

# UNIT SIX

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## *Medications*

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2014

## MEDICATIONS STUDY GUIDE

1. What are the 5 normal uses of medications?

- 1.
- 2.
- 3.
- 4.
- 5.

2. Who must prescribe medication?

3. Define Controlled Medications and give 3 examples?

Controlled Medications:

- 1.
- 2.
- 3.

4. What are the legal requirements for administering medications?

5. Define Local Effect?

6. Define Systemic Effect?

7. What are the major routes of medication administration?

8. This training qualifies you to give medications by injection?

Yes? \_\_\_\_

No? \_\_\_\_

9. List the different forms in which medications are manufactured?

10. List the different forms in which medications are manufactured?

11. You may take a telephone order for a medication from the doctor.

Yes? \_\_\_\_

No? \_\_\_\_

12. What are 6 rules for storing medications?

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

13. What are 4 ways to prevent medication errors?

- 1.
- 2.
- 3.
- 4.

14. What are 3 methods for disposal of medications?

- 1.
- 2.
- 3.

15. What do the following abbreviations mean?

1. p.r.n.
2. b.i.d.
3. q.i.d.
4. h.s.
5. t.i.d.
6. tsp.
7. Tbsp.
8. ml

# **I. INTRODUCTION TO MEDICATIONS**

## **LEARNING OBJECTIVES**

As a result of reading this material, you will be able to:

1. Identify the uses of medication.
2. Recognize that any medication can be abused.
3. Recognize that some medications are controlled substances and there may be special procedures for handling these medications.
4. Recognize the uses of medication:
  - a. Prevention of disease (health maintenance)
  - b. Treatment of disease
  - c. Relief of pain
  - d. Maintenance of function
  - e. Diagnosis of disease

## **DESCRIPTION**

Medication can have significant impact on the person's overall state of health, behavior, and the ability to prevent, combat, or control disease. This part focuses on the information you need to safely and accurately perform the critical tasks of administering medication to an individual. There are two main categories of medication: prescription and non-prescription (over-the-counter).

Prescription medications (prescription drugs) include all drugs which must be prescribed by a person licensed to do so by the State of Michigan (e.g., physician, dentist) and dispensed by a pharmacist.

Non-prescription or "over-the-counter" medications (or drugs) include all drugs which do not need to be prescribed by a person licensed to do so by the State of Michigan and dispensed by a pharmacist. A person can buy the drug over the counter in a store and medicate themselves.

All drugs given in community residential settings (group homes, vocational programs, adult foster care, and supported independence) are considered to be prescription medication. All medications administered must be prescribed by a person licensed to do so by the State of Michigan (i.e. doctor, dentist).

Prescription medications are further divided into sub-categories: controlled and non-controlled.

Controlled Medications (controlled drugs): these are prescription medications which have been legally designated "controlled substances." Drug control agencies have considered drugs in this category to have a high potential for abuse. Codeine, Dexedrine; Valium, and Librium are some controlled substances. As drugs are

identified as having a high potential for abuse they are placed on the Controlled Substance list. There may be special procedures for handling controlled substances.

One of the procedures that are very important is maintaining strict accountability of such medications as well as any other medication that is considered a controlled substance including pain medications for example. We must do so by maintaining a narcotic count of these medications. It is important that these medications are counted each shift to insure that all pills are accounted for by the caregivers leaving and arriving for each shift and then signed off on the narcotic count sheet by both parties. The Narcotic Count Sheet is maintained in the individual's Medication Book. A controlled substance is normally identified with an auxiliary label on the medication bottle identifying it as such. However, if the caregiver is unsure one can always speak with the pharmacist and they will be happy to assist.

Non-controlled medications or drugs include all other prescription drugs that do not appear on the list. This does not mean that all drugs not on the controlled list have been tested and found to have no potential for abuse. A drug can be placed on the list or moved from one list to another as findings about the drug are documented.

Drug Abuse refers to using a medication in a manner other than that for which it was intended.

### **EFFECTS OF DRUG ABUSE:**

- Physical dependence (addiction)
- Psychological dependence (habituation)
- Functional impairment

*Physical dependence* (addiction): Without the drug, the person experiences withdrawal symptoms. When the drug is re-administered, the withdrawal symptoms disappear. For example, a person used to having three cups of coffee each day may have a headache and a tired feeling when caffeine is withheld.

*Psychological dependence* (habituation) is an emotional dependence upon a drug. The dependence may range from a mild desire for a drug to compulsive use. The person prefers the drug-induced feeling.

Drugs which have beneficial medical effects also have the potential for abuse. These drugs are often abused because they alter one's state of mind. The major categories of drugs that have the potential of drug abuse are:

- Narcotics (Heroin, Morphine, Demerol)
- General central nervous system depressants (Barbiturates, Alcohol)
- Central nervous system stimulants (Cocaine, Amphetamines)
- Mind-altering drugs (LSD and Marijuana)

*Functional impairment* is when the body can no longer function normally without the drug. For example, overuse of laxatives will prevent normal movement of the bowels.

