (cheek) at the first sign of an acute anginal attack (severe chest pain). The dose may be repeated approximately every five minutes, until relief is obtained. If the pain persists after a total of 3 tablets in a 15-minute period, prompt medical attention is recommended.
  - **During administration the patient should rest, preferably in the sitting position.**
  - Storage – keep in a dry, cool, dark place, keep in the prescribed bottle.
- ❖ **Anti-Coagulants**: Decreases the clotting (coagulating) ability of the blood. Sometimes call blood thinners, although they do not actually thin the blood. They do NOT dissolve existing blood clots. Used to treat certain blood vessel, heart and lung conditions, clot prevention.
  - Routs are often started as injections then transition to oral medication.
  - Frequent lab work must be done in order to obtain a therapeutic level of drug and dosing changes.
  - Vitamin K has the opposite effect and increases blood clotting. Clients taking anti-coagulants should avoid foods high in Vitamin K, such as spinach, kale, turnip greens, Swiss chard, and limit those foods moderately high in Vitamin K, such as raw broccoli, romaine, lettuce, green leaf lettuce, spinach and cooked Brussels Sprouts.
  - Examples: Lovenox (enoxaparin), Heparin, Coumadin/Jantoven (warfarin)
- ❖ **Statins** – Used to lower LDL (bad) cholesterol, raise HDL (good) cholesterol and lower triglycerides.
  - Side effects – muscle pain, fatigue and muscle weakness, liver damage, stomachache, diarrhea, constipation, flushing, rash, increased blood sugar, confusion.
  - Caution: The FDA warns on statin labels that some people have developed memory loss or confusion while taking statins.
  - Examples: Mevacor (lovastatin), Lipitor (atorvastatin), Crestor (rosuvastatin).

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## MEDICATION SIDE EFFECTS AND SPECIAL CONCERNS

### Blood Pressure Medications and Side Effects:

All blood Pressure medications can cause blood pressure to go too low. CDC Guideline - Normal Blood Pressure is less than 120/80

**Always** check blood pressure before administering a blood pressure medication. Each individual should have physician orders as to what is too low of a blood pressure for that person since blood pressures may vary from person to person. If Blood Pressure is too low, call the prescriber's office for instructions.

- ❖ **Diuretics** – Flushing excess water and sodium from the body. Can cause too much flushing and make the kidneys off balance.
  - *Common Side Effects:* Increased urination, low sodium (hyponatremia), dizziness, headaches, increased thirst, muscle cramps, increased blood sugar, increased cholesterol, rash, joint disorders (gout), impotence, menstrual irregularities, breast enlargement in men.
  - *Examples:* Microzide/HydroDiuril/Oretic (hydrochlorothiazide), Lasix (furosemide), Lozol (indapamide), Midamor (amiloride).
- ❖ **Angiotensin-Converting Enzyme (ACE) Inhibitors** – These allow blood vessels to widen by preventing a hormone called angiotensin from affecting blood vessels.
  - *Common Side Effects:* Dry cough, persistent cough, increased potassium level (hyperkalemia), fatigue, rash, dizziness, headaches, sleep problems, rapid heartbeat
  - NSAIDs (ibuprofen, naproxen, aspirin, diclofenac, celcoxib, etc) decrease the effectiveness of ACE inhibitors. While taking an occasional dose of these medications shouldn't change the effectiveness of an ACE inhibitor, but avoid taking daily.
  - Can cause birth defects
  - *Examples:* Capoten (captopril), Qbrelis/Zestril (lisinopril), Altace (ramipril)
- ❖ **Angiotensin II Receptor Blockers** – These help blood vessels relax by blocking the action of angiotensin.
  - *Common Side Effects:* Headache, dizziness, lightheadedness, nasal congestion, back and leg pain, diarrhea
  - Can cause birth defects
  - *Examples:* Cozaar (losartan), Benicar (olmesartan medoxomil), Diovan (valsartan)
- ❖ **Beta Blockers** – These work by blocking certain nerve and hormonal signals to the heart and blood vessels, thus lowering blood pressure.
  - *Common Side Effects:* Fatigue, cold hands, headaches, upset stomach, constipation/diarrhea, dizziness, low heart rate or blood pressure.
  - *Examples:* Lopressor/Toprol XL (metoprolol), Corgard (nadolol), Levatol (penbutolol)

