



CHEYENNE VILLAGE

SERVING ADULTS WITH DEVELOPMENTAL DISABILITIES

Medication Administration

Student Manual

****You must read this manual and syllabus and complete the review sections prior to class date.**

Recommended Videos

<https://youtu.be/4VDZNdgmkB4>

<https://youtu.be/OgtM75IT8fl>

<https://youtu.be/HIisqFmuoQs>

Cheyenne Village, Inc.
Medication Administration Manual

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Introduction

Objectives of the Course

- To accurately administer medications to individuals in Developmental Disabilities Services approved programs: Day Habilitation Services and Supports (DHSS), Group Residential Services and Supports (GRSS), Individual Residential Services and Supports (IRSS), Adult Supported Living Services (SLS), Children’s Extensive Services (CES).
- To administer medications according to written physician or other authorized practitioner orders.
- To maintain proper documentation of the administration of both prescription and non-prescription medications.
- To use the proper techniques when administering medications by the various routes.
- Safe administration of medications according to written physician's orders
- Maintaining proper documentation of the administration of both prescription and non-prescription drugs
- Use of proper techniques when administering medications by the various routes
- You will know and demonstrate mastery of the following:
 - A. Comprehension of important guidelines
 - B. Use and forms of drugs
 - C. Medication orders
 - D. Documentation
 - E. Medication reminder boxes
 - F. Steps of procedures
 - G. Medication errors
 - H. Medication storage
- Safely and accurately fill and administer medications to and from medication reminder boxes with oversight from a licensed person or qualified manager

At the completion of this course, you should be able to demonstrate:

- ✓ Proper reading, understanding and transcribing of physician’s orders
- ✓ Safe administration of medications via multiple "routes" (ingested, applied, inhaled, inserted) in designated settings using written physician orders according to the "6 rights of administration"
- ✓ Documentation of medication administration according to state board of health regulations
- ✓ SAFE administration of medications from Medication Reminder Boxes (MRB)

Authorized Settings

1. Assisted living residences.
2. Alternative care facilities.
3. State certified adult day programs.
4. Residential Child Care Facilities
5. Developmentally Disabled (with additional training from PASA)

FOR THIS COURSE MEDICATION ADMINISTRATION IS:

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

SCOPE OF PRACTICE:

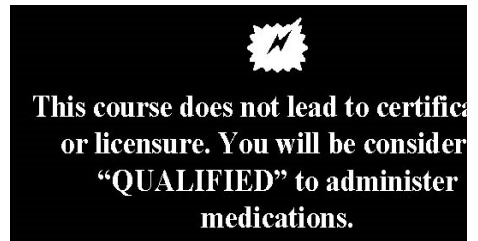
A QMAP is permitted to administer medications via oral, sublingual, ear, eye, topical, nasal, inhalant, rectal and vaginal routes, and via a gastrostomy tube after additional approved training and under supervision of licensed nurse.

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

A QMAP may NOT give a medication by any type of injection; nor can the QMAP give ANY medication without a properly completed and signed (by a physician or other authorized practitioner), not even an over-the-counter medication or treatment.

Requirements

1. You must pass the written test with a minimum score of 85%.
2. You must score 100% in the practicum exam to pass the course;
 - a. this includes hands on demonstrations and filling an MRB.
3. You should keep your original completion letter and recognition of completion document. A copy must be provided to your employer.
4. Employers must provide “on the job training and mentoring” for all QMAPs.
5. You will know the difference between monitoring, administration and self - administration of medications.



Cautions

1. This course does **not** lead to certification or a license. Upon successful completion of this course you will receive a provisional letter of completion authorizing you to administer prescription or nonprescription medications in various settings as set forth in the law. You will be considered **qualified** to administer medications, as a Qualified Medication Administration Person (QMAP).
2. Persons successfully completing this course are not trained or authorized to make any type of judgment, assessment or evaluation of medications.
3. You may be required to **retake** an approved medication course and competency evaluations if the employer agency determines the need or requires such training
4. Every employer using QMAP’s must have QMAP sign a disclosure statement that he or she has never had a QMAP qualification, a professional license to practice nursing, pharmacy, or medicine revoked in ANY state for reasons related to the administration of medications. If you have, you **must** disclose the information on the disclosure form. **A copy of the disclosure form is required to be provided to employer.**
5. **FEES policy.** Your paid fees will be forfeited if you are registered for a class/testing and do not attend or miss any portion of without making appropriate arrangements with the instructor.
6. **Cheyenne Village will register your successful completion of training after the course.**

M.A.N.E.

As a QMAP and individual providing support to vulnerable adults, you are required to prevent (to the best of your ability) report any suspicions regarding abuse, neglect, misappropriation of a client's property, or exploitation of a client. Adults with intellectual and developmental disabilities are at risk for M.A.N.E. due to their lack of ability in interpreting social cues, inability to report problems or concerns, inability to understand self-safety measures and more. The definitions of abuse, neglect, mistreatment and exploitation (M.A.N.E.) will be reviewed during agency orientation. If you suspect that abuse, neglect, mistreatment or theft is occurring you need to report it to your team leader or EOC. As you are working you need to be aware of what your co-workers are doing. Knowledge of what constitutes abuse, neglect, or mistreatment will help you prevent such occurrences. Substantiated allegations for M.A.N.E. or misappropriation will be reported to the proper authorities such as the police and the state. -

M - mistreatment – not affording the client the respect and dignity due anyone

A – abuse – mental, physical, emotional, sexual, financial

N – neglect – the deliberate withholding of care to an individual that they need to get through each day happy and healthy.

E – exploitation – using the individual being cared for in such a way the benefits the care giver.

*Misappropriation – fancy term for stealing; this can be goods such as food as well as money.

CAUTIONS:

- This is NOT a course that leads to certification or licensure to administer medications. If you have passed this course you are considered **QUALIFIED** to administer medications, a **Qualified Medication Administration Personnel (QMAP)**.
- Persons successfully completing this course are **NOT** trained or authorized to make any time of medical or psychological judgment, assessment or evaluation of the individual being assisted.
- QMAPs may **ONLY** administer medications by the state approved routes. *see pg 10-12.
- Completion of this course does NOT allow administration or monitoring of medications by injection, or performing fingers pricks for glucose testing.
- QMAPs MAY NOT administer any medication other than what the physician or other authorized practitioner (e.g. dentist, physician assistant, nurse practitioner, podiatrist, psychiatrist) has prescribed in writing.
- QMAPs MAY NOT take phone orders for any medications including changes in medications or orders.

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

*CHAPTER 1***Objective: Learn the difference between (1) monitoring, (2) administering and (3) client self-administration of medications.**

The authorized practitioner must state, in writing, which option is permitted/required if medication is taken in a designated setting by a client. An authorized practitioner is licensed physician (MD), physician's assistant (PA), nurse practitioner (NP) with prescriptive authority.

Definitions:

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

- Assisting a client in the ingestion, application, inhalation, or
- Insertion of a rectal or vaginal medication according to written directions of an authorized practitioner
- Handing staff-prepared medications to a client
- Making a written record of each medication administered, including both prescription and over the counter drugs

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

- Reminding a specific individual client to take medication at the time ordered
- Delivering a container of medication lawfully labeled to a specific client, if needed
- Observing a specific individual client to make sure s/he took medications
- Making a written record of each medication, with the note "monitored"

Note: Regulations do not require successful completion of a QMAP course if staff only "monitors" and does not "administer" medications to the client.

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

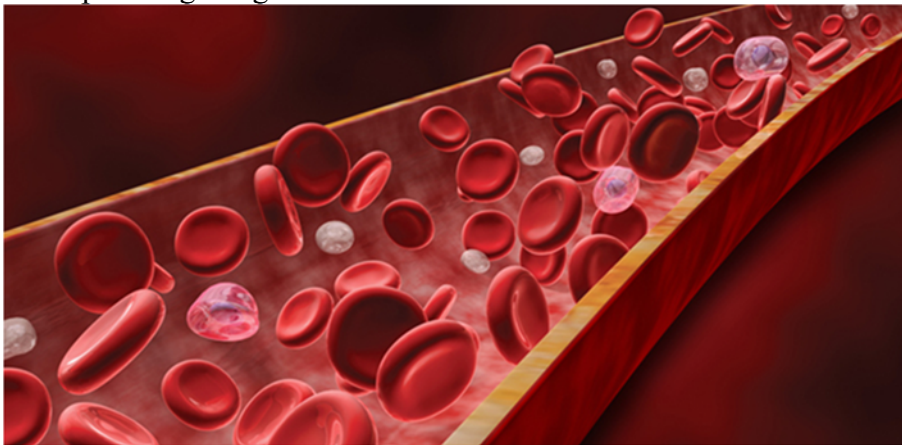
- The client is completely responsible for taking his/her own medications. Staff is not involved other than to ensure safety of other clients and encourage notification of updated information.
- There is no requirement for daily documentation of self-administered medication.
- There should be a note on the plan of care at least once yearly, updated as appropriate, documenting the facility's knowledge of medications being self-administered.
- If a facility administers some medications and a client self-administers some medications the facility must have written physician approval for each self-administered medication

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

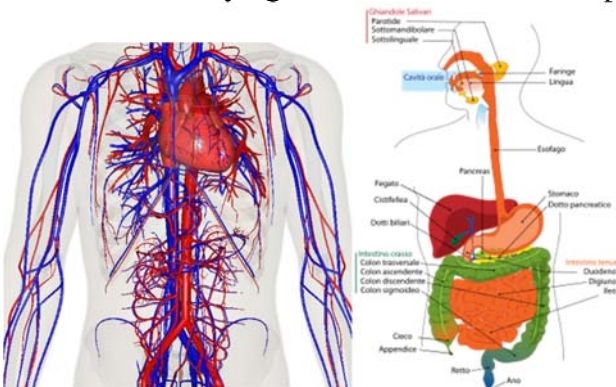
MEDICATION METABOLISM

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

Absorption – getting into the bloodstream.

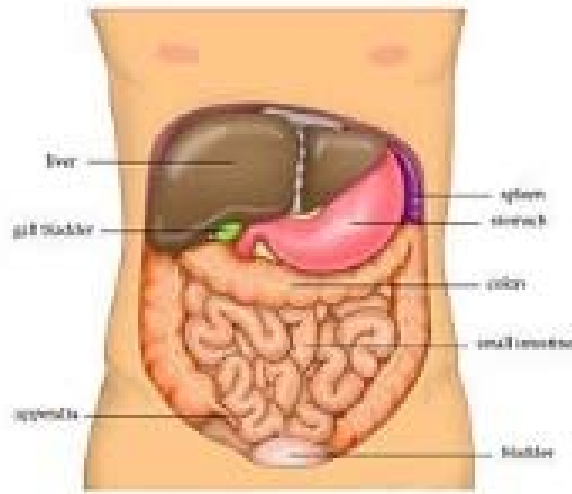
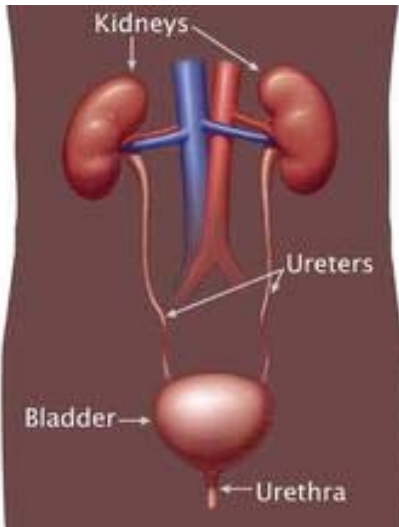


Distribution – carrying the substance to various parts of the body



Biotransformation – Breaking substance down, chemically change the substance.

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



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

ROUTES OF MEDICATIONS

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

- Oral (p.o.) – in the mouth and swallowed



- Sublingual (sl) – under the tongue



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- Topical (top.) – applied to the surface of the skin, this includes patches



- Inhalants – inhaled into the lungs



- Nasal – in the nose

4-5



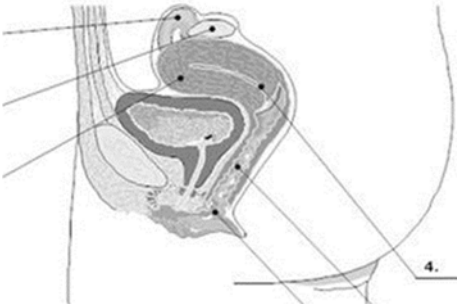
- Otic – in the ears



- Ophthalmic – in the eyes



- Vaginal (vag.) – in the vagina



- Rectal ® - in the rectum

Not able to give:

- Intravenous (IV) – liquid medication placed directly into the bloodstream
- Intramuscular (IM) – liquid medication administered into a muscle
- Subcutaneous (SC) – liquid medication administered into the subcutaneous tissue

This training does not include administration of medications by injection or through tube devices (e.g. G-tube).

MEDICATION FORMS

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

Solid

- Tablet – compressed powder form of medication. Usually flat and round shaped. May be swallowed, chewed, crushed or administered sublingually depending on medication.



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- Scored Tablet – a tablet that has a grooved line across the middle to facilitate in breaking it in half.



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- Enteric Coated – a hard, smooth coating found on tablets and caplets. Not designed to be crushed.



-
- Caplet – a tablet that is shaped like a capsule for ease in swallowing.



Semi-solid

- Gel cap – liquid medication enclosed in a thick gelatin container. Not designed to be opened.



-
- Capsule – gelatin container filled with powder. Generally not designed to be cut, crushed



or opened.

- Spansules – gelatin container filled with medicated small balls that are typically time-released products. May be opened.



-
- Sprinkles – medicated small balls that are typically time released products



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- Suppositories – semi-solid vaginal or rectal medications that melts at body temperature and is absorbed into the tissue.



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- Lozenges – preparations in hard candy form, which are dissolved in the mouth.