Our attitudes regarding the importance of taking medication depends on our culture, community, family, and friends. For most individuals, medications ordered by the physician are acceptable, while street drugs are not acceptable. For instance, some folks will endure a headache all day long rather than take two acetaminophen tablets. No matter what your personal values are regarding taking medications, you are responsible, as a direct care staff person, to assist the person in using medication as ordered. In addition to the actual administration of medication, the person may need assistance in reporting effects of the medication.

*Note: Portions of this content adapted from Bergersen, Betty S. Pharmacology in Nursing, 14th Edition, StLouis: C. V. Mosby Co., 1979.*

## II. LEGAL AND ETHICAL IMPLICATIONS OF MEDICATION ADMINISTRATION

### LEARNING OBJECTIVES

As a result of reading this material you will be able to:

1. Recognize that laws exist that guide the manner in which medications are administered.
2. Recognize that all medication must be prescribed by a person licensed to do so by the State of Michigan
3. Recognize that the direct care staff person is legally responsible for the administration of medication safely.
4. Recognize that any person has the right to refuse medication.

There are laws governing every aspect of drug therapy. The Department of Community Health (DCH) has issued specific guidelines regarding medications used to decrease some thoughts, feelings and behaviors (psychotropics) and medications used to decrease seizures (anticonvulsants).

All medication including over-the-counter medication must be prescribed by a person licensed to do so by the State of Michigan (i.e., doctor, dentist).

In order to administer medication, there must be a **consent** signed by the parent or guardian stating that residential community staff may administer medications. Staff must have taken and passed a medication **training** program approved by your agency. You should only administer medication using procedures for which you have been trained in class. You should refuse to carry out other procedures unless properly trained.

As a direct care staff, you must know the policies and procedures. Most errors in administering medication can be traced to failure to follow these policies and procedures. Information about each drug must be obtained before administering the medication.

There are many responsibilities which come with administering medications. As a direct care staff, you must convey a positive attitude about medication. Questions asked should be answered honestly and accurately.

Any person has the right to refuse medication. *A person should never be forced to take medication.* The refusal must be reported and recorded appropriately. Rarely, a decision to force medication is made by the physician and provisions for this are included in Michigan Mental Health Code.

**Never force a person to take medication; he or she has the right to refuse medications.**

### ***Safety is the prime concern when administering medications***

This includes strictly adhering to the "five rights," (right person, right medication, right time, right route, and right dose). You must observe, record and report the person's responses to drug therapy. Every medication is potentially dangerous if not administered properly. If you have any questions about administering medications, be sure to confer with the nurse consultant or pharmacist before proceeding.

## **III. DRUG ROUTES, DOSAGE FORMS AND FACTORS THAT INFLUENCE THEIR USE**

### **LEARNING OBJECTIVES**

As a result of reading this material, you will be able to:

1. Recognize the difference between "local" and "systemic" effects of drugs.
2. Recognize the differences between therapeutic effects, side effects, adverse effects and contraindications.
3. Identify the major routes of medication administration.
4. Identify your limits in administering medications.
5. Recognize the common dosage forms of medication.

### **Effects of Drugs**

Drugs are administered for their site and systemic (general) effects. Local effects result from directly applying a drug to a tissue or an organ. Only a limited area is affected. Example: the application of an antibiotic ointment to a cut on your arm.

Systemic effects are produced when drugs circulate in the bloodstream and are carried to the cells capable of responding to them. They affect the whole body. Example: an antibiotic taken by mouth for a kidney infection. The drug enters the digestive system, and then travels in the bloodstream to all the cells, including those in the kidneys.

### **Effects of Medication**

In order to safely administer drugs, it is important to understand the following:

- Therapeutic Effect is obtaining the desired effect of the drug on the body system for which it was prescribed.
- Side Effect is any effect of a drug other than for which it was prescribed. Example: Compazine administered for nausea and vomiting may have a calming side effect.
- Adverse Effect is a bad side effect. It may be as minor as a rash or as life-threatening as an allergic reaction.
- Contraindication is any reason, symptom or circumstance that would make the use of a drug inadvisable. Examples include:
  - **Pregnancy:** most medications are contraindicated during pregnancy because they may cause harm to the unborn baby.
  - **Drug allergy:** a drug allergy is an unusual reaction to a drug. This reaction can be immediate or delayed and range from annoying to life threatening.
- **The effect of a drug may vary from person to person and even in the same person at different times.**

### **Common Drug Routes and Dosage Forms**

Drugs are manufactured in a variety of forms. Each form is intended to be administered by a specific route. The form of the drug and the route determines the amount of drug that reaches the bloodstream or other body system.