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## MEDICATION SIDE EFFECTS AND SPECIAL CONCERNS

### Blood Pressure Medications and Side Effects continued . . .

- ❖ **Calcium Channel Blockers** – These prevent calcium from going into heart and blood vessel muscle cells, thus causing the cells to relax, which lowers blood pressure.
  - *Common Side Effects:* Constipation, headache, rapid heartbeat, dizziness, rash, drowsiness, flushing, nausea, swelling in the feet and lower legs.
  - Avoid grapefruit or grapefruit juice.
  - *Examples:* Norvasc (amlodipine besylate), Cardizem/Dilacor XR (diltiazem), Procardia (nifedipine)
- ❖ **Renin Inhibitors** – Renin is an enzyme produced by your kidneys that starts a chain of chemical steps that increases blood pressure. Meds work to slow down the production of renin, reducing its ability to begin this process.
  - Due to a risk of serious complications, including stroke, you shouldn't take Renin Inhibitors with ACE inhibitors or with ARBs (angiotensin receptor blockers)
  - *Examples:* Tekturna/Rasilez (aliskiren)

### Anti-Seizure Medications:

- ❖ Taken on a regular basis to prevent seizures from conditions such as Epilepsy.
- ❖ Examples of anti-seizure meds are Xcopri (cenobamate), Potiva (ezogabine/retigabine), Gabapentin (Neurontin), Lamictal (lamotrigine), Keppra (levetiracetam), etc.
  - *Side Effects:*
    - Mild – Fatigue, dizziness, weight gain, loss of bone density, skin rashes, loss of coordination, speech problems, memory and thinking problems.
    - Severe – Rare but include depression, suicidal thoughts and behaviors, severe rash, inflammation of certain organs – such as the liver.
    - Older anti-seizure side effects may include liver damage, nausea, vomiting, double vision, loss of coordination, drowsiness, headache
      - *Examples of Older Anti-Seizure Med:* Carbatrol/Tegretol (carbamazepine), Trileptal (oxcarbazepine), Dilantin (phenytoin), Depakote/Belvo/Convulex (valproic acid)
    - *Special Concerns:*
      - Take medications exactly as prescribed
      - Try to take at the same time each day
      - Do not miss doses

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## MEDICATION SIDE EFFECTS AND SPECIAL CONCERNS

### Pain Medications

- ❖ All “Over the Counter” (OTC) medications for pain and prescribed medications for pain require a physician’s order prior to administering any type of pain medication. Pain medication prescriptions may be PRN (on an “As Needed” basis) or daily.
  - **NSAIDS** – (Non-Steroidal Anti-Inflammatory Drugs) Some can be purchased over the counter.
    - Examples: Aleve (naproxen), Motrin/Advil (ibuprofen), Aspirin (Bufferin, Bayer)
      - Side Effects: Bleeding and irritation in the stomach. This bleeding usually occurs after long-term use but can also occur with short-term use. Long-term use can also affect the kidneys (Black stool or blood in the stool is a late sign of stomach bleeding).
      - Examples of NSAIDS that need a prescription to purchase: Nalfon (fenoprofen), Ansaid (flurbiprofen), Indocin/Indocin-SR/Tivorbex (indomethacin), Toradol (ketorolac), Relafen (nabumetone)
  - **Acetaminophen (Tylenol)** – Can be found in many products for colds and flu as well as for pain.
    - Side Effects: Liver damage in high amounts or long-term use. Symptoms of liver damage are nausea and vomiting within 12-24 hours after taking acetaminophen.
    - **Persons should not take more than 3000 mg per day**
  - **Narcotics**
    - Examples: Morphine, OxyContin (oxycodone), Duragesic Patch/Fentora (fentanyl), Opana (oxymorphone), Methadose (methadone), Demerol (meperidine)
    - Side Effects: Addiction, constipation, breathing slowing, dry mouth, nausea, sedation, tremor
    - Special Concern: anyone taking narcotics should treat possible constipation by maintaining a high fluid intake, high fiber diet, and using stool softeners as directed by the prescriber
    - Routs: Oral, injections, patches – such as Fentanyl patches or lidocaine patches. Patches are only for use on skin, they come prepackaged and should be removed from the sealed package only when ready to use them. Place the patch on a clean, dry area of the skin on the chest, upper arm, back or according to the doctor’s instructions. Additional side effects for patches include redness at the site of the patch. Rotation of placement is suggested.