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

Liquids

- Syrup – liquid preparation that is water and sugar/starch based. Does not need to be shaken



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- Suspension – liquid preparation that is usually water based with a powdered medication in it. Needs to be shaken prior to pouring.



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- Elixir – liquid preparation that is alcohol based. Does not need to be shaken.

Topicals – includes any form of medication that is applied to the skin

- Transdermal patches – medicated adhesive pad applied to the skin.



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- Creams – water or low oil based preparation for topical use, applied in thin layer.



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- Lotions – thin preparations with or without oils for topical use, rubbed in completely.
- Ointments – oil based preparation for topical use.



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Inhaled medications – placed in the nose or inhaled into the lungs

- Aerosols – medications that has a fine spray application for inhalations.



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- Sprays – liquid medications dispensed in atomizers that propel the medications in droplets.



-
- Inhalants – fine aerosolized medication designed to be inhaled into the lungs.



DOSAGE OF MEDICATIONS

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

Dosage is based on:

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

Dosage amount and frequency is determined by:

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

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

MEDICATION ACTIONS

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

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

EFFECTS OF MEDICATIONS

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

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

An adverse effect that may happen with any medication and that should be considered harmful is an allergic reaction and must be reported immediately to the physician or other authorized practitioner or agency nurse/nurse consultant. Any medication has the potential to cause an allergic reaction if given to a susceptible individual. Allergic reactions may involve many different types of symptoms, which may appear immediately, or after the person has taken several doses of a medication. Allergic reactions may be in the form of mild redness, itching, rashes and/or swelling. Anaphylaxis is the most dangerous type of an allergic reaction. This is a life threatening condition and involves a decrease in blood pressure and spasms of the breathing passages. This type of reaction may occur immediately and/or soon after administration of the medication. For an anaphylactic reaction 911 or the local emergency medical services system should be called **immediately!**

MEDICATION INTERACTIONS

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

CHAPTER ONE REVIEW

1. List one of the purposes for drugs.

2. What is the difference between a solution and a suspension?

3. Does an enteric-coated medication dissolve in the stomach?

4. Local drug actions take place in a specific area of the body.

___ True ___ False

6. Give 3 examples of adverse effects:

5. Give 5 examples of side effects:

8. Identify the medication form.

_____ Compressed form of drug
_____ must be shaken before pouring
_____ dissolves in the mouth
_____ medication given under the tongue
_____ medication breathed into the lungs

- _____ gelatin container for powdered medication
- _____ rubbed onto the skin
- _____ semi-solid medication, melts at body temperature
- _____ mediated adhesive pad applied to the skin
- _____ contains time released medication

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

CHAPTER 2

CATEGORIES OF MEDICATIONS

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

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

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

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

PRESCRIPTION MEDICATIONS

Prescription medications include all medications that MUST be prescribed by a physician or other authorized practitioner and dispensed by a pharmacist. Prescription medications are medications that require oversight by physicians or regulatory agency, due to the type of effect they have, the severity and seriousness of their side effects, the medications is still undergoing testing or other response. They are used to achieve a specific effect on an individual, to target a specific symptom or condition, to change or alleviate the symptom or condition.

Controlled Medications

- Controlled medications are prescription medications that have been legally designated as “controlled substances”. The medications in this category are considered to have a high potential for abuse. For this reason, each individual dose must be accounted for on a medications administration record and a controlled medication count sheet. Each agency has its own procedures and forms for counting controlled medications.
- Controlled medications are classified by a schedule numbered 1-5 based on their use for accepted medical treatment, abuse potential and chance of causing dependence when the medication is abused.
 - Schedule V – these medications have the least about of abuse potential
 - Schedule IV – these medications have an increased abuse potential from SCH V; examples are Xanax and Ativan
 - Schedule III - medications have a lesser chance for abuse and dependence than II and include medications such as Tylenol with codeine and anabolic steroids.
 - Schedule II - medications have a high abuse potential that results in physical and psychological dependence; medications such as oxycodone and morphine.
 - Schedule I medications have no acceptable medical use; these are often street drugs such as ecstasy, cocaine, heroin, and marijuana.
- Due to the abuse potential of controlled medications, they are counted and tracked at

multiple points. When the controlled medication is delivered to a location, the total number of pills (or total amount of medication regardless of form) is counted and signed for. When shifts of staff change, the total amount of controlled medication is counted, that is the container of medication is compared to the count sheet to ensure that they match. This holds each shift (QMAP) accountable for their medication that is given during their shift. When a QMAP gives a controlled medication, the amount is signed out on the controlled count sheet provided by the pharmacy. When there is a discrepancy, that is a difference between the actual amount of medication and what is stated on the count sheet, it can be tracked to determine what occurred, genuine error, mistake or drug diversion.

- Administering controlled medication: to administer a controlled medication, the QMAP should follow the procedure for the form of the medication, i.e. oral medication pill vs. liquid or topical. In addition to initially the MAR for administering the medication as part of the procedure, the medication must be counted before poured, signed out and counted before being put away.

Drug Diversion

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

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

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

- Reports that they are not getting their medications

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

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

MEDICATION NAMES

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

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

Information on medications, such as trade name, generic name, side effects, actions, cautions and drug-drug interactions can be found in many ways. A current published drug reference book is one option. A pharmacy provided drug information sheet is available upon request. Within the eMAR is a link to a pharmacy provided drug data sheet that can also be used. Online sources for medications are available but must be verified for reliability. One reliable source for medication information is Medscape.com.

CARE AND STORAGE OF MEDICATIONS

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

- Medications must be safely locked in a storage container (e.g. lock box or medication cabinet) or stored in a safe place in the person's home at all times except when the individual is taking the medication.



- Medications supplies for each individual must be stored under the proper conditions of sanitation, temperature, light, refrigeration, and moisture (as stated by the pharmacy label or manufacturer instructions).
 - Exposure to excessive heat over a period of time causes deterioration of some medications.
 - Refrigeration is required for some medications because they deteriorate if kept at room temperature. These medications must also be stored in locked storage container in a refrigerator.
 - Exposure to light causes deterioration of some medications. These medications must be kept in a dark bottle
 - Bottles must always be capped when not in use to prevent deterioration of the medication. Many medications undergo chemical changes when exposed to air for a length of time.

- Prescription medications are to be obtained from a licensed pharmacy and are to be labeled with name, address and telephone number of pharmacy, the name of the individual, name and strength of the medication, directions for use, date filled, prescription number, the name of the physician or other authorized practitioner, and the prescription expiration date (if no expiration date is found, the prescription expiration date is one year from the date of being dispensed). NO one should alter the label by writing on it.

- Non-prescription (over-the-counter) medications, including vitamins, herbal remedies, etc. may be purchased and taken provided the following conditions are met:

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

Disposal of medications:

Medications that have been discontinued, changed, expired or without a label (or an illegible label) must be disposed of properly. When medications are discontinued, outdated or expired, client or legal representative, approves or brings the medication to the Cheyenne Village Nursing office. If the client or legal representative prefers to dispose of the medication, instruction on proper disposal will be provided by the nurse. If the medication is returned to the Nursing office for disposal; the Nurse will properly submit the information on the medication being disposed of to the pharmacy first, including controlled medications. Once the information is given to pharmacy, the medication is emptied into the proper container. For controlled medications a drug buster is used; this renders the medication irretrievable and unusable.





Do not flush medicines, vitamins or other supplements down toilet or pour them down drain unless noted on packaging.



Remove or conceal personal information and R_x number using black marker.



Put undesirable substance such as used coffee grounds or cat litter into disposable container with lid (or plastic bag). Mix the medicine or supplement with undesirable substance.



Seal medicine mixture with lid or inside plastic bag. Dispose mixture and medicine container in trash.



Close or tie trash bag. Take trash bag out to garbage as close to garbage pick up time as possible.



For disposal of medication in a home, a container with coffee grounds or kitty litter can be used. Place the medications in the container with coffee grounds or kitty litter, add enough water to thoroughly saturate the coffee grounds or kitty litter, then close the container and tape shut with duct tape. The container can then be put into the regular trash. When the container is full, the company is notified to pick it up and dispose of it per state guidelines.

CHAPTER TWO REVIEW

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

2. Where do you look for information on medications?

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

4. Suspicion of drug diversion stays with you on your record.

True False

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

6. What is the single "best" way to discard medications that are discontinued or outdated, if not affiliated with an agency?

flush them down the toilet

throw them in the nearest trash can

mix with coffee grounds or kitty litter and place in the garbage

put them in your pocket to give to friends later

7. What is your responsibility regarding controlled substances?

8. You should always report suspicions of drug diversion to your supervisor.

true false

9. Is it acceptable to leave the medication cabinet or cart unlocked while you administer medications because you will be right back? Why or why not?

CHAPTER 3

ORDERS FOR MEDICATIONS OR TREATMENTS

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

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

1. All medications or treatments (new, changed or discontinued) must have a written and signed order from the physician or other authorized practitioner (the script). The physician or other authorized practitioner may write a prescription that the staff or provider may take to the pharmacy to fill (staff will need to get a copy of the prescription for the agency records), or the physician or other authorized practitioner may phone the pharmacy with the medication order and give the staff or provider a written order in different format. The script may also be for treatment and therapy and must be given to the agency that will provide services i.e. physical therapy or for a new walker.
 - a. A script from a physician must have the date that the script was written. Many scripts include the number of refills that the physician will allow from the script. Once the number of refills have been filled, the script is no longer valid, it has expired and a new script must be obtained. If the script is a PRN medication, it will expire in one year from the writing of the script. So if the refills have not been used before the end of the year then a new script must be obtained. Medications also expire. The date for the expiration of medication is noted on the medication bottle or bubble pack. If there is medication remaining on the expiration date of the med, the med must be properly disposed of and a new supply obtained from the pharmacy or store (for OTC).
 - b. If a refill of a medication must be requested (not supplied on a monthly basis from pharmacy) the refill should be requested 7 to 10 days prior to the day the last pill/medication will be administered. This ensures that there is time to obtain the new supply of the medication and eliminates the possibility of a gap in medication administration.

The six parts of a medication order

1. Client's first and last name
2. Medication
3. Dose
4. Route
5. Time
6. Date ordered

7. Physician/Provider Signature

2. Staff or host home providers may NOT take a prescription order from the physician or authorized practitioner over the phone. They may either:
 - a. Ask the physician’s or other authorized practitioner to write out the order;
 - b. Call the agency nurse consultant who will then phone the physician or other authorized practitioner for the medication order and notify the staff or provider of this order (in writing); or
 - c. Ask the physician or other authorized practitioner to fax the order to the staff or provider.

3. All medication or treatment orders from the physician or other authorized practitioner should be started in a timely manner. If any concerns contact the agency nurse/nurse consultant, physician or other authorized practitioner.

4. The agency nurse is responsible for ensuring that all orders, physician or other authorized practitioner’s, are communicated to direct care providers and placed in the proper place for documentation such as the MAR/eMAR.



Facility Address: 006

Electronic New Order

[Redacted]		PMC Serviced Resident:	Yes
Date of Birth:	10/06/1982	Unit:	PMC Res ID:
SS#:		Room:	Facility Res ID:
Gender:	F	Bed:	Phone:
Address:	[Redacted]		
COLORADO SPRINGS, CO, 80908			

Order		Allow Substitution: Yes	
Fill Immediately:	No	Profile Only Order:	No
Rx #:		Facility User Name:	
Ordered Date:	03/15/2018	Dr. Issued Date:	
Ordered NDC:	00904621418	Start Date:	
Ordered Medication Name:	fexofenadine 180 mg tablet	Stop Date:	
Pharm.Directions:	Take 1 tablet (180 mg total) by mouth daily.		
Order Notes:			
Drug Diagnosis:		# of Refills:	2
Days Supply:	Qty Ordered: 90	PRN Only:	N
Dose:	Unit of Measure:	Form:	Route:
Hour(s) of Admin:		Frequency:	
Ordering Physician: Kelly McCrimmon Cosby NP			
Physician DEA:	MC3911941	NPI:	1437571031
Vendor Order ID:	150783795:1740970719	Phone:	(719) 776-4646
Prescriber Agent:		Fax:	(719) 776-4640
Supervisor Name:		Address:	3027 N Circle Dr Colorado SpringsCO 809091179
Supervisor SSN:		Physician State License Number:	
Supervisor NPI:		Supervisor DEA:	

Electronically Prescribed Medication

PharMerica 1041 ELKTON DRIVE
 FARMINGTON, CT 06030
 REFILL 4 8/19/19 DR ISSUE 7/26/19 2 of 2
 Dr ADAMS, LAURENCE BA4858291 RX Type C5
 R 2086987.01 006 CHEYN/WEEED

800-288-0397
 [Redacted]
VIMPAT 200 MG TABLET

TAKE 1 TAB BY MOUTH
 TWICE DAILY DX:

[Redacted]
VIMPAT 200 MG TABLET
 GENERIC NAME: lacosamide

UCB PHARMA
 blue oblong
 SP
 200
 NDC: 0131-2480-35
 FCYC AUTO Route: 1
 BULK CARD
 BIN# C
 P1: PINELLO, LISA T: _____ P2: _____
 DNUN7
 2086987.01 DNUN7
 VIMPAT 200 MG TABLET
 GENERIC NAME: lacosamide
 8/19/19 006 CHEYN/WEEED

Caution: Federal law prohibits transfer of this drug to any person other than patient for whom prescribed
Order After 9/14/19