The major routes of medication administration include:

1. oral (by mouth)
2. injectable
3. topical (apply directly to tissue or organ; example: eye, ear, nose, skin)
4. rectal
5. vaginal

The *oral route* is the most convenient and most common route of medication administration. The oral route is the method by which you will be administering most medication.

***Remember: This training program does not qualify you to administer medication by injection or perform other procedures not covered. Additional training and approval by a licensed health care provider or his or her designee is required.***

Drugs are manufactured in several forms. Some of the common forms follow:

1. Capsules are small containers made from gelatin. The medicine is placed in the capsule which readily dissolves in the stomach.

2. Tablets are pressed or molded preparations of powdered drugs. When exposed to liquid, they expand and break apart. The tablet may have a coating.

***Don't crush tablet or open capsules with first consulting a pharmacist.***

3. Ointments/Creams are intended for external application to the skin or mucus membranes.

4. Suppositories are drugs for insertion into the vagina or rectum. The suppository will dissolve or melt at body temperature releasing the drug for absorption through the mucus membrane.

5. Elixirs are liquid preparations of drugs.

Occasionally, you will encounter a dosage form that is not covered here and that you are not familiar with. Consult your pharmacist or nurse consultant for safe administration techniques.

## **IV. UNDERSTANDING PHARMACY LABELS AND PHYSICIAN ORDERS**

### **LEARNING OBJECTIVES**

As a result of reading this material, you will be able to:

1. Identify the procedures for handling written medication orders.
2. Identify the information required on a pharmacy label.
3. Recognize that only licensed health providers can accept telephone orders for medication.
4. Describe the proper procedures to follow when you are given a telephone order to hold or discontinue a medication.
5. Recognize that direct care staff may receive telephone orders from a physician that are not for medication.

6. Identify the procedure to be followed to receive telephone orders that are not for medication.

## **WRITTEN MEDICATION ORDERS**

In order for the physician to prescribe the best treatment and medication the following types of information should be provided:

1. The person's complete medical records.
2. History of any drug allergies.
3. Current medications being administered and for what purpose.
4. Medical and dental conditions.
5. Written observations of recent physical or behavioral changes.

When the physician decides that a person requires treatment with a medication, the physician writes the prescription to be taken to the pharmacy. A copy of the prescription is necessary for each site where the medication will be given.

The following information about each medication must be obtained before it is given:

1. Purpose of the medication and therapeutic effect.
2. When should the desired effects be expected to occur?
3. Are there any unwanted side effects? What actions should be taken if they occur?
4. Are there any known drug interactions with drugs the person is currently taking?
5. Are there special administration or storage instructions?

**NOTE: The above information and additional information may be obtained from the pharmacist, nurse consultant, or from a current drug book.**

**IF YOU HAVE DOUBTS,  
CHECK THEM OUT!!!!**

## **TELEPHONE MEDICATION ORDERS**

Occasionally in emergency situations a physician may need to give an order for medication without seeing the person. Since only persons licensed to do so can receive telephone orders for medication, the procedure is as follows:

1. Ask the physician to call the medication order in to the pharmacist. (The pharmacist records the order, dispenses the medication and then files the order for future reference.)
2. Carefully document in the person's record:
  - a. Time and date of emergency
  - b. Detailed description of the emergency
  - c. Name of physician contacted and any instructions given

3. Obtain the medication from the pharmacy.
4. Ask the pharmacist for a copy of the prescription for the person's record.
5. After obtaining the medication from the pharmacy, record in the person's record all the information on the prescription pharmacy label.

At times, a physician may forget you are unlicensed and proceed to give you a medication order over the phone or in person. You must remind him or her to call the order to the pharmacist.

## **HOLDING OR DISCONTINUING MEDICATIONS**

**You may be instructed by a physician to discontinue or "hold" a medication. You may hold the medication and *must* contact your nurse if one is assigned to the individual.**

## **TELEPHONE ORDERS THAT ARE NOT FOR MEDICATION**

Direct care staff may receive orders from a physician over the telephone (except for medication orders), for example, an order to check vital signs every four hours may be given to you by a physician. When you receive a telephone order from a physician that is not for medication the procedure to follow is:

1. Repeat the order back to the physician for confirmation.
2. Be sure you understand what you are instructed to do. Ask any necessary questions to be sure.
3. Immediately write it down in the person's record. Write down the name of the doctor you talked to, date, time, order (what was said) and your signature.
4. Notify supervisor and nurse consultant.

## **PRESCRIPTION PHARMACY LABEL**

The information from the prescription is put on the pharmacy label by the pharmacist. The pharmacy label contains the important information from the prescription that you must have to correctly and safely give the medication. The pharmacy label should give at least as much information as the prescription gives. The medication container frequently has small labels attached giving special directions regarding the administration and storage of the medication. An example of these directions might read "take with a full glass of water", or "do not take dairy products, antacids or iron

preparations within one hour of this medication".