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## MEDICATION SIDE EFFECTS AND SPECIAL CONCERNS

### Diabetes Medications

- Diabetes is a chronic disease of the body’s inability to produce or efficiently use fuel (blood sugar) from foods. The organs and especially the brain need blood sugar to function and survive. Therefore, persons with diabetes need medications to help the body use the foods they ingest for fuel. This medicine can be in the form of oral tablets or by injection.
  - Oral Medications can work in different ways:
    - Work by delaying carbohydrate absorption in the small intestine
      - Examples: Precose (acarbose), Glyset (miglitol)
        - Side Effects: Bloating, gas, diarrhea
    - Work by reducing insulin production in the liver
      - Examples: Glucophage/Glucetza/Riomet/Fortamet (metformin)
        - Side Effects: Diarrhea, upset stomach, gas
    - Improves the use of insulin in the muscles and fat cells
      - Examples: Avandia (rosiglitazone), Actos (pioglitazone)
        - Side Effects: Weight gain, Swelling
    - Help the pancreas make more insulin
      - Examples: Prandin (repaglinide), Starlix (nateglinide), Glucotrol (glipizide), Amaryl (glimepiride)
        - Side Effects: Nausea, Too low of blood sugar
  - **Insulin** – Insulin is given by direct care staff **only after the staff has gone through an insulin training approved by Monroe Community Mental Health Authority**
  - **This training DOES NOT prepare or certify you to give injections**

Short Acting Insulin	Works in 15 min	Peaks in 1 Hour	Lasts for 4-5 Hours
Intermediate Acting Insulin	Works in 30-45 min	Peaks in 2-3 Hours	Lasts for 6 Hours
Long Acting Insulin	Works in 2-4 Hours	Peaks in 10 Hours	Lasts 10-16 Hours

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## MEDICATION SIDE EFFECTS AND SPECIAL CONCERNS

### Diabetes Medications Continued . . .

- ❖ **All diabetes medications can produce too low of blood sugar which can be a medical emergency if too low.**
  - This can happen if the client didn't eat the food he/she was supposed to eat, at the time he/she was supposed to eat it, if they are sick with fever, or if they do more physical activity than usual.
- ❖ **Goal Blood Glucose Levels** – 60 – 120 or individualized to the client. This is determined by a finger stick blood glucose check. Blood sugars should be checked according to the physician's orders – usually before or after meals, before the administration of diabetes medications or if low or blood sugar levels are suspected.
- ❖ **Concerns** – All finger sticks with the glucometer require a physician's order. Some people can be on a sliding scale for insulin, this is individualized and created by the physician. Documents all finger stick readings and the action taken according to the blood sugar readings.
  
- ❖ **Hypoglycemia (Low Blood Sugar) Signs and/or Symptoms:**
  - DROWSINESS
  - Dizziness
  - Faintness
  - Headache
  - Palpitations and/or Increased Heart Rate
  - Confusion and/or Change in Behavior - Irritability
  - Double Vision
  - Pale or Pallor Bleached Out
  - Chills or Sweating (Diaphoretic)
  - Shaking
  - Nervousness or Anxiety
  - Hunger
- ❖ When Hypoglycemia (Low Blood Sugar) is suspected or you observe signs of hypoglycemia, hold the oral medication, check blood sugar level and treat according to physician's order.

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## MEDICATION SIDE EFFECTS AND SPECIAL CONCERNS

### Diabetes Medications Continued . . .

- ❖ **To Treat Hypoglycemia**
  - This can be an emergency! Call 911 if client is not able to take in fluids or able to eat and/or use Glucagon as directed.
  - When blood sugar level is below 60 (or what the physician orders as being too low), offer 4 ounces of juice or regular soda (not diet soda), a snack or use Glucagon as directed
    - Glucagon administered only after successful completion of Insulin Training
  - Recheck blood glucose after 15 minutes and repeat if necessary.
  - Continue to monitor for signs of low blood sugar.
  - Notify the physician for frequent blood glucose levels below 60.
- ❖ **Glucagon (Injection Route)**
  - It is an emergency medication used to treat severe hypoglycemia (low blood sugar) in patients with diabetes who have passed out or cannot take some form of sugar by mouth.
  - In order to administer Glucagon you must have successfully completed Insulin Training approved by Monroe Community Mental Health Authority (MCMHA)
  
  - **This training DOES NOT prepare or certify you to give injections**

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# YOUR JOB IS IMPORTANT

At some time while you are working, you may feel confident about administering medication, and perhaps you will be in a hurry because something else needs to get done.

You may think that it is safe to pass a medication without following all of the steps and procedures you learned today or without thinking about what you're doing.

**THIS** is the time when you are most likely to make a mistake, and any mistake could cause a person to become ill or even die!

Always remind yourself when you get ready to pass meds that this is very serious business, and that you must take a deep breath and take time to do all the steps, and take all the precautions, no matter what!

You are caring for consumer who are unable to safely take their medications, and their health and safety is entrusted to your care.



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# THANK YOU!

Thank you for your attention today.

You are helping consumers to lead safer and healthier lives.

Please let us know if you have any questions or concerns, and any feedback for this course.



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