<h3>Drug Facts</h3> <table border="1"> <thead> <tr> <th>Active ingredient (in each tablet)</th> <th>Purpose</th> </tr> </thead> <tbody> <tr> <td>Acetaminophen 500 mg</td> <td>Pain reliever/fever reducer</td> </tr> </tbody> </table> <p>Uses For the temporary relief of minor aches and pains associated with ■ headache ■ muscular aches ■ minor arthritis pain ■ common cold ■ toothache ■ menstrual cramps For the reduction of fever.</p> <p>Warnings Liver warning: This product contains acetaminophen. Severe liver damage may occur if you take: ■ more than 8 tablets in 24 hours, which is the maximum daily amount ■ with other drugs containing acetaminophen ■ 3 or more alcoholic drinks every day while using this product Allergy alert: Acetaminophen may cause severe skin reactions. Symptoms may include: ■ skin reddening ■ blisters ■ rash If a skin reaction occurs, stop use and seek medical help right away</p> <p>Do not use ■ with any other drug containing acetaminophen (prescription or nonprescription). If you are not sure whether a drug contains acetaminophen, ask a doctor or pharmacist. ■ for more than 10 days for pain unless directed by a doctor ■ for more than 3 days for fever unless directed by a doctor</p> <p>Ask a doctor before use if you have ■ liver disease</p> <p>Ask a doctor or pharmacist before use if ■ you are taking the blood thinning drug warfarin</p>		Active ingredient (in each tablet)	Purpose	Acetaminophen 500 mg	Pain reliever/fever reducer	<h3>Drug Facts (continued)</h3> <p>Stop using and ask a doctor if ■ symptoms do not improve ■ new symptoms occur ■ pain or fever persists or gets worse ■ redness or swelling is present</p> <p>If pregnant or breast-feeding, ask a health professional before use. Keep out of reach of children. In case of accidental overdose, get medical help or contact a Poison Control Center right away. Prompt medical attention is critical for adults as well as for children even if you do not notice any signs or symptoms.</p> <p>Directions ■ do not use more than directed</p> <table border="1"> <tr> <td>Adults and children: (12 years and older)</td> <td>Take 2 tablets every 4 to 6 hours as needed. Do not take more than 8 tablets in 24 hours.</td> </tr> <tr> <td>Children under 12 years:</td> <td>Do not give this adult strength product to children under 12 years of age; this will provide more than the recommended dose (overdose) and may cause liver damage.</td> </tr> </table> <p>Other information ■ store at room temperature 59°-86°F (15°-30°C) ■ tamper-evident sealed packets ■ do not use any opened or torn packets</p> <p>Inactive ingredients corn starch, hypromellose, maltodextrin*, microcrystalline cellulose*, polyethylene glycol, povidone*, pregelatinized starch*, sodium starch glycolate*, stearic acid, titanium dioxide*. * may contain</p> <p>Questions or comments? 1-800-634-7680</p>	Adults and children: (12 years and older)	Take 2 tablets every 4 to 6 hours as needed. Do not take more than 8 tablets in 24 hours.	Children under 12 years:	Do not give this adult strength product to children under 12 years of age; this will provide more than the recommended dose (overdose) and may cause liver damage.
Active ingredient (in each tablet)	Purpose									
Acetaminophen 500 mg	Pain reliever/fever reducer									
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Children under 12 years:	Do not give this adult strength product to children under 12 years of age; this will provide more than the recommended dose (overdose) and may cause liver damage.									

WEIGHTS AND MEASUREMENTS

Objective: Explain why the metric system used in medicine is a better system of measurement than the household system.

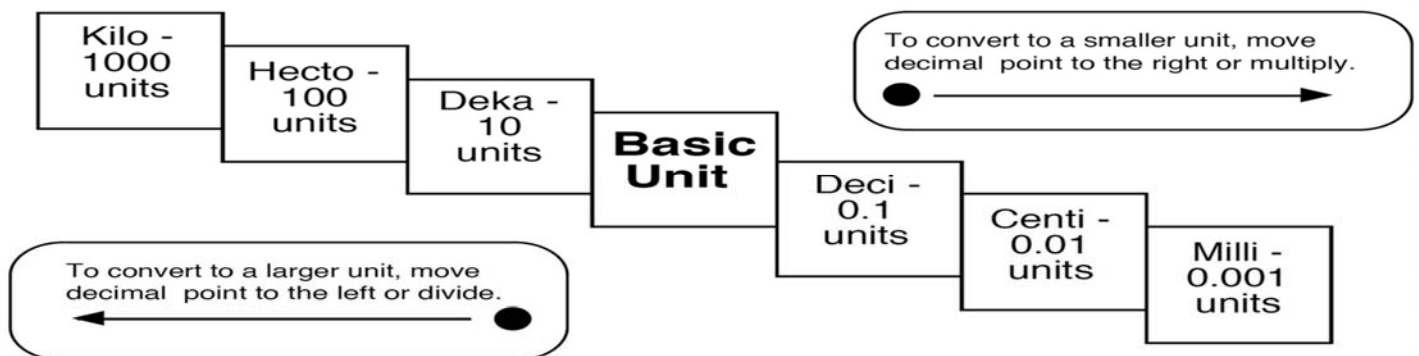
Equivalents that must be learned:

1 tsp. = 5 ML
 3 tsp. = 1 Tbsp = 15 ML = 1/2 OUNCE
 2 Tbsp = 30 ML = 1 oz

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

1. The Metric System is: a decimal system of standard weights and measures using the milligram (mg), gram (g or gm), kilogram (kg), milliliter (ml) and liter (l), among others.
2. Household system is: a system based on common, though not standard, measuring devices i.e. teaspoon and tablespoon, which can be different sizes based on manufacturing. Household equivalents are sometimes used, but care must be taken to use standard measuring devices (e.g. measuring spoons). Never use serving spoons, tableware, etc. due to variation in amounts they hold (e.g. a table ware teaspoon may hold 4-7ml.). If household measures are written on the prescription, the pharmacy may change to the metric equivalent.
3. It is best to use standard measuring devices such as measured medication cups, a medication spoon, or a medication syringe (contains no needle).

Metric Conversion Chart



Verification of medications (MATH, UGH!)

As the QMAP it is your responsibility to verify that what you are giving is what the doctor ordered and that the pharmacy has provided and the amount that they have determined you give, matches the physician order and is safe. To do this you as the QMAP have to be able to read and interpret the script and calculate that what the pharmacy has provided and said to give is accurate and right.

So first, what does the following say: Vimpat 200mg, 1 tab po bid
Or this: Simethicone 125mg tab po qid prn flatulence

If the pharmacy label says to give 3 tablets or 30mls of a liquid, are you sure that is the right amount to give.

Measuring Devices



CONVERSION TABLE



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



mg. \neq ml.

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

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



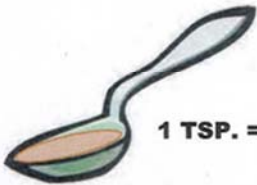
←15ml→



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

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

YOU CAN'T TELL THE DIFFERENCE BY LOOKING



1 TSP. = 5ml.



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

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



1 tbsp. = 3 tsp





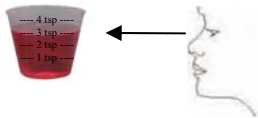

3 tsp. = 15ml



← 25 mL



Tip: When measuring liquids place the cup on a solid surface at eye level.

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

COMMON MEDICAL ABBREVIATIONS

bid, BID	2 times daily	NKDA	no known drug allergies
tid, TID	3 times daily	EC	Enteric coated
qid, QID	4 times daily	tab	tablet
EC	enteric coated	supp	suppository
q, Q	every	mg	milligram
h	hour	ml	milliliter
ac	before meals	tsp	teaspoon
po	by mouth	TBSP	tablespoon
HS	bedtime	Gtt/gtt	drops
prn, PRN	as needed	p/t/r	pulse/temperature/respiration
bpm	beats or breaths per minute	DC	Discontinue
BLE	bilateral lower extremities	SBP	Systolic blood pressure (top number)
BUE	bilateral upper extremities	DBP	Diastolic blood pressure (bottom #)
RLE	right lower extremity	P. ox	Pulse oximeter
RUE	right upper extremity	O2 Sat	oxygen saturation
LLE	left lower extremity	NC	Nasal Cannula
LUE	left upper extremity	LPM	liters per minute
ABD	abdomen	WA	while awake
LAT	lateral	XR	extended release
OU, OS, OD	both eyes, left eye, right eye	B/bilat	bilateral, both
sl	sublingual		

CHAPTER 3 REVIEW

Write out each prescribed drug completely, including all abbreviations:

1. Digoxin 0.125 mg., 1 TAB po qd
2. Coumadin 2.5 mg 1 tab po qhs on M, T, TH, F
3. Coumadin 3 mg 1 tab po hs on W, S, Su
4. Tylenol 325 mg., 2 tabs po q4-6h prn for knee pain no more than 6 tablets per day
5. Timoptic 0.5% ophth sol, 1 gtt OU tid x7d
6. Tobramycin 250 mg.,1 tab po q6h x 7d
7. Debrox otic gtts, 2 gtts to each ear bid x3d
8. Guaifenesin 200mg, give 2 tabs po q4h prn not to exceed 2.4g/day.
9. Docusate sodium 50mg cap, give 100mg po qod x7 days then DC.

1. The order says to give 500 mg. of the drug. The med bottle reads each scored tablet is 250 mg.
How many tab. should you give? _____
2. The med bottle reads each scored tab is 300 mg. The order is to give 150 mg. How many tab. will you give? _____
3. A liquid medicine has 50 mg. of drug in each 5 ml.
The order says to give 100 mg.
What is the strength of preparation of the drug? _____
What is the dosage ordered? _____
How much of the liquid should you give? _____
4. The medicine comes in 5 mg. scored tabs. You are to give 15 mg. How many tab. should you give? _____
5. A liquid medicine has 25 mg. of drug in each 5 ml.
The order says to give 500 mg.
What is the strength of preparation of the drug? _____
What is the dosage ordered? _____
How much of the liquid should you give? _____
6. The doctors order states take 1 g of medication. The medication bottle states 250mg/5ml. How much will you pour? _____
7. The doctor orders levothyroxine 75mcg. The pharmacy provides .025mg tablets. How many tablets will you give? _____
10. Norvasc 5 mg. is ordered by the physician. The bottle contains 2.5 mg scored tabs. How many tablets will you give each dose? _____
11. Accupril 20 mg. is ordered. The bottle contains 40 mg scored tabs of Accupril. How many tablets will you give EACH DOSE? _____
12. You need to give 15 ml of a liquid medication. What is the equivalent amount in tbsp? _____
in tsp? _____ in ounces? _____
13. You need to give Paxil 10 mg. daily in the a.m. You have Paxil 20 mg scored tablets. How many tabs will you give each morning? _____

For the following, identify the Strength of Preparation with an “S” and the Dosage with a “D”. Determine how much of the medication you will give to your client.

1. _____ Tylenol 325 mg. TAB
 _____ Take 650 mg. q4h prn for back pain
 How much will you give? _____

2. _____ Promethazine HCL 50 mg tablet every 8 hr prn for nausea & vomiting
 _____ Take 25 mg. Q8H prn
 How much will you give? _____

3. _____ Take Chlortrimeton q4h 4mg prn for hay fever
 _____ Chlortrimeton 2 mg /5 ml
 How much will you give? _____

4. _____ Isordil 10 mg. tab po for congestive heart failure
 _____ Take 15 mg. q8h for congestive heart failure
 How much will you give? _____

5. _____ Sodium Citrate 500 mg/5 ml
 _____ Take 1.5 G bid for kidney stones
 How much will you give? _____

6. _____ Take 20 meq. of KCL qd. For low potassium
 _____ KCL (potassium) 40 meq/30 ml
 How much will you give? _____

7. _____ Wellbutrin sr (bupropion sustained release) 150 mg tab
 _____ take 75mg daily x 4 days.
 How much will you give? _____

8. _____ Propranolol 20 mg tab
 _____ Take 40mg po bid
 How much will you give? _____

9. _____ Take 10mg tab sl prn for migraine
_____ Maxalt 10 mg tab
How much will you give? _____

1. Define Dosage and strength:

2. How many milligrams are in 1 gram?

Physician order:

Midland Family Practice
RX: Hazel Greene

Lasix 40 mg PO QD in a.m.

J.R. Midland, MD Date: _____

Pharmacy label:

Goodpills Pharmacy
RX: Hazel Greene
Furosemide 20 mg
Give 2 tablets (40 mg) daily
MD: Midland
12/24/15 exp: 12/16 #: 120

3. Does the **Physician Order and the Pharmacy label** above, correctly match for the medication Lasix? Yes or No _____ based on this answer, what would be your next steps? _____

11. Referring to the **Physician Order** above:

a. What is missing from the physician order? _____

b. What information on the order makes up the “dose” of the medication, Lasix?

1) _____, 2) _____,

12. Referring to the **Pharmacy label** above:

a. You have an order for lasix and have a bottle with the drug name furosemide. What action/s would you take before giving the medication?

13. Referring to the **Physician Order and the Pharmacy label** below,

a) How many ml of Amoxicillin would you give? _____

b) How often would you give the medicine to the patient? _____

14. There are items missing from the pharmacy label **below**? List three of them?

1) _____, 2) _____, 3) _____

Physician order:

Midland Family Practice
RX: John Smith

Amoxicillin 30cc PO BID

x 7 days

J.R. Midland, MD 7/1/15

Pharmacy Label

Goodpills Pharmacy

RX: John Smith
Amoxicillin - Give 30cc by mouth

MD: Midland
Date: refills: 0

Additional Math Practice

Medication JKL Suspension 160 mg PO BID is ordered for a patient who cannot swallow pills. It is supplied as 100 mg/5 mL.

How many mL should you administer? _____ mL.

The prescriber orders Medication LX, 0.5 g PO now. The medication is available as 125 mg/tablet.

The nurse would give _____ tablets per dose.

The prescriber has ordered Lasix 120 mg via gastrostomy tube once a day for the patient.

The medication is provided in an oral solution of 16 mg / 2 mL.