All containers in which prescription medication is dispensed must bear a label which contains at a minimum all the following information:

1. Pharmacy name and address
2. Prescription number
3. Individual's name
4. Date the prescription was most recently dispensed
5. Prescriber's name
6. Then name of the medication
7. Strength of medication (Dosage)
8. Directions for use
9. Amount dispensed (Pill count)
10. Physical description of medication (color, shape, identifiable markers)
11. Auxiliary label if needed. (EX: Controlled substance, Take with food, May cause drowsiness)
12. Pharmacy phone number
13. Refill instructions
14. Initials of pharmacist filling prescription
15. Special instructions for storage and handling

Two or more manufacturing companies may choose to use the same formula and chemicals to make a medication. Both products would have the same generic name. Each company could give the product their own brand name. For example, the generic name of an antibiotic is "tetracycline." It is also manufactured under a number of brand names (Achromycin, Panmycin, Tetracyn and Steclin).

Usually the pharmacist will substitute a generic product for the brand name. In that case, the prescription label should list both names, or state "GEQ" (generic equivalent). State of Michigan pharmacists are required to substitute unless "DAW" (dispense as written) is written on the prescription.

The community pharmacist is an excellent person to ask for specific information about the medication prescribed. The pharmacist maintains a list of all medication (including over-the-counter) prescribed for the person. The direct care staff is responsible for updating (informing) the pharmacist on all prescription and over-the-counter drugs the person is currently receiving. This information should be given from the person's record.

## **V. STORAGE OF MEDICATIONS LEARNING OBJECTIVES**

After reading this material you will be able to:

1. Recall that all medications shall be stored in the original container from the pharmacy.
2. Recall that medications must be stored in locked compartments under proper temperature control.
3. Identify the procedure to keep the key(s) to the locked medication storage cabinets secure and accessible to the appropriate staff.

## **PRACTICES TO BE FOLLOWED IN STORING MEDICATIONS**

1. All medications shall be stored in the original containers in which a licensed pharmacist dispensed them.
2. Medications requiring refrigeration are stored in a locked box in the refrigerator.
3. Medication cabinets:
  - a. Shall not be located over heated areas (heat can change the chemical properties).
  - b. Shall be used only for medication storage.
  - c. Shall be kept clean and orderly.
  - d. Shall have sufficient storage space and adequate lighting.
  - e. Shall be kept locked except when putting in or taking out medication.
4. All external medication (i.e., ointments, salves, powders, medicated shampoos) should be stored separately from internal medication.
5. Key(s) to the locked medication storage cabinets must be kept on the person assigned to medication administration on each shift.

## **VI. MEDICATION PREPARATION, ADMINISTRATION AND DOCUMENTATION**

### **LEARNING OBJECTIVES**

As a result of reading this material, you will be able to:

1. Accurately transcribe the information from the pharmacy label to the appropriate forms.
2. Recognize the abbreviations and symbols listed in this reading.
3. List the "Five Rights" of medication preparation and administration.
4. Identify the procedures for the preparation, administration and documentation of oral medication; topical medication; eye, ear and nose instillations; rectal and vaginal suppositories.
5. Recognize the relationship between a pharmacy prescription label and the Medication

6. Administration Record.
7. Identify the procedures for the handling of medications to be administered outside of the home.

## **TRANSCRIBING, ADMINISTERING AND DOCUMENTING MEDICATIONS**

### **TRANSCRIBING**

Once you have obtained the necessary medication(s) from the pharmacist you must write down certain information on the appropriate forms. This is known as transcribing. You will be using the information received from the physician and pharmacist for the important transcribing process.

### ***TRANSCRIPTION IS AN IMPORTANT PART OF ADMINISTERING MEDICATIONS SAFELY***

### **ABBREVIATIONS AND SYMBOLS**

Abbreviations and symbols are shortened forms of words. Some of the common abbreviations and symbols used in transcribing follow:

A.M. = Morning

P.M. = Afternoon

b.i.d. = Twice a day

t.i.d. = Three times daily

q.i.d. = Four times daily

NPO = Nothing by Mouth

h.s. (HS) = Hour of sleep (bedtime)

p.r.n. = When necessary, as needed

STAT = At once (now)

tsp. = Teaspoon

Tbsp. = Tablespoon

GM, gm. = grams

**q. (Q) = "Every" as in q3h. = every 3 hours. This is no longer an approved abbreviation however; you may still see it being used by non-compliant medical personnel**

gr. = grains

mg. = milligrams

ml. = milliliter (same as cc.)

cc. = cubic centimeter (same as ml.)

oz. = Ounce

When you return from the pharmacy, you should have:

1. The medication in the container supplied by the pharmacist.
2. A correct and legible (able to read) label on the container.
3. A written physician's order for the medication.
4. Any additional instructions the physician or pharmacist has given you. You are now ready to transcribe.