How many tablespoons would the caregiver, use to pour this medication into the gastrostomy tube?
_____ T

Order: Med DGN 250 mcg q day

Supply: Med DGN 0.125mg/tablet

How many tablets are needed for one dose?

_____ tablet(s) A client has an order for Med BND elixir 30 mg PO now. The medication is supplied as Med BND elixir 12.5 mg/5mL. How many mL are needed for the dose? _____ mL

Medication XYZ 0.15 g PO BID is ordered for a client. The pharmacy sends Medication XYZ tablets that contain 50 mg per tablet.

How many tablets will be administered for one dose?

_____ tablet(s)

Order: Med CNL 0.2 g PO BID

Supplied: Med CNL 100 mg per tablet

How many tablets will the nurse need for one day?

_____ tablet(s)

The prescriber orders Medication T 25 mg PO BID for hypertension.

Medication T is supplied as 0.05 g /tablet.

The nurse will administer _____ tablets

The nurse is administering a PRN medication for pain.

The prescription says: Medication D 38 mcg IM q 4 h PRN pain.

Medication D is supplied as 100 mcg/ 2mL.

The nurse will administer _____ mL Of Medication D.

Order: Med CNL 0.2 g IM TID

Supplied: Med CNL 100 mg per 2.5 mL

How many mL will the nurse need for one day?

client has an order for Med BND elixir 30 mg PO now. The medication is supplied as Med BND elixir 25mg/5mL. How many mL are needed for the dose?

Medication XYZ 0.15 g PO BID is ordered for a client. The pharmacy sends Medication XYZ tablets that contain 50 mg per tablet. How many tablets will be administered per day?

Order: Med DGN 250 mcg q day

Supply: Med DGN 0.125mg/tablet

How many tablets are needed for one dose?

A client has an order for Med BTN 10 mg PO now. The medication is supplied as Med BTN 2.5 mg/tablet. How many tablets are needed for one dose?

_____tablet(s)/dose

Order: Elixir of Digoxin 150 mcg PO STAT.

The label on the bottle of elixir of Digoxin reads: Digoxin 0.05 mg/mL.
you will administer _____ mL of medication.

Order: Medication PCL 60 mEq PO TID with meals.

Available: Medication PCL 40 mEq per 30 mL

Administer _____ mL per dose.

Chapter Four

THE MEDICATION ADMINISTRATION RECORD

Otherwise known as 'documentation'

The final step in medication administration is to accurately document what you gave (or didn't give) to the person! The medication administration record (MAR) is part of the individual's permanent record. The MAR can be in paper or electronic. (Make sure you are familiar with your agencies MAR). It is important since it describes the medications (prescription and non-prescription/over-the-counter) taken by the individual, the doses, the routes and the times medications were taken.

REMEMBER:

ALL MEDICAL FORMS ARE CONSIDERED LEGAL DOCUMENTS!

USE ONLY BLUE OR BLACK INK!

WHITE OUT MAY NOT BE USED!

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

- The name of the individual taking the medication(s);
- The month and year the record is for;
- The name of the primary physician or other authorized practitioner;
- The name of the medication(s) and how it is to be taken, as ordered by the physician or other authorized practitioner;
- The time the medication(s) is to be taken;
- Any medication sensitivities and allergies. If there are not any known allergies then 'NKA' (no known allergies) or 'NKDA' (no known drug allergies) should be listed on the record;
- The signatures and identifying initials of ALL staff or other providers who assisted with medications; and
- Each time a PRN (as needed) medication is given the above items apply as well as the staff or other provider will note the reason the PRN medication was given and the results of the medication.
- Cheyenne Village uses an electronic MAR (eMAR):
- When administering a controlled medication, the number of pills must be counted before

a dose is poured. Then the dose that is being poured for administration must be signed out on the count sheet (as well as initialed on the MAR). IF the number of pills does not match the count sheet, the Team Leader and nurse need to be notified; missing controlled medications must be reported, as it is a serious issue.

ROUTINE MEDICATIONS		ADMIN HOURS	ADMINISTRATION DATES																													
			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
Order Date	APAP 325MG	12:00																														
08-25-2005																																
DC Date																																
- -																																
			Hepatitis/Jaundice/Azotemia/Leukopenia/Pancytopenia/Thrombocytopenia/Agranulocytosis/Anemia/Ren...																													
Order Date	BISACODYL 10MG SUPP.(DULCOLAX)	12:00																														
12-16-2003	TAKE 1 DAILY AS NEEDED FOR CONSTIPATION																															
DC Date																																
- -																																
			Rectal Hemorrhage/Abnormal Stools																													
Order Date	COUMADIN 2MG TABLET	12:00																														
12-16-2003	TAKE 1 AT 11:30 AM BY MOUTH TAKE WITH JUICE																															
DC Date																																
- -																																
			Cranial Nerve Palsy/Death/Gangrene of Skin or Other Tissue/Congenital Heart Disease/Tissue Necr...																													
Order Date	DOCUSATE SODIUM 100MG CAPSULE	19:00																														
12-16-2003	TAKE ONE DAILY BY MOUTH FOR CONSTIPATION																															
DC Date																																
- -																																
			Skin Rash/Abdominal Pain/Hypersensitivity Reaction																													
Order Date	ERYTHROMYCIN 250MG E.C.(ERY-TAB)	19:00																														
12-16-2003	TAKE 1 IN THE AM WITH JUICE																															
DC Date																																

Paper MAR

Medication Administration Record Data - October , 2017

Individual Name: ██████████
Created By: Shirley Brookshier, NURSE on 09/28/2017 06:20 AM
Approved By: Shirley Brookshier, NURSE on 09/28/2017 08:58 AM
Form ID: MAR-CVICO-FBW4NJ8TFPMR9
Time Zone:US/Mountain

Legend

 Administered(New)	 Administered	 Missed/ Refused	 Due
 LOA(Leave of absence)	 On hold	 Deleted	 User with no Initial

T-Notes

Scheduled Medication(s)

ASPIRIN EC 81 MG TABLET - tablet, delayed release (DR/EC), oral, Scheduled (Medication) [Switch to Detail Mode](#) [Jump to](#)

Strength: 81mg **Prescriber:** Knauf, Todd / PA-C, M.S. [Drug Details](#)

Give Amount / Quantity: 1Tablet **Frequency:** ONCE DAILY
Begin Date & Time: 02/12/2016 12:00 am
Schedule Repeat: Every Day, 1 time(s) a day **Schedule Time Slot(s):** 7:00 am

Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE	WED	THU	FRI	SAT	SUN	MON	TUE
7:00 am	ALB	WJN																													

Indication / Purpose
 DX: BLOOD THINNER/Preventative

Instruction/Comments
 (X) TAKE 1 TABLET BY MOUTH DAILY

Electronic MAR

RULES FOR DOCUMENTATION ON THE MEDICATION ADMINISTRATION RECORD

Electronic MAR specifics will be covered as appropriate!

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

- Follow specific agency procedures for medication administration, errors, etc.

Documenting on the Medication Administration Record (MAR)

1. Discontinued meds: Write date and DC large then draw a line through the rest of the dates and indicate discontinued; use a transparent yellow marker to highlight the name of the discontinued medication.
2. New meds: transcribe new medications at the bottom of list; draw a line through dated boxes up to the start date.
3. To create a new MAR, copy from the physician orders. **NEVER** copy from the old MAR sheet. If using paper MAR.
4. Each medication must be documented at the time of administration. For example, if eight medications are administered the QMAP must initial the MAR eight times indicating that each medication has been administered, refused or unavailable.
5. New order: transcribe new medications on the MAR. Good practice is to keep routine and prn medications on the MAR.
6. Follow your facility policies and procedures re: notification of new medications.

Regarding discontinuing medications on an eMAR – this must be done by the nurse. Verify with the nurse any changes in orders or discontinuing of medications.

MEDICATION ERRORS

The possibility of medication errors occurring is a constant danger. By following proper procedures (e.g. The 5 Rights) errors can be minimized. However, errors occasionally do happen and must be dealt with properly. The severity of an error will vary depending on the medication and the individual involved. When an error occurs, it is extremely important that you are willing to admit it, seek help, notify the nurse/nurse consultant and/or the physician or other authorized practitioner and document the error (e.g. MAR and incident report). Reporting an error is not for punishment. It is for the agency and the state to track and find methods for prevention of errors, as well as to monitor the individual for reactions or effects from the medication error. For any medication error you must follow the Cheyenne Village's procedures (see Attached Policy). Some of the more common errors are:

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

- The wrong procedure is followed in administering the medication.
- Failure to comply with physician orders
- Failure to administer only upon current orders
- Failure to follow the 7 rights
- Failure to accurately transcribe a MAR
- Improper documentation on MAR
- Improper medication storage
- Running out of medications

Cheyenne Village does reserve the right to enact corrective action based on the type, severity (injury to the client) and frequency of errors made by its trained QMAP staff (see guideline).

Explain what to do if:

1. You make a charting documentation error: Draw a single line through the mistaken entry and initial and date. Explain on the back of the MAR.
2. A medication cannot be administered because it is not available or is refused: Circle the date box with your initials, document the exact reason on the reverse side (or other designated area) of the MAR, and contact the appropriate person according to facility policy.
3. Give client the wrong dose of medications: report to supervisor and follow facility policies and procedures.
4. Late entry documentation: Circle the date box with your initials and you **MUST** document in the notes section of the MAR.

PRN Medications

PRN medications are medication that the prescriber orders for when an individual has a specific complaint, one that does not occur with regularity. PRN medications may be given when the individual meets the criteria for administration of the med. For example, if a client states that they have a headache. On their MAR is an order for Tylenol 325mg give 2 tablets by mouth every 4 hours as needed for fever of 99-100 degrees. While Tylenol is often given for headaches, it may not be given in this instance as the order is not for pain or headache. A new order must be obtained by the agency RN to give the medication for pain or headache first.

When documenting a PRN medication, you must document the date, time and reason the medication was given. In addition, a result must be documented. The result of a PRN medication is the effect of the medication; was the temperature reduced, was the pain relieved,

was the indigestion resolve, or was there no change. When there is no change in a complaint, the Cheyenne Village RN should be notified.

Indication vs diagnosis

Diagnosis is the formal determination of a medical condition by a licensed practitioner that the medication is treating; such as chronic obstructive pulmonary disease (COPD), hypertension (HTN), Hypothyroidism, and many, MANY more.

Indication is the signs and symptoms that a medication is being used to treat; such as headache, fever, sinus congestion and more.

CHAPTER FOUR REVIEW

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

2. What should you do if a medication error occurs? Who should you report to if a medication error occurs?

3. Match the situation with the appropriate category:

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

_____ Sarah gave Joe Field’s medication to Jo Feld.

4. Mrs. C has an order to take Guaifenesin AC 500 mg QID for 7 days. You misread the order and administered 500mg every 4 hours. What did you do wrong? What would you do following this error?

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

<p style="text-align: center;">Midland Family Practice</p> <p>RX: Hazel Green _____</p> <p>Amoxicillin 30cc PO BID x 7 days then DC</p> <p><u>J.R. Midland, MD</u> 7/1/15</p>	<p style="text-align: center;">Midland Family Practice</p> <p>RX: Hazel Green _____</p> <p>Furosemide 40mg qd po</p> <p><u>J.R. Midland, MD</u> 7/1/15</p>
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Using the medication orders above, practice documenting administration or monitoring of medications on the MAR below. Practice routine and PRN medications, a medication that cannot be given or is refused, and how to handle various documentation errors.

FRONT OF EXAMPLE MAR

MEDICATION ADMINISTRATION RECORD																		
Client Name:												Month/Year:						
Medication info	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Tylenol 650mg Take 2 – 325mg po prn for knee pain.																		

BACK OF EXAMPLE MAR

QMAP name:				
Identifying initials				
Date	Time	Notes (REMINDER: SIGN EACH NOTE WITH FULL NAME AND QMAP TITLE)		

6. Explain why you should not copy from last month's MAR sheet.

7. If you make an error when charting on the MAR, should you white it out and rewrite it correctly? Why or why not?

8. Mrs. Hansen had medications re-ordered on Monday. On Thursday Mrs. Hansen ran out of pills, as of Saturday the pharmacy still has not delivered her medications. Is this a medication error? Why?

9. What do you need to chart for PRN medications?

10. When should you chart your given meds?

11. The QMAP who administered meds today forgot to document one client's meds on the MAR. You are considering initialing all of this client's medications because s/he verifies they were given. Explain how this situation should be handled:

12. You administered 2 tablets of Tylenol, 325 mg, to Mrs. Smith at her request, for a headache at 4 pm. At 5 pm she tells you she feels better. Are you required to do anything else in this situation? Please explain:

13. Mr. Smith refused his Zantac today. Are you required to do anything? Please explain:

14. You are to administer medications to 4 clients seated at the lunch table. What procedures must you follow? Why?

15. To save time during your med pass, should you place medications on the dining room table near the client for whom they are prescribed? Why or why not?

16. You always wash your hands before a med pass, so it is ok to touch the medications with your bare hands during set up of medications. ___ True ___ False

CHAPTER 5

Preparation for Medication Administration

First things first: before the QMAP can start to give medications there are a few things to do – to prepare. There are 2 focuses to prepare to give medications: infection control and communication.

1st - Infection Control:

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

Definition of standard ("universal") precautions.

- Universal precautions were developed in the 1980's as a means of avoiding contact with blood-borne (carried in the blood) "pathogens" or infections. The method used was wearing nonporous gloves to avoid contact with any and all blood; all patients were assumed to be infected.
- Since that time, "universal" has been expanded to "standard" precautions covering more body fluids and more body sites: blood, secretions (eyes, nose, ears, mouth), excretions (vomit, urine and feces), non-intact skin, mucous membranes. Standard precautions must now be observed for all clients at all times in all contacts.
- Because the administration of medication by some routes will involve physical contact with body sites, it is important for QMAP's to routinely follow standard precautions with clients during the administration of medications.

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

- Handwashing is the number one means to remove illness causing bacteria and prevention of infection.
- Following handwashing is the use of personal protective equipment (PPE). The most often used is gloves.
 - If there is the potential for the staff or provider to be in contact with mucous membranes (i.e. eyelids, mouth, vagina or rectum) or with broken skin, gloves are to be worn.
 - If the individual has secretions (excessive body fluids) from a site, gloves are worn.
 - If gloves become contaminated, by touching tables or counters, by touching

- secretions, they should be removed and a new pair put on.
- When task is finished, gloves should be removed and hands washed.

Review the importance of washing your hands and gloving before any physical contact with a client or with medications. Review proper disposal of used (contaminated) gloves.



Hand washing is the single most important measure to prevent contamination as well as the spread of infection.

- Used gloves are removed and turned inside out in one motion.
- Used gloves contaminated with body fluids should be disposed of in containers with plastic bags that are knotted prior to disposal, to protect janitorial staff. You must be familiar with your facility's policies and procedures about disposal of gloves and other materials (incontinence briefs, wipes, etc) contaminated with body fluids in designated trash cans.



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2nd - Communication

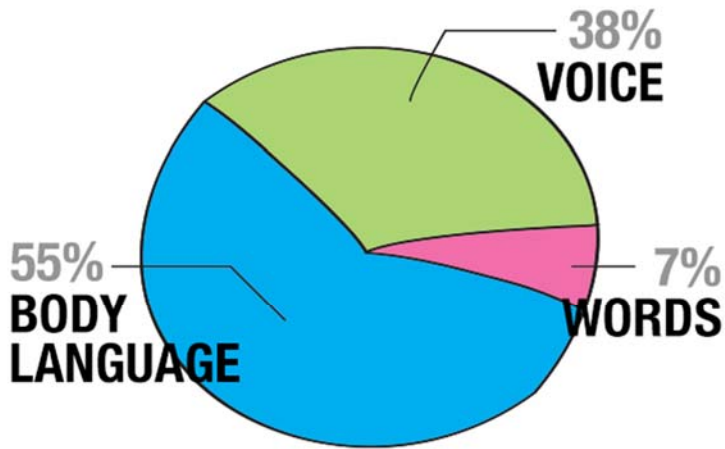
Communication is the sending and receiving of messages between individuals. It involves not just the spoken words, but the choice of words, tone of voice, facial expressions and body language.

When communicating with individuals it is important the words that are chosen as well and the tone and body language to elicit cooperation with our clients in taking their medication. There is a difference between “Here are your pills” with the medicine cup thrust in their face and the tone of voice hard and abrupt, and “here are your pills” with the medicine cup held out to them in their visual range but to place the med cup in their hand or waiting for them to indicate they are ready by opening their mouth, and the tone of voice calm.

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

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

Communicating with clients who have intellectual and developmental disabilities can be a challenge. It is important to speak with them as you would speak to others. You do not want to speak down to them or use ‘baby talk’. However you also want to speak with them in a manner they can understand. This means using common and basic terms. Instead of saying “medication” you can say “pills” or “medicine”. Modifying how you speak will also depend on how familiar you are with the client and the client is with you. When a client is not able to understand what is said due to their disability, you still want to speak with them and let them know what you are doing. Basic phrases can be use or general terms; for example ‘I have medicine for you, it will help you be calm’ or ‘make your headache better’.



Mehrabian & Ferris' research results of communication during a presentation.
"Inference of Attitude from Nonverbal Communication in Two Channels"
The Journal of Counseling Psychology 31,
S. 248-252, 1967

IT'S WHAT YOU **DON'T SAY** THAT COUNTS!



LEARN TO **READ AND INFLUENCE** PEOPLE THROUGH **NONVERBAL COMMUNICATION.**

PROCEDURES FOR GIVING MEDICATIONS

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

THE SEVEN RIGHTS OF MEDICATION ADMINISTRATION

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

1. **The RIGHT PERSON:** make sure you know each person you are working with. you should match the name on the records with knowledge/identification of the actual person. If you have any questions, do not administer the medication until you check with another staff member, supervisor, or nurse to assure you have the right person.
2. **The RIGHT MEDICATION (and strength):** to make sure you are administering the right medication follow these guidelines: compare the physician's or other authorized practitioner's written order, the medication administration record, and the pharmacy label; triple check for each medication to make sure the written order, the medication administration record and the pharmacy label agree/match. Do this when removing the medication from the storage area, after pouring/before giving, and before replacing in the storage area. If all of the above do not agree/match do not give the medication and call the nurse consultant.
3. **The RIGHT DOSAGE:** be sure to give the right amount of medication (dosage). The written physician's or other authorized practitioner's order will tell you how much is given (e.g. one, two or three pills). If it is an ointment or liquid, check the label and measure the amount to be given exactly.
4. **The RIGHT TIME:** the written physician's or other authorized practitioner's order, the prescription label and the medication administration record will specify when the medication is to be taken. If the prescription label says daily or twice daily, and does not specify the exact time, check the medication administration record for the schedule of when the medication is to be taken. If unsure, check with the nurse, physician or other authorized practitioner.

- a. **Timing options:** when you are going to administer a medication, you review the time ordered. This will often be daily or twice a day. The specific time on the MAR has been determined to be the best time based on the medication and the client preference. In this situation there is a time-window for administration. This means that the medication doesn't have to be placed in the clients mouth (for an oral med) exactly at 0800am sharp. What if you have several clients with 8am meds, you would be late with some. So you can give a medication in the window of 30 minutes before to 30 minutes after a medications time schedule. For example: Lisinopril is schedule at 9am, the time window means that you can give the medication at any time from 8:30am to 9:30am. On the other hand if a medication has been ordered at a specific time, you need to administer the medication as close to the time as possible. For example: if Synthroid is to be given at 6am, then you need to give it as close before/at/ or after 6am as possible.

Please note: For non-time specific medications the facility may designate a timeframe or use “am” and “pm” (for the time slots on the MAR) as long as the information is included within in their policies and procedures.

- **Time window:** the time window is a defined time frame during which the administration of the medication is considered “on-time”. It is not possible to give more than one person their medications at the same time. So each agency defines the time window. For Cheyenne Village the time window is 1 hour before and 1 hour after the assigned clock time; i.e. if the medication is scheduled for 9am, then the QMAP has between 8am and 10am to give the medication and it is considered “on-time”.
5. **The RIGHT ROUTE:** the method for using the medication (e.g. oral, topical) is described as the route. The written physician's or other authorized practitioner's order; prescription label and medication administration record will specify how the medication is to be taken.
 6. **The RIGHT DOCUMENTATION:** each and every medication must be documented, that it was/or was not given, reason, special considerations. Documentation must be timely, as soon after administration as is possible. You cannot pour a medication and document that it was given; it was only prepared for administration. You can only document after you have observed the individual swallow pills, placed eye or ear medications, spread creams or placed patches, watched the individual inhale a medication or placed in proper body cavity: until these actions are done the medication has not been given. If a medication is scheduled it has to be documented either as given or not-given (with a reason or explanation as to why is wasn't given).
 7. **The RIGHT TO REFUSE:** every individual has the right to say “NO”. As a QMAP you may attempt to convince the individual that taking the medication is in their best interests but if it is NO you must respect that. Sometimes it is how you approach the individual that leads to the NO, sometimes it is other influences that lead to the NO.

Once an individual has said “NO”, you may give information to the individual to attempt to convince them to take the medication or ask in a different way; if the answer remains “NO”, accept the response and document. It also doesn’t matter if “the day QMAP” was able to get them to take the medication; if it’s NO, its NO. Medication may NOT be placed/hidden in food without the individual’s knowledge.

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

The Basics First

Wash hands

1st five rights check – (Physicians order,) MAR, Label – Person, medication, dose, route and time

Prepare client

What supplies do you need to give the medications: gloves, client, privacy, couch/chair/bed, water, tissue, lubricant.... What else?

2nd five rights check – pour or pop medications out of package

Administer medication (if refuse, persuade, if can; if not accept no)

3rd five rights check

Put medication away

Document

ORAL MEDICATIONS:

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

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

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

* Altering medications: When a client had difficulty swallowing or requires a medication be administered via G-Tube, the medication may require alteration in order to be administered. Many medications can be crushed for ease of administration. However, there must be a physician's order to allow a medication to be crushed or altered before administering. Crushing or breaking a medication is acceptable unless the medication has been specifically formatted not to be crushed or broken, for example an enteric coated medication or extended release. Before crushing or breaking (cutting) a medication check with the nurse. If the medication cannot be altered in the provided form, the nurse can work with the pharmacy and physician to have an alternate form approved and provided.



For clients who have difficulty swallowing medications, the following techniques may be helpful to gain cooperation, as well as assist the client to take all medications:

- a. The client should be sitting up or standing to take oral medications, not lying down.
- b. Offer tablets/capsules one at a time. If necessary, place medication in the middle of the client's mouth.
- c. Offer a drink of liquid before and after each medication. Use a straw if necessary.
- d. Allow the client to rest a short time after each med (QUIETS THE COUGH REFLEX).
- e. Allow enough time for the client to take the medication.
- f. Some tablets or capsules may be easier to swallow if given in a teaspoon of jelly or applesauce, if permitted on the client's diet. Be sure to tell the client that there is

medication in jelly or applesauce. You may not trick client with disguises for meds. The physician must be consulted and an order written to add medications to food.

- g. Some clients request their medication to be crushed. Do not crush enteric coated tablets. You may not crush or open any medication without a physician order approving this procedure.
 - h. If the client has continued difficulty taking oral medications, report this to the person in charge of client care. The physician may need to be consulted. Many medications are available in another form.
4. After counting out or pouring medication and before giving the medication, re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
 5. Observe the individual taking the medication. Observe the individual swallow the medication. If the individual cannot take the medication by him/herself, place the medication in his/her mouth.

Some individuals can swallow medication easier if it is mixed in applesauce or pudding. Remember, the individual must be told if the mixture contains medication. Staff providers may not 'hide' medication in foods or drinks without the individual's knowledge. Be careful not to crush enteric-coated tablets or capsules.

Remain with client to be certain all oral medications have been swallowed. This also ensures that the medication is taken on time. In some instances, checking the client's mouth may be indicated to verify swallowing the medication.

Lozenges are not to be swallowed. Instruct the client to allow the medication to dissolve in the mouth. Drinking liquids should be avoided until the medication has completely dissolved. These medications should be given last after other oral medications.

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

SUBLINGUAL MEDICATIONS:

1. Instruct client to place tablet under the tongue in the front part of the mouth. If several medications are being given, give the sublingual tablet last.
2. Instruct the client not to swallow until the tablet is entirely dissolved.

3. Nitroglycerin SL tablets:

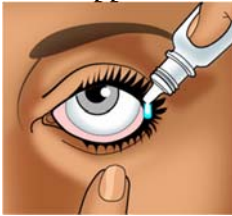
- a. Instruct the client to **sit** down (NOT to lay down) upon the first indication of angina (chest pain), administer nitro SL and immediately notify your supervisor of the situation.
 - Notify supervisor.
 - Follow physician's orders
 - Record the exact minute of administration on the MAR.
 - Consult the client's record to see if there is a physician order for aspirin to be given when chest pain occurs.
- b. After one dose of nitro SL is given and chest pain is not relieved, you or your supervisor must follow facility procedures to provide prompt medical attention.
 - Call 911 for paramedics and transport to an emergency room.
- c. If chest pain resolves within 5 minutes, advise client to sit for an additional 15-20 minutes to prevent dizziness or fainting. Headaches are a common side effect of the drug and should last no longer than 20 minutes. If headaches persist, notify supervisor.
- d. Be sure to tightly recap the nitro SL bottle
 - Replace the medication supply every 6 months.
- e. Stay with the client until chest pain is resolved.

EYE MEDICATIONS:

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and the medication administration record.
2. Wash your hands and put on gloves if secretions are in or around the eyes.
3. If secretions are present in the eyes, remove secretions by wiping the eyelid from inner corner to outer corner of the eye with a cotton ball, gauze or tissue.
4. Remove and discard gloves and contaminated items. Wash hands again. Re-glove if necessary.
5. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication

administration record.

6. Tilt the head back and hold steady, or have the individual lie down. Someone may need to assist you.
7. Expose the inside of the lower eyelid by placing a finger on the skin beneath the eye and gently pulling the eyelid down.
8. FOR EYE DROPS: Always hold the dropper with the tip straight down. The solution should be at room temperature (less irritating). Drop the prescribed number of drops into the pocket of the lower eyelid. Be careful not to let the drops fall on the eyeball, as this can be painful. Do not allow the drops to fall on the lower lid close to the nose, as the medication will immediately be lost through the tear duct. If the dropper touches the eye, wash the dropper with soap and water.



9. FOR EYE OINTMENT: Squeeze a small amount of the medication along the inside of the lower eyelid. Instruct the individual to keep the eye closed for 1-2 minutes to allow the medicine to spread out and be absorbed.



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

EAR MEDICATIONS:

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's

order and medication administration record.

2. Wash hands and put on gloves if secretions are present.

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

3. Before giving the medications re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
4. Position the individual with the affected ear up. Gently pull ear up and back. Someone may need to assist you.



5. Always hold the dropper with the tip straight down. Instill the drops into the ear canal.
6. Keep the person's ear tilted for at least 3 minutes to allow the drops to penetrate deeply into the ear canal.
7. Re-read and compare the label of the container to the written physician or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
8. Wash hands
9. Document by recording your initials on the medication administration record each time a medication is given in the appropriate place. If giving a PRN medication, remember to document the reason given and the results of the medication.

NASAL MEDICATIONS:

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's

order and the medication administration record.