## **ADMINISTRATION**

**NOTE: There must be a written, approved program or treatment plan for persons to be taught to administer their own medications.**

## **FIVE RIGHTS OF ADMINISTRATION**

Each time you administer a medication, you need to be sure to have the:

- **RIGHT PERSON**
- **RIGHT MEDICATION**
- **RIGHT DOSE**
- **RIGHT TIME**
- **RIGHT ROUTE**

The nursing profession has long referred to these as the "five rights" of medication administration. Each time a medication is given you must systematically and conscientiously check your procedure against these five rights. You must be certain you are administering the right medication, in the right amount, to the right person, at the right time, using the right route.

This procedure is a **“MUST” each time you administer any medication** -including those which a person has been taking for a long time and will probably continue to take for a long time. An example might include medications to control seizures or high blood pressure. There is always a possibility that some change has been ordered that you are unaware of, or that you accidentally removed the wrong container.

### **Right Person**

In order to make sure that you have the right person, you have to know the person. If you are not certain that you are administering a medication to the right person, seek assistance from another staff member who knows the identity of the person.

### **Right Medication**

To make sure you administer the right medication, there is a specific procedure to follow:

1. Compare the medication record sheet and the pharmacy label.
2. Triple check them. **MAKE SURE THAT THEY AGREE.**
3. If they do not agree, immediately consult with the nurse consultant or the pharmacist for clarification.

### **Right Dose**

Be sure you give the right dose by comparing the medication record sheet and the pharmacy label to make sure they agree.

### **Right Time**

When a physician prescribes a medication, he or she will specify how often the medication is to be taken. Some medications must be administered only at very specific times of the day; for instance, before meals, one hour after meals, at bedtime, etc. It is very important that medication be administered as prescribed.

Some medications may be prescribed by the physician using the individual's Standing Medical Order form to be given when specific conditions exist. Medications for headache, constipation and upset stomach are some examples that may fall into this category. There should be specific written instructions from the physician regarding when and under what conditions the medication should be administered.

### **Right Route**

The pharmacy label should state the route by which the drug should be administered if other than oral. For instance, you might be instructed to apply externally an ointment to a rash. Follow the route directions carefully.

If you have any doubt as to whether the medication is in the correct form as ordered, or can be administered as specified, consult with your nurse consultant or pharmacist before you administer the medication.

**Your careful observation of the five medication rights is extremely important to the safety of the individual.**

**Only when you're sure you have the.....**

- **RIGHT PERSON**
- **RIGHT MEDICATION**
- **RIGHT DOSAGE**
- **RIGHT TIME**
- **RIGHT ROUTE**

**.....can you administer the medication to the individual?**

**WHEN NOT TO GIVE MEDICATIONS**

There may be occasions when it is the appropriate time to administer medications, BUT unusual circumstances require that you do **NOT** proceed if one of the following required items are missing:

- your agency's medication record form
- legible pharmacy label

**If you do not have, or cannot find either one of these for the medication you are going to administer, STOP! Contact your supervisor for assistance or direction.**

2. Person exhibits a dramatic change in status. If the person is showing signs of seizures, unconsciousness, difficulty breathing or other change which appears to be life-threatening, do not administer the medication. Follow the instructions given for reporting an emergency or life-threatening situation.

3. If you have any doubt that you have the right person, right drug, right dosage, right time or right route, get assistance from your supervisor or nurse consultant if assigned before giving the person the medication.

4. Person refuses to take medication. Explain to the person why it is important to take the medication as prescribed by the physician and encourage the person to cooperate. If the person still refuses, do not force him or her to take the medication. Notify your supervisor and nurse consultant for instructions. Immediately document the incident.

## **MEDICATION ADMINISTRATION GUIDELINES**

1. Observe the five rights:

- Right person
- Right time
- Right route
- Right dosage
- Right medication

2. Work with adequate light.

3. Provide a clean environment for preparing medications.

4. While preparing or administering medications, concentrate on this alone.

5. Be knowledgeable about the medications you give:

- a. Why and how it is being given.
- b. How soon it should act.
- c. Possible side effects and adverse reactions and what to do if they occur.

6. Always wash hands before preparing medications and use a clean technique while preparing and administering medications.
7. Administer only medications that you have prepared personally.
8. Give medications as prescribed and on time.
9. Persons with known drug allergies must have charts and medication record labeled with red "allergic" labels.
10. If there is anything unusual about the appearance or smell, do not give the medication until you check with the pharmacist. If the medication must be withheld, the nurse must be notified one is assigned.
11. Have prescription refilled several days before medication runs out.
12. If you find any discrepancy between the medication record or pharmacy label, consult with the nurse consultant or pharmacist for clarification.
13. If an error is made on the medication sheet, circle it.
14. Only approved abbreviations can be used. Abbreviations should be posted.
15. All pertinent information must be documented! If it is not documented, it didn't happen!
16. Document medications **immediately** after you pass them.
17. Avoid interruptions or distractions while preparing or administering medications. Be attentive.
18. All medications must be kept in locked compartments under proper temperature control.
19. Things which must **NOT** be done:
  - **NEVER** give a person any medication that has not been prescribed by a person licensed to prescribe.
  - **NEVER** use a medication ordered for one person to treat another.
  - **NEVER** give a medication to one person from another person's prescription bottle.