2. Wash hands and put on gloves if secretions are present.
3. If the individual has a nasal discharge, ask them to gently blow their nose and assist as needed. Remove and discard gloves and contaminated items.
4. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
5. FOR NASAL SPRAY: The tip of the spray nozzle is placed just inside the nostril/nostrils and directed backward. Instill the spray with just enough force to bring the spray into contact with the nasal membranes. Too much force may drive the solution and contamination into the sinuses and into the Eustachian tubes. Instruct the client to sniff on the count of three as you squeeze the nasal spray. This will help to coordinate the client's sniffing with the application of the medication. Optional: Close one nostril while spray is applied to the other nostril.

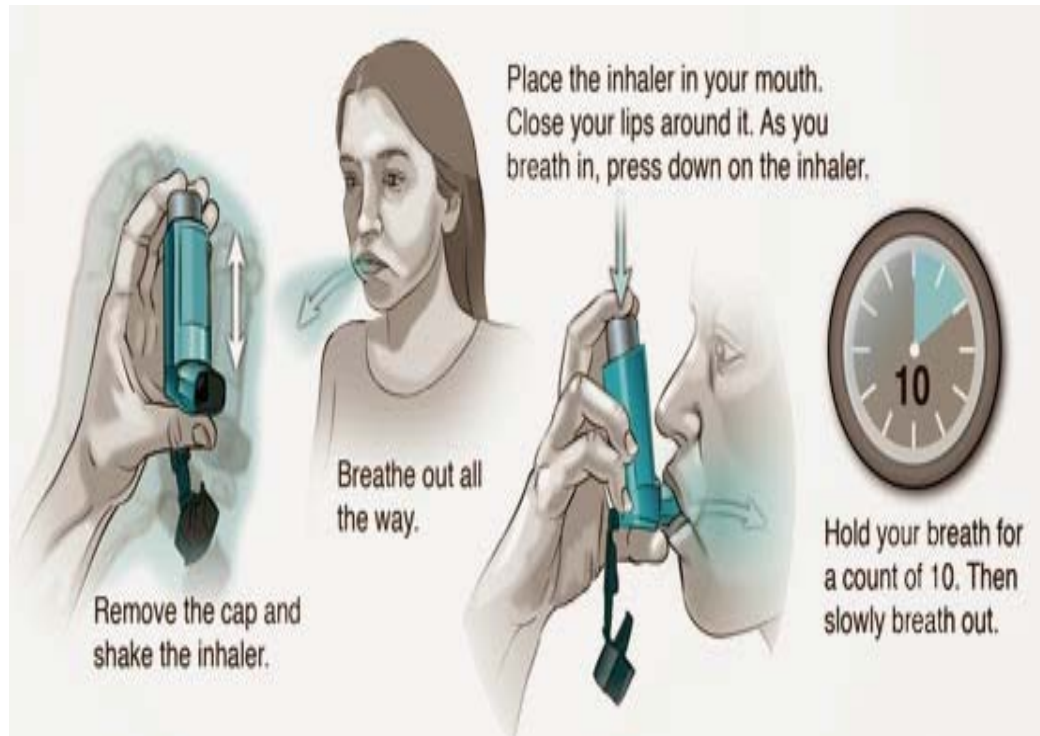


6. Re-read and compare the label of the container to the written physician or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
7. Wash hands.
8. Document by recording your initials on the medication administration record each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

INHALED MEDICATIONS:

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and the medication administration record.
2. Wash hands.
3. Check the manufacturer's instructions for the medication to see if the medication

- needs to be shaken before administering – most do.
4. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
 5. Position the individual in an upright position.
 6. Grasp the medication dispenser and remove the mouth piece cover.



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

TOPICAL SKIN MEDICATIONS:

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



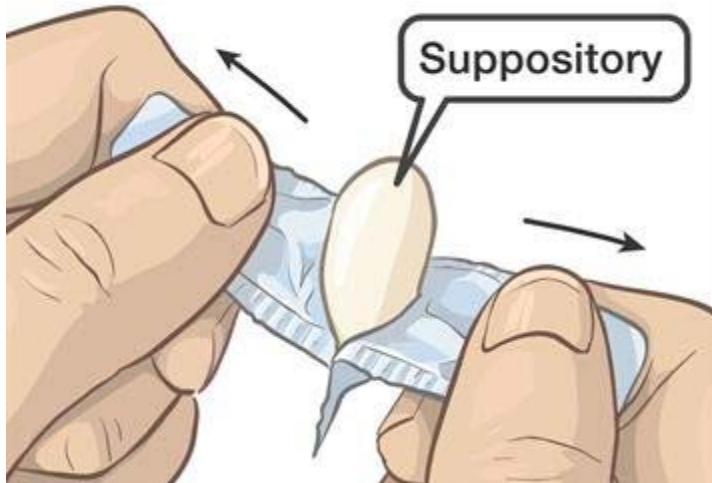
6. Re-read and compare the label of the container to the written physician or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
7. Remove gloves and wash hands.
8. Document by recording your initials on the medication administration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

RECTAL SUPPOSITORIES: (Ensure Privacy!)

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's

order and the medication administration record.

2. Wash hands and put on gloves
3. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
4. Remove the outer wrap form the suppository if needed.



5. Lubricate the pointed end of the suppository with a water based lubricant (K.Y. Jelly). Place the suppository on a tissue and avoid handling it as melting begins rapidly at body temperature.



6. Position the individual on his/her left side in the privacy of his/her own room. Position the top leg up toward the abdomen.

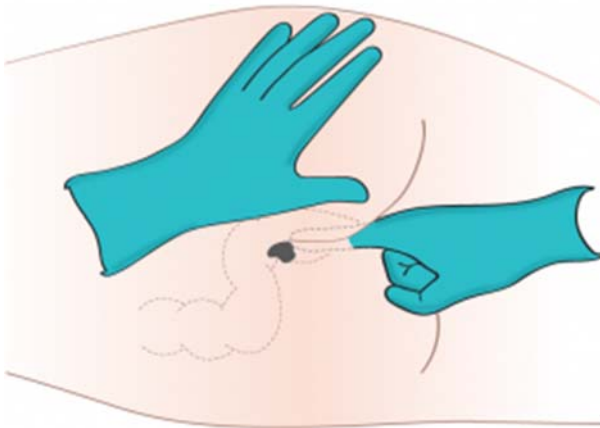
Positions for using an enema:



- **Left-side position:** Lie on left side with knee bent, and arms resting comfortably.



7. Gently insert the lubricated tip of the suppository, using one gloved finger, into the rectum to the second knuckle. Push the end of the suppository so that it touches the wall of the colon. It is not effective if inserted into the stool.



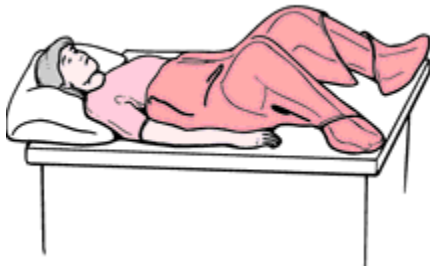
8. Hold the buttocks together for a full minute. This relieves the feeling of having to defecate and prevents the suppository from being expelled.
9. Dispose of gloves in the trash and wash hands.
10. Re-read and compare the label of the container to the written physician or other authorized practitioner's order and the medication administration record and return the medication to the storage area.
11. Document by recording your initials on the medication administration record each

time a medication is given in the appropriate place. If giving a PRN medication, remember to document the reason given and the results of the medication.

12. Document any results from the suppository.

VAGINAL MEDICATIONS: (Ensure Privacy!)

1. Identify, or assist the person in identifying, the medication container. Read the label and compare the label to the written physician's or other authorized practitioner's order and the medication administration record.
2. Wash hands and put on gloves.
3. Prepare the medication. Remove the wrap from suppository and/or load the applicator according to its instructions.
4. Before giving the medication re-read and compare the label of the container to the written physician's or other authorized practitioner's order and the medication administration record.
5. Have the individual prepare for bed, (e.g. take shower, put pajamas on, go to bathroom, etc.) prior to starting procedure, accompany person to her bedroom and ensure privacy.
6. For vaginal suppositories or creams, the individual should lay on the bed with the feet flat on the bed and knees spread. A sheet can be used to cover the individual to protect privacy while they are waiting.



7. Separate the applicator, the barrel and the plunger. Wash as instructed on the package and store or dispose of appropriately.
8. Dispose of gloves in the trash and wash hands.
9. Re-read and compare the label of the container to the written physician or other authorized practitioner's order and the medication administration record and return the medication to the storage area.

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

Emergencies

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

**** (Agency policy to be reviewed)

One type of emergency can be a client choking. When an individual is choking, most often they will grasp their throat with both hands, this is considered the universal sign for choking. However, not everyone will, or can, respond in this way. This means that you have to be familiar with the clients and aware of other signs that may indicate that the individual is choking. One way is a silent cough or a weak cough with a wheezing sound. Some of our clients, due to physical disabilities or conditions cannot be given the abdominal thrust maneuver; this means that another way to alleviate choking must be determined, such as chest compressions like those used with CPR. If emergency methods are used for a client that is choking, whether successful or not, 911 should also be called, so that the individual can be evaluated. Another staff, or after 911 is called, should call the EOC.



Seizures are another emergency that you may have to cope with. Each client with a seizure disorder should have a specific protocol that gives instructions on what to do if a client has a seizure. For those who do not have a diagnosis of seizures, have one staff member stay with the client, turn them on their side and make sure they are safe from injury (i.e. move tables, chairs and other items out of clients vicinity; protect their head). Another staff member should notify the Team lead or the EOC, they should also call 911.



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

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

Regardless of the emergency, you need to:

- Remain calm
- Call/send for help
- Know your limitations
- Know what is expected
- Don't move an injured client (unless they are in immediate danger (fire/flood))
- Reassure the client, even if the client is non-responsive, talk to them calmly, this lets them know you are there and caring for them
- Follow directions from agency nurse or doctor.



This is the checklist that will be used for the practicum test. You will have to complete 3-4 medication administration demonstrations. You MUST take it seriously.

Instructor will observe each student following the proper medication administration procedure. Students must pass the practicum with 100% accuracy.

Procedure	Pass	Fail
<i>Oral Medication</i>		
* Wash hands		
* Identify medication container; compare order, MAR & Label		
* Prepare for medication administration		
* Compare label, order, MAR		
* Count/Measure correct dosage		
* Administer medication to individual		
* Compare label, order, MAR, put away med		
* Document Appropriately		
<i>Eye Medication</i>		
* Wash hands, put on gloves if secretions are present		
* If secretions are present, remove secretions		
* Remove and discard gloves, rewash hands, re-glove		
* Identify medication container; compare order MAR & Label		
* Prepare for medication administration		
* Compare label, order, MAR		
* administer medication		
* Remove and discard gloves, wash hands		
* compare order, MAR, Label, put away med		
* Document Appropriately		
<i>Ear Medications</i>		
* Wash hands, put on gloves if secretions are present		
* If secretions are present, remove secretions		
* Remove and discard gloves, rewash hands, re-glove		
* Identify medication container; compare order MAR & Label		
* Prepare for medication administration		
* Compare label, order, MAR		
* administer medication		
* Remove and discard gloves, wash hands		
* compare order, MAR, Label, put away med		
* Document Appropriately		
<i>Nasal Medications</i>		

* Wash hands, put on gloves if secretions are present		
* If secretions are present, remove secretions		
* Remove and discard gloves, rewash hands, re-glove		
* Identify medication container; compare order MAR & Label		
* Prepare for medication administration		
* Compare label, order, MAR		
* administer medication		
* Remove and discard gloves, wash hands		
* compare order, MAR, Label, put away med		
* Document Appropriately		
Procedure	Pass	Fail
<i>Inhaled medication</i>		
* Wash hands, put on gloves if secretions are present		
* Identify medication container; compare order MAR & Label		
* Prepare for medication administration		
* Compare label, order, MAR		
* administer medication; give sip to rinse mouth		
* compare order, MAR, Label, put away med		
* Document Appropriately		
<i>Topical Skin Medication</i>		
* Wash hands		
* Identify medication container; compare order MAR & Label		
* Prepare for medication administration		
* Compare label, order, MAR		
* Expose and clean area to be treated; put on gloves		
* Administer medication following proper procedure		
* remove gloves, wash hands		
* Compare label, order, MAR, put away med		
* Document Appropriately		
<i>Rectal Suppository (verbal explanation of procedure)</i>		
* Wash hands		
* Identify medication container; compare order MAR & Label		
* Prepare for med admin: gloves, supplies, position		
* Compare label, order, MAR		
* Administer medication: put on gloves, procedure		
* Remove and discard gloves, wash hands		
* Compare label, order, MAR, put away med		
* Document Appropriately		
<i>Vaginal Suppository (verbal explanation of procedure)</i>		

* Wash hands		
* Identify medication container; compare order MAR & Label		
* Prepare for med admin: gloves, supplies, position		
* Compare label, order, MAR		
* Administer medication: put on gloves, procedure		
* Remove and discard gloves, wash hands		
* Compare label, order, MAR, put away med		
* Document Appropriately		

CHAPTER 6

TYPES OF MEDICATIONS

Psychotropic Medications

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

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

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

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

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

Some common psychotropic medications include:

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

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

- Extra pyramidal symptoms (EPS) may develop after a single dose or after prolonged usage. These symptoms include: tremor, rigidity, restlessness, fatigue,

or weakness of arms and legs and continual movements of hands, mouth, and body.

- Tardive Dyskinesia is an involuntary, rhythmic movements of the face, jaw, mouth, tongue, and sometimes extremities. Tardive dyskinesia symptoms may be permanent.
- Jaundice is serious liver damage that can be easily identified by a yellow discoloration of the skin and whites of the eyeballs. Can be confirmed through lab work. Jaundice is generally reversible.



- Neuroleptic Malignant Syndrome is an uncommon, life threatening reaction to neuroleptic therapy. The medications most commonly involved are the more potent neuroleptics. Signs observed are a very high temperature (102-104°F), difficulty breathing, profuse sweating, rigidity, altered consciousness, seizures and tremors. It can progress to multi-system failure. The nurse and prescribing physician or other authorized practitioner should be notified immediately and 911 called if needed.

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

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

Seizure Medications

Seizure (anticonvulsant) medications are those medications used to help individuals

control seizure disorders. Adverse effects include:

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

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

Hormonal Medications

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

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

Herbal Remedies

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

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

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

Guidelines for use:

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

- Herbal remedies and other natural supplements should be approached in the same way as

over-the-counter medications (OTC). This means that the person must have a physician's or other authorized practitioner's order to take the herbal supplement. In addition, requirements for labeling containers and recording the administration of herbal remedies would also be the same as for OTC. (This currently is already required for vitamins and minerals).

- The person receiving services, guardian, physician or authorized practitioner should specifically request the use of the herbal supplement.
- The agency must guard against any recommendation by agency staff or providers concerning use of herbal or other natural supplements. Staff and providers should not impose their beliefs or practices concerning herbal remedies on persons receiving services.

Chapter 6 questions

1. You are the QMAP in the assisted living facility today. Ms. Jones is arguing with other clients and yelling at the staff members. You are aware she has a "standing" order for Ativan 0.5mg po q6 hours PRN for agitation. You know that Ativan is a psychotropic medication. What would you do next? Why?
-
-

2. Define "psychotropic" medications and give 3 examples: (See chapter 7)

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

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

DON'T

1. Don't leave the medication storage container unlocked (if applicable) or medications unattended.
2. Don't allow individuals to take medications from an improperly labeled bottle.
3. Don't re-label medications yourself.
4. Don't allow the individual to take medications until you have checked the label for proper information.
5. Don't leave medications out in opened containers.
6. Don't allowing individuals to take medication without a written order by the physician or other authorized practitioner.
7. Don't put off recording medications.

8. Don't deny medication errors.
9. Don't be afraid to ask for help.
10. Don't give oral medications to an unconscious person because of the danger of choking.
11. Don't give oral medications to an individual who has vomited.
12. Don't pre-dispense medications for later in the shift/day.
13. Don't give medications you have not prepared/set up.
14. Don't chart medications in the medication administration record for other staff/providers.
15. Don't borrow or substitute someone else's medications for another person.
16. Do not mix medications from an old container into a new container.

CHAPTER 7

ADMINISTRATION OF MEDICATIONS FROM MEDICATIONS REMINDER BOXES

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



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

person's home.

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

Day/Trips packs

Day packs – these are not often used at our agency. The medications are administered before the client leaves for the day. On rare occasions that a day pack of medications is necessary, a qualified manager will fill a medication box and complete a label for the medications included in the day pack.

For a client going on a trip a regular medication reminder box(es) will be filled by a qualified manager for the days that the client will be on the trip. A proper label will also be completed. A copy of the individual's MAR will be provided with the MRB to aide in the medication administration.

CHAPTER SEVEN REVIEW

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

Definitions

Knowing the following terms will help you.

Controlled Substance: Medications that have the potential to be addictive and used in a way other than how the medication was prescribed; a system must be in place to account for receipt, administration and disposition of each medication.

Document: To record or write; Documentation of the administration of medications is required on the medication administration record (MAR).

Label: Information on the medication package; referred to also as medication label or prescription label.

Medication Administration Record (MAR): A record that lists all of the medications ordered for the client, including routine or regularly scheduled medications and PRN medications; It is used to document or record the administration of medications.

Medication / Drug: Another word used for drug; a substance or mixture of substances used in the diagnosis, cure, treatment, or prevention of disease.

OTC Medications: Over-the-counter or non-prescription medications; medications which can be purchased or obtained without a prescription; however, you need a physician's order to administer them.

Prescription Medications: Medications that can only be obtained or purchased through an order or prescription written by a physician or prescribing practitioner.

PRN – as needed or if necessary; PRN medications are not scheduled to be administered at specific times, or routinely. Clients should be able to ask for PRN medications, if they cannot an assessment of the client must be made by someone designated by the facility and must not be a QMAP. Administration of PRN medications needs to be documented on the MAR.

Prescribing Practitioner – Refers to a licensed health care professional who is authorized to prescribe or order a medication; the prescribing practitioner people are the most familiar with is a physician or doctor. Other prescribing practitioners include physician assistants, family nurse practitioners and dentists.

Policies and Procedures: Each facility is responsible for creating Policies and procedures related to QMAP's and medication administration.

Qualified Manager: is designated by the owner of the facility and is a manager or supervisor of QMAP's, has successfully passed the QMAP competency testing, who oversees the filling and administration from MRB's

Regulations: an official rule or law that says how something should be done.

Report: To make known, to give information about something.

Side effects: Any effect other than the desired effect; unwanted effects or adverse reactions from a medication.

Topical: applied directly to the skin

Transcribe: To transfer written information from one place to another; information on the physician's order must be transcribed to the medication administration record (MAR).

Practicum

Practicum – practical test of the skills of administering medications as taught by this course

Materials

- Medication storage
- MAR and CPO for 8-10 mock clients
- Mock medications for 8-10 clients including oral, eye, ear, nasal, topical, inhaled medications
- Practicum checklist
- Card to indicate what client and medication each student will be passing for test

Process

After completing the written test you will be given a 5x6 card that lists 4 clients with a medication for each client. These are the medications that you will pass for the practicum test. You will give one oral medication and three of the following: eye, ear, nasal, inhaled or topical medications. Of the remaining routes for medication administration, you will answer questions from the instructor regarding some item of the process of giving the medications.

You are expected to:

- Student will unlock the medication storage drawer
- Student will locate the MAR/CPO book and locate their first client
- Student will perform their first check
- Student will state or demonstrate how to prepare the client for the medication
- Student will perform their second check
- Student will state or demonstrate how to give the medication
- Student will perform their third check, then put away medication
- Student will state how they would document the medication
- Student will state their response if the client refuses medication

This will be done for each of the four medications listed on you card. The instructor will observe the process and use questions to redirect or clarify if there is a missed or incorrect step. Each of the steps must be completed in detail. If you are able to correct yourself without additional guidance you will get credit and the test will continue. The instructor will have the discretion to

determine if the student has the knowledge to proceed with the practicum or halt the test for the student to review and test later (either at a later date or after other students have completed their practicum).

*****example of the practicum checklist is at the end of chapter 5.***

CHAPTER REVIEW ANSWERS

CHAPTER ONE REVIEW

6. List one of the purposes for drugs.

Alleviate symptoms, support body function, aid in diagnosis, prevent disease, maintain health, and alter thought process or behavior

7. What is the difference between a solution and a suspension?

a suspension is a powder in a liquid that is not dissolved and needs to be shaken, where a solution the power is fully dissolved in the liquid and does not need to be shaken

8. Does an enteric-coated medication dissolve in the stomach?

No, it begins dissolving but if the medication was exposed to the stomach lining it would cause other problems

9. Local drug actions take place in a specific area of the body.

True False

10. Give 3 examples of adverse effects:

Allergic reaction, liver damage, Hallucinations

11. Give 5 examples of side effects:

dry mouth, insomnia, drowsiness

8. Identify the medication form.

tablet _____ Compressed form of drug

suspension _____ must be shaken before pouring

lozenge _____ dissolves in the mouth

_____ **sublingual** _____ medication given under the tongue

_____ **inhaler** _____ medication breathed into the lungs

_____ **capsule** _____ gelatin container for powdered medication

_____ **topical** _____ rubbed onto the skin

_____ **suppository** _____ semi-solid medication, melts at body temperature

_____ **patch** _____ mediated adhesive pad applied to the skin

_____ **spansule/sprinkle** _____ contains time released medication

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

_____ **IM, IV, SQ, Gtube** _____

CHAPTER TWO REVIEW

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

prescription, over the counter

11. Where do you look for information on medications? **Drug reference book or app, reliable website, MAR link, pharmacy insert.**

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

doctor name, pharmacy name, phone, DEA #, Date filled, patient name, medication name strength, instruction, quantity in bottle, number of refills, specific warnings

13. Suspicion of drug diversion stays with you on your record.

True False conviction does

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

15. What is the single "best" way to discard medications that are discontinued or outdated, if not affiliated with an agency?

flush them down the toilet

throw them in the nearest trash can

mix with coffee grounds or kitty litter and place in the garbage

put them in your pocket to give to friends later

16. What is your responsibility regarding controlled substances?

Must be counted on receipt, before and after each dose is pulled and count documented

17. You should always report suspicions of drug diversion to your supervisor.

true false

18. Is it acceptable to leave the medication cabinet or cart unlocked while you administer medications because you will be right back? Why or why not?

No, this leave the medications available for someone to take or spill, it not safe for the client or other staff.

CHAPTER 3 REVIEW

Write out each prescribed drug completely, including all abbreviations:

10. Digoxin 0.125 mg., I TAB po qd 1 tablet by mouth daily

11. Coumadin 2.5 mg po qhs on M, T, TH, F by mouth at bedtime on Monday Tuesday Thursday and Friday

12. Coumadin 3 mg po hs on W, S, Su by mouth at bedtime on Wednesday and Sunday

13. Tylenol 325 mg., 2 tabs po q4 prn for knee pain no more than 6 tablets per day tablets by mouth every 4 hours as needed

14. Timoptic 0.5% ophth sol, 1 gtt OU tid x7d 1 drop in both eyes three times a day for seven days

15. Tobramycin 250 mg., 1 tab po q6h x 7d 1 tablet by mouth every 6 hours for 7 days

16. Debrox otic gtts, 2 gtts to each ear bid x3d 2 drops each ear twice daily for 3 days

17. Adderal XR 25 mg, give 1tab at 9am and 1tab at 3pm extended release tablet

18. Guaifenesin 200mg, give 2 tabs po q4h prn not to exceed 2.4g/day. By mouth every 4 hours as needed not to exceed 2.4 grams daily

19. Docusate sodium 50mg cap, give 100mg po qod x7 days then DC. **By mouth every other day for 7 days then discontinue**

1. The order says to give 500 mg. of the drug. The med bottle reads each scored tablet is 250 mg.
How many tab. should you give? 2 tabs
2. The med bottle reads each scored tab is 300 mg. The order is to give 150 mg. How many tab. will you give? 1/2 tab
3. A liquid medicine has 50 mg. of drug in each 5 ml.
The order says to give 100 mg.
What is the strength of preparation of the drug? 50mg/5ml
What is the dosage ordered? 100mg
How much of the liquid should you give? 10ml
4. The medicine comes in 5 mg. scored tabs. You are to give 15 mg. How many tab. should you give? 3 tabs
5. A liquid medicine has 25 mg. of drug in each 5 ml.
The order says to give 500 mg.
What is the strength of preparation of the drug? 25mg/5ml
What is the dosage ordered? 500mg
How much of the liquid should you give? 100ml
6. The medication bottle reads take 1 g of medication. The scored tablets are 500 mg. How many tablet(s) will you give? 2 tabs
7. The doctor orders levothyroxine 75 mcg. The pharmacy provides 0.025mg tablets. How many tablets will you give? 3 tabs
10. Norvasc 5 mg. is ordered by the physician. The bottle contains 2.5 mg scored tabs. How many tablets will you give each dose? 2 tablets
11. Accupril 20 mg. is ordered. The bottle contains 40 mg scored tabs of Accupril. How many tablets will you give EACH DOSE? 1/2 tablet
12. You need to give 15 ml of a liquid medication. What is the equivalent amount in tbsp? 1
in tsp? 3 in ounces? 1/2
13. You need to give Paxil 10 mg. daily in the a.m. You have Paxil 20 mg scored tablets. How

many tabs will you give each morning? 1/2 tab

For the following, identify the Strength of Preparation with an “S” and the Dosage with a “D”. Determine how much of the medication you will give to your client.

10. S Tylenol 325 mg. TAB
D Take 650 mg. q4h prn for back pain
 How much will you give? 2 tabs

11. S Promethazine HCL 25 mg tablet
D Take 25 mg. Q8H prn
 How much will you give? 1 TAB

12. D Take Chlortrimeton q4h 4mg prn for hay fever
S Chlortrimeton 2 mg /5 ml
 How much will you give? 10ML

13. S Isordil 10 mg. tab
D Take 15 mg. q8h for congestive heart failure
 How much will you give? 1 & 1/2 TAB

14. S Sodium Citrate 500 mg/5 ml
D Take 1.5 G bid for kidney stones
 How much will you give? 15ML

15. D Take 20 meq. of KCL qd. For low potassium
S KCL (potassium) 40 meq/30 ml
 How much will you give? 15ML

16. S Wellbutrin sr (bupropion sustained release) 150 mg tab
D take 75mg daily x 4 days.
 How much will you give? 1/2 tab

17. S Propranolol 20 mg tab
D Take 40mg po bid
 How much will you give? 2 TABS

18. ___D___ Take 10mg tab sl prn for migraine
 ___S___ Maxalt 10 mg tab
 How much will you give? ___1 TAB___

4. Define dosage and strength:

5. How many milligrams are in 1 gram?

Physician order:

Midland Family Practice RX: <u>Hazel Greene</u> Lasix 40 mg PO QD in a.m. J.R. Midland, MD Date: _____

Pharmacy label:

Goodpills Pharmacy RX: Hazel Greene Furosemide 20 mg Give 2 tablets (40 mg) daily MD: Midland 12/24/15 exp: 12/16 #: <u>120</u>
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6. Does the **Physician Order and the Pharmacy label** above, correctly match for the medication Lasix? Yes or No ___YES___

11. Referring to the **Physician Order** above:

- a. What is missing from the physician order? ___DATE WRITTEN___
 b. What information on the order makes up the “dose” of the medication, Lasix?
 1) ___2 TABLETS___, 2) ___DAILY___

12. Referring to the **Pharmacy label** above:

- a. You have an order for lasix and have a bottle with the drug name furosemide. What action/s would you take before giving the medication?
VERIFY THAT THEY ARE THE SAME MEDICATION
-

13. Referring to the **Physician Order and the Pharmacy label** below,

- a) How many ml of Amoxicillin would you give? ___30___
 b) How often would you give? ___twice daily___

14. There are items missing from the pharmacy label **below**? List three of them?

1) date filled, 2) quantity filled, 3) pharmacy contact info

Physician order:

Midland Family Practice
RX: John Smith

Amoxicillin 30ml PO BID

x 7 days

J.R. Midland, MD 7/1/15

Pharmacy Label

Goodpills Pharmacy

RX: John Smith
Amoxicillin - Give 30ml by mouth

MD: Midland
Date: refills: 0

Additional Math Practice answers

Medication JKL Suspension 160 mg PO BID is ordered for a patient who cannot swallow pills. It is supplied as 100 mg/5 mL.