- **NEVER** pour medication from one bottle to another or relabel the bottle.
- **NEVER** force a medication.
- **NEVER** give a medication without an order.
- **NEVER** give out a medication you did not "set up".
- **NEVER** change a pharmacy label.
- **NEVER** mix medications together unless directed to do so by the prescriber.
- **NEVER** return an unused dose of medication to the bottle.
- **NEVER** cut an unscored tablet.
- **NEVER** leave medication cabinets unlocked or medications unattended.
- **NEVER** call medications "candy".
- **NEVER** take a telephone medication order from a physician/dentist.

### **GENERAL PROCEDURE FOR PREPARING MEDICATION**

1. Check each person's medication record to see if he/she is scheduled to receive medication on your shift.
2. Select medication record according to time and day medications are to be given.
3. If you are unfamiliar with a medication you are giving check with the nurse consultant, pharmacist, or current drug book.
4. Clean off work area.
5. Wash hands.
6. Compare label of the medication container with the medication record three (3) times to ensure accuracy as follows:
  - A. Before the container is taken from the storage area
  - B. Before the medication is removed from the container
  - C. Before the container is returned to the storage area (if using topicals or eye drops or ear drops, make third check before administering)
7. Prepare the right medication in the right dosage at the right time by the right route for the right person.
8. Follow special instructions written on the label or attached to the container (for example, shake, warm, do not take with milk).
9. If using a bottle of medication, pour capsule, tablets, or pills into the lid. From lid, pour into medicine cup:
10. Pour liquids from the unlabeled side of the bottle; wipe off excess medication with a paper towel.
11. Measure liquid medication in measuring spoons or measuring glass or cup.

12. Pour liquid medication at eye level.
13. Prepare one person's medications at a time.

### **GENERAL PROCEDURE FOR PREPARING MEDICATION**

1. Positively identify person prior to administration of medication.
2. Do not "force" a person to take medication.
3. Explain to the person why the physician ordered the medication (even if person is non-verbal) and what the procedure will be. It is important that someone understand why they must take medicine.
4. Provide privacy if appropriate.
5. Assist person in taking his or her medication.
  - a. Positioning the head correctly will aid in the swallowing process.
  - b. Give adequate water to aid in swallowing tablets or capsules.
  - c. If a person has difficulties swallowing the tablet, capsule or liquid, notify the physician.
6. Remain with the person until he or she swallows the medication.
7. Some medication is not to be swallowed (for example, lozenges and nitroglycerin).
8. Administer only medication that you prepare.
9. Observe, record, and report person's response to the medication.

### **ADMINISTRATION OF ORAL SOLID MEDICATIONS (PILL, CAPSULE, TABLET)**

1. Check each medication record to see who is **scheduled** to receive medications on your shift.
2. Check drug cards, reference books or licensed health care provider for the **desired effect, side effects, adverse effects and contraindications** of each medication. Check related information for instructions on storing, preparing and giving the medication correctly.
3. Compare the person's **allergies** to information under **contraindications**.
4. Wash off the work area and wash your hands thoroughly.

5. **Before removing the medication container from storage, do check #1**, comparing the medication record to the pharmacy label, making sure that all **5 Rights** are present and that they match.
6. Take the container from storage and immediately do **check# 2**.
7. Remove a cup from the supply area.
8. Pour the correct number of pills, capsules or tablets into the lid of the bottle. From the lid, pour the medication into the cup. Replace the lid of the container.
9. Do **check #3** and double-check "Do I have the **Right Medication** for the **Right Person** at the **Right Time** and did I put the correct number of pills, capsules or tablets (**Right Dosage**) into the cup?"
10. Put the medication container back in **internal** medication storage and lock the storage area.
11. Positive identify the **Right Person**.
12. Explain to the person why the doctor ordered the medication.
13. Give the person assistance needed to take the medication. Give something to drink to help the person swallow. If the person has a positioning program for eating or drinking, follow the program.
14. Remain with the person until he or she has swallowed the medication.
15. Dispose of the cup in the proper waste basket and wash your hands thoroughly.
16. **Document** in the correct box on the medication record you're your initials or assigned number.

## **ADMINISTRATION OF ORAL LIQUID MEDICATIONS**

1. Check each medication record to see who is **scheduled** to receive medications on your shift.
2. Check drug cards, reference books or licensed health care provider for the **desired effect, side effects, adverse effects and contraindications** of each medication. Check related information for instructions on storing, preparing and giving the medication correctly.
3. Compare the person's **allergies** to information under **contraindications**.
4. Wash off the work area and wash your hands thoroughly.

5. **Before removing the medication bottle from storage, do check #1**, comparing the medication record to the pharmacy label, making sure that all **5 Rights** are present and that they match.
6. Take the bottle from storage and immediately do **check# 2**.
7. Remove a cup from the supply area.
8. Hold the prescription label toward the palm of your hand and shake the bottle if necessary.
9. Remove the bottle cap and wipe off the neck of the bottle with a tissue if needed.
10. Locate the correct dose on the side of the medication cup and set the cup on a flat surface.
11. Pour the medication at eye level to the correct ml/cc marking on the cup, continuing to protect the label; with the palm of your hand. Wipe off the bottle neck before replacing the cap.
12. **Do check #3** and double-check: "Do I have the **Right Medication** for the **Right Person** at the **Right Time** and did I put the correct amount of liquid (**Right Dosage**) into the cup?"
13. Put the medication container back in **internal** medication storage and lock the storage area.
14. Positively identify the **Right Person**.
15. Explain to the person why the doctor ordered the medication.
16. Give the person assistance needed to take the medication. Give a drink if the directions permit. If the person has a positioning program for eating or drinking, follow the program.
17. Remain with the person until he or she has swallowed the medication.
18. Dispose of the cup in the proper waste basket and wash your hands thoroughly.
19. **Document** in the correct box on the medication record with your initials or assigned number.

## ADMINISTRATION OF TOPICAL OINTMENT MEDICATIONS

1. Check each medication record to see who is **scheduled** to receive medications on your shift.
2. Check drug cards, reference books or licensed health care provider for the **desired effect, side effects, adverse effects and contraindications** of each medication. Check related information for instructions on storing, preparing and giving the medication correctly.
3. Compare the person's **allergies** to information under **contraindications**.
4. Wash off the work area and wash your hands thoroughly.
5. **Before removing the medication container from storage, do check #1**, comparing the medication record to the pharmacy label, making sure that all **5 Rights** are present and that they match.
6. Take the container from storage and immediately do **check# 2**.
7. Remove clean gauze pads and gloves from the supply area. Lock the storage area.
8. Positively identify the **Right Person** and provide privacy, as needed.
9. Explain to the person why the doctor ordered the medication.
10. Assist the person in undressing, if needed and position the person.
11. Remove the cap from the tube. Place a small amount of ointment on the center of each gauze pad. Replace the cap on the tube. Put on gloves.
12. Apply the ointment, using a different gauze pad for each area. If the area is long, make one swipe going from deeper to more superficial (clean to dirty). If the area is round, start in the middle and work outward.
13. Remove the: gloves: glove to glove (dirty to dirty) and skin to: skin (clean to clean).
14. Give the person what assistance is needed with clothing and positioning.
15. Dispose of the gloves and gauze pads in the proper waste basket and wash your hands thoroughly.
16. **Do check #3** and double-check: "Did I give the **Right Medication** to the **Right Person** at the **Right Time** and did I follow the instructions for applying the medication correctly?"
17. Put the medication container back in **external** medication storage. Lock the storage area.

18. **Document** in the correct box on the medication record with your initials or assigned number.

## **ADMINISTRATION OF TOPICAL LOTION MEDICATIONS**

1. Check each medication record to see who is **scheduled** to receive medications on your shift.
2. Check drug cards, reference books or licensed health care provider for the **desired effect, side effects, adverse effects and contraindications** of each medication. Check related information for instructions on storing, preparing and giving the medication correctly.
3. Compare the person's **allergies** to information under **contraindications**.
4. Wash off the work area and wash your hands thoroughly.
5. **Before removing the medication container from storage, do check #1**, comparing the medication record to the pharmacy label, making sure that all **5 Rights** are present and that they match.
6. Take the bottle from storage and immediately do **check# 2**.
7. Remove a medication cup, gloves and enough cotton balls from the supply area.
8. Lock the storage area.
9. Positively identify the **Right Person** and provide privacy, as needed.
10. Explain to the person why the doctor ordered the medication.
11. Assist the person in undressing, if needed and position the person.
12. Hold the prescription label toward the palm of your hand and shake the bottle, if necessary. Remove the bottle cap and wipe off the neck of the bottle with a tissue, if needed.
13. Pour the estimated amount needed into the cup, continuing to protect the pharmacy label with your palm. Wipe the neck of the bottle with a tissue and put the cap back on the bottle. Put on glove or gloves above the waist.
14. Apply the lotion, using a different cotton ball for each area. If the area is long, make one swipe going from deeper to more superficial (clean to dirty). If the area is round, start in the middle and work outward.
15. Remove the gloves: Glove to glove (dirty to dirty) and skin to skin (clean to clean).

16. Stay with the person until the medication dries. Give assistance as needed with clothes and positioning.

17. Dispose of the medication cup, gloves and cotton balls in the proper waste basket and wash your hands thoroughly.

18. Do **check #3** and double-check: "Do I have the **Right Medication** to the **Right Person** at the **Right Time** and did I follow instructions for applying the medication correctly?"

19. Put the medication container back in **external** medication storage and lock the storage area.

20. **Document** in the correct box on the medication record with your initials or assigned number.

## **ADMINISTRATION OF RECTAL SUPPOSITORY**

1. Check each medication record to see who is **scheduled** to receive medications on your shift.

2. Check drug cards, reference books or licensed health care provider for the **desired effect, side effects, adverse effects and contraindications** of each medication. Check related information for instructions on storing, preparing and giving the medication correctly.

3. Compare the person's **allergies** to information under **contraindications**.

4. Wash off the work area and wash your hands thoroughly.

5. **Before removing the medication container from storage, do check # 1,** comparing the medication record to the pharmacy label, making sure that all **5 Rights** are present and that they match.

6. Take the container from storage and immediately do **check# 2**.

7. Remove a medication cup, gloves and water soluble lubricant from the supply area.

8. Place one wrapped suppository in the cup.

9. Do **check #3** and double-check all of the **5 Rights**.

10. Put the medication container back in external medication storage and lock it.

11. Positively identify the **Right Person** and provide privacy, as needed.

12. Explain to the person why the doctor ordered the medication and explain the procedure.

13. Place the person on his or her **left** side with the left leg straight and the right leg bent toward the stomach. (See illustration.) Cover exposed areas with a towel or sheet.

14. Unwrap the suppository. Use water-soluble lubricant to lubricate the bullet end of the suppository. Place an extra amount of lubricant on the inside of the cup to lubricate your gloved finger before insertion. Put on glove(s) with hands above the waist.



15. Lift the upper buttock to expose the rectal area. Insert the suppository with the lubricated finger one inch past the sphincter muscle located at the opening of the rectum. Lay the suppository against the rectal wall so it will melt and remove your finger immediately.

16. Remove the gloves: Glove to glove (dirty to dirty) and skin to skin (clean to clean).

17. Remain with the person for the period of time indicated in the drug reference.

18. Dispose of the medication cup and glove in the proper waste basket wash your hands thoroughly.

19. **Document** in the correct box on the medication record with your initials or assigned number.

## ADMINISTRATION OF EAR DROPS

1. Check each medication record to see who is **scheduled** to receive medications on your shift.

2. Check drug cards, reference books or licensed health care provider for the **desired effect, side effects, adverse effects and contraindications** of each medication. Check related information for instructions on storing, preparing and giving the medication correctly.

3. Compare the person's **allergies** to information under **contraindications**.

4. Wash off the work area and wash your hands thoroughly.

5. **Before removing the medication container from storage, do check #1**, comparing the medication record to the pharmacy label, making sure that all **5 Rights** are present and that they match.

6. Take the container from storage and immediately do **check# 2**. Lock the medication storage area. Warm the medication in your hand for about 2 minutes.

7. Positively identify the **Right Person**.

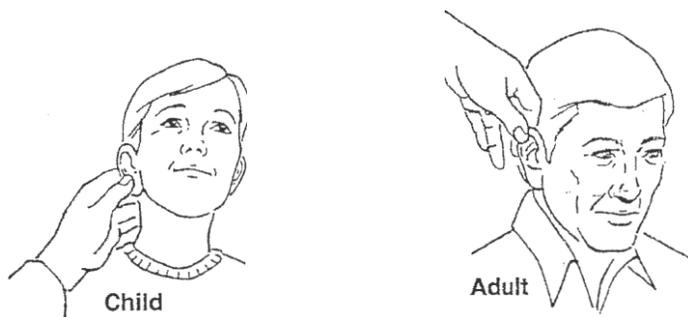
8. Explain to the person why the doctor ordered the medication, and ask permission to stand behind the person.

9. Stand behind the person to identify the correct ear. Step to the correct side and have the person sip the affected ear up. The person may sit or lie down. Put on gloves above the waist.

10. Remove the cap and inspect the dropper tip for cracks and dried medication. If there are cracks **DO NOT GIVE THE MEDICATION**; return the medication to the pharmacy. Remove dried medication with a dampened gauze pad.

11. If the bottle has a separate dropper, draw the medication into the dropper. Don't invert the dropper.

12. Open the adult ear canal by gently pulling the ear lobe up and back; the child's by pulling down on the ear lobe (see illustration).



13. Instill the correct number of ear drops into the ear canal, being careful not to contaminate the dropper by touching it to the ear or anything else. Continue holding the ear while the drops run down the ear canal. Replace the cap or dropper on the bottle.

14. Wipe off any excess medication with a tissue. Remove the gloves; glove to glove (dirty to dirty) skin to skin.

15. Dispose of the gloves in the proper waste basket and wash your hands thoroughly.

16. Do **check #3**, asking yourself: "Did I instill the correct number of drops (**Right Dosage**) of the **Right