How many mL should you administer? 8 mL

$$\frac{100\text{mg}}{5\text{ml}} + \frac{60\text{mg}}{x\text{ml}}$$

$$5 \times 60 = 300\text{mg/ml}$$

$$100 \times x = 100 \times \text{mg/ml}$$

$$100 \overline{) 300} = 3\text{ml}$$

$$x = 3\text{ml}$$

$$5 + 3 = 8\text{ml}$$

The prescriber orders Medication LX, 0.5 g PO now. The medication is available as 125 mg/tablet.

The nurse would give 4 tablets per dose.

$$0.5\text{g} = 500\text{mg} / x\text{tablet}$$

$$125\text{mg} / \text{tablet}$$

$$125\text{mg} \times 2 = 250$$

$$125\text{mg} \times 4 = 500$$

The prescriber has ordered Lasix 120 mg via gastrostomy tube once a day for the patient.

The medication is provided in an oral solution of 16 mg / 2 mL.

How many ~~tablespoons~~ ^{mL} would the caregiver, use to pour this medication into the gastrostomy tube?

15 mL
1 Tbsp

$$16\text{mg} \times x = 120\text{mg}$$

$$2\text{ml} \times 7.5 = 15\text{ml}$$

Order: Med DGN 250 mcg q day

Supply: Med DGN 0.125mg/tablet $0.125\text{g} = 125\text{mcg}$

How many tablets are needed for one dose? 2 tablets

A client has an order for Med BND elixir 30 mg PO now. The medication is supplied as Med BND elixir 12.5 mg/5mL. How many mL are needed for the dose? 12 mL

$$12.5\text{mg} \times 2.4 = 30\text{mg}$$

$$5\text{ml} \times 2.4 = 12\text{ml}$$

$$30 \div 12.5 = 2.4$$

Medication XYZ 0.15 g PO BID is ordered for a client. The pharmacy sends Medication XYZ tablets that contain 50 mg per tablet.

How many tablets will be administered for one dose?

3 tablet(s)

$$0.15 \text{ g} = 150 \text{ mg}$$

$$50 \text{ mg} \times 3 = 150$$

$$1 \text{ tablet} \times 3 = 3 \text{ tablets}$$

Order: Med CNL 0.2 g PO BID

Supplied: Med CNL 100 mg per tablet

How many tablets will the nurse need for one day?

2 tablet(s)

$$0.2 \text{ g} = 200 \text{ mg}$$

$$100 \times 2 = 200$$

$$1 \text{ tab} \times 2 = 2$$

The prescriber orders Medication T 25 mg PO BID for hypertension.

Medication T is supplied as 0.05 g /tablet.

The nurse will administer 1/2 tablets

$$50 \times 0.5 = 25 \text{ mg}$$

$$1 \times 0.5 = 1/2 \text{ tab}$$

$$0.05 \text{ g} = 50 \text{ mg / tablet}$$

$$25 \text{ mg} = \underline{\quad} \text{ tablet}$$

The nurse is administering a PRN medication for pain.

The prescription says: Medication D 38 mcg IM q 4 h PRN pain.

Medication D is supplied as 100 mcg/ 2mL.

The nurse will administer 0.76 mL of Medication D.

$$\begin{array}{r} \text{H} \quad \text{q} \\ 100 \text{ mcg} \quad 38 \text{ mcg} \\ \hline 2 \text{ mL} \quad \quad \text{X mL} \end{array}$$

$$100 \times 0.38 = 38$$

$$2 \times 0.38 = 0.76 \text{ mL}$$

$$100 \overline{)38} = \begin{array}{r} .38 \\ \times 2 \\ \hline \end{array}$$

Order: Med CNL 0.2 g IM TID

$$0.200 = 200 \text{ mg}$$

Supplied: Med CNL 100 mg per 2.5 mL

How many mL will the nurse need for one day?

$$\frac{100 \text{ mg}}{2.5 \text{ mL}} \times 2 = \frac{200 \text{ mg}}{5 \text{ mL}} \quad 5 \text{ mL dose} \times 3 \text{ doses a day} = 15 \text{ mL}$$

client has an order for Med BND elixir 30 mg PO now. The medication is supplied as Med BND elixir 25mg/5mL. How many mL are needed for the dose?

$$\frac{25 \text{ mg}}{5 \text{ mL}} \times 30 \text{ mg} = \frac{30 \text{ mg}}{x \text{ mL}} \quad 25x = 150 \quad 25 \overline{)150} \quad \begin{array}{r} 6 \\ 150 \\ \hline 150 \\ \hline 0 \end{array} \quad \boxed{X = 6 \text{ mL}}$$

Medication XYZ 0.15 g PO BID is ordered for a client. The pharmacy sends Medication XYZ tablets that contain 50 mg per tablet. How many tablets will be administered per day?

$$0.150 = 150 \text{ mg} \quad \frac{50 \text{ mg} \times 3}{1 \text{ tab} \times 3} = \frac{150}{x} = \boxed{3 \text{ tabs}}$$

Order: Med DGN 250 mcg q day

Supply: Med DGN 0.125mg/tablet $0.125 = 125 \text{ mcg}$

How many tablets are needed for one dose?

$$\frac{125 \text{ mcg} \times 2}{1 \text{ tab} \times 2} = \frac{250 \text{ mcg}}{2 \times \text{tab}} \quad \boxed{2 \text{ tabs}}$$

A client has an order for Med BTN 10 mg PO now. The medication is supplied as Med BTN 2.5 mg/tablet. How many tablets are needed for one dose?

$$\frac{2.5 \text{ mg} \times 4}{1 \text{ tab} \times 4} = \frac{10 \text{ mg}}{4 \times \text{tabs}} \quad \underline{4} \text{ tablet(s)/dose}$$

Order: Elixir of Digoxin 150 mcg PO STAT.

The label on the bottle of elixir of Digoxin reads: Digoxin 0.05 mg/mL.
you will administer _____ mL of medication.

$$\begin{array}{l} 50 \text{mcg} \times 3 = 150 \text{mcg} \\ 1 \text{ml} \times 3 = \boxed{3 \text{ml}} \end{array}$$

$$0.05 \text{ mg} = \frac{50 \text{ mcg}}{1 \text{ ml}}$$

Order: Medication PCL 60 mEq PO TID with meals.

Available: Medication PCL 40 mEq per 30 mL

Administer _____ mL per dose.

$$\begin{array}{l} 40 \text{ mEq} \times 1.5 = 60 \text{ mEq} \\ 30 \text{ ml} \times 1.5 = \boxed{45 \text{ ml}} \end{array}$$

CHAPTER FOUR REVIEW

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

person – listed on record as well as actual person

Medication – name and strength of each unit of medication

Dose – how much of medication to give at a time

Route – how the medication gets into the individual

Time – how often during the day the medication is administered

Documentation – writing down what was done about the scheduled medication (given/not give and reason; why and what effect a PRN medication had)

Refusal – accepting that an individual has the right to refuse to take medications

7. What should you do if a medication error occurs? Who should you report to if a medication error occurs? **Admit and Report the error to supervisor, document what happened**

8. Match the situation with the appropriate category:

D Tim's pharmacy label reads: Take Lasix 20mg QID. He took it before each meals.

a. Wrong person

E Ben put his ear drops in his eyes.

b. Wrong Medication

- C Sue gave 3 TBSP Mylanta to Bob. The order reads Give 30cc/ml. c. Wrong Dosage
- E Stacy’s heart medication was oral. She held it under her tongue. d. Wrong Time
- D Mary was going to the movies. Dan gave her 9pm Meds at 6:30pm before she left. e. Wrong Route
- A Glenn told Bill his name was Rich. Bill gave Glenn Rich’s 5pm medications. f. No Error
- D Kyle gave Bill his 5pm medications at 7pm when he ate dinner because the label said to give with food.
- B Jill gave Carbamazine to Sam. The order was to give Gabapentin.
- C Jim gave 5ML’s of cough syrup to Marc. The order reads Give 1 TBSP.
- A Sarah gave Joe Field’s medication to Jo Feld.

9. Mrs. C has an order to take Guaifenesin AC 500 mg 4 times a day for 7 days. You misread the order and gave 500mg every 4 hours. What did you do wrong? What do you do? **Gave the medication too often, potentially an overdose. Monitor the client, report error and document, report to PCP or Have nurse notify physician**

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

<p style="text-align: center;">Midland Family Practice</p> <p>RX: Hazel Green _____</p> <p>Amoxicillin 30cc PO BID x 7 days then DC</p> <p><u>J.R. Midland, MD</u> <u>7/1/15</u></p>	<p style="text-align: center;">Midland Family Practice</p> <p>RX: Hazel Green _____</p> <p>Furosemide 40mg qd po</p> <p><u>J.R. Midland, MD</u> <u>7/1/15</u></p>
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Using the medication orders above, practice documenting administration or monitoring of medications on the MAR below. Practice routine and PRN medications, a medication that cannot be given or is refused, and how to handle various documentation errors.

FRONT OF EXAMPLE MAR

MEDICATION ADMINISTRATION RECORD																		
Client Name: Hazel Green												Month/Year: dec 2018						
Medication info	Time	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

Amoxicillian 30ml Give 30ml by mouth twice daily for 7 days	0800				kt													
	1700																	
Lasix 40mg Give 1 tablet by mouth daily	0800				kt													
Tylenol 650mg Take 2 – 325mg po prn for knee pain.					kt													

BACK OF EXAMPLE MAR

QMAP name:		K. Tompson		
Identifying initials		kt		
Date	Time	Notes (REMINDER: SIGN EACH NOTE WITH FULL NAME AND QMAP TITLE)		
12/4/18	0800	Tylenol 2 tabs given for knee pain, "bad" 12/4/18-09a - states pain is "better"		

11. Explain why you should not copy from last month’s MAR sheet.

___ there are often changes in medications, the physician orders will be most up to date and accurate. ___

12. If you make an error when charting on the MAR, should you white it out and rewrite it correctly? Why or why not?

No, as a legal document everything must be visible, so, do indicate an error, draw a single line through the incorrect item, write ‘error’ or ‘err’ above and if needed initial the error

13. Mrs. Hansen had medications re-ordered on Monday. On Thursday Mrs. Hansen ran out of pills, as of Saturday the pharmacy still has not delivered her medications. Is this a medication error? Why? **Yes, because the patient is missing doses through no choice of her own.**
14. What do you need to chart for PRN medications? **When you gave, why and WAS IT EFFECTIVE/FOLLOW UP.**
15. When should you chart your given meds? **As soon as you can after giving the medications and finishing care of your client**
16. The QMAP who administered meds today forgot to document one client's meds on the MAR. You are considering initialing all of this client's medications because s/he verifies they were given. Explain how this situation should be handled:
The qmap who administered the medications needs to come in and document what s/he gave, as well as explain why charting was missed
-
17. You administered 2 tablets of Tylenol, 325 mg, to Mrs. Smith at her request, for a headache at 4 pm. At 5 pm she tells you she feels better. Are you required to do anything else in this situation? Please explain: **yes document that the medication was effective**
18. Mr. Smith refused his Zantac today. Are you required to do anything? Please explain:
Indicate on the MAR that he refused his medication, review the past MAR to see if this refusal is a single incident or a trend, if it is a trend report to the nurse
-
19. You are to administer medications to 4 clients seated at the lunch table. What procedures must you follow? Why? **Check that they are ok with you administering medications in the dining room, verify the correct individuals, administer one at a time,**
20. To save time during your med pass, should you place medications on the dining room table near the client for whom they are prescribed? Why or why not? **No, you should not set meds next to the client ever, they may forget to take them or knock them over. In addition, in the dining room, another client could take them.**
21. You always wash your hands before a med pass, so it is ok to touch the medications with your bare hands during set up of medications. ___ True **_X_** False

Chapter 6 questions

1. You are the QMAP in the assisted living facility today. Ms. Jones is arguing with other

clients and yelling at the staff members. You are aware she has a “standing” order for Ativan 0.5mg po q6 hours PRN for agitation. You know that Ativan is a psychotropic medication. What would you do next? Why?

Nothing, you are not permitted to administer psychotropic medication as needed as it requires medical judgement to determine when it is appropriate to administer

Ms. Jones behavior, while inappropriate and inconvenient and frustrating, does not necessarily mean she is agitated, she might have a legitimate reason for her anger, arguing and yelling.

1. Define "psychotropic" medications and give 3 examples: (See chapter 7)

Psychotropic medications are those that alter or reduce behavior, aid with mood or thought processes

Antianxiety, antidepressants, mood stabilizers

CHAPTER SEVEN REVIEW

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

number of pills to be in each compartment, dose to be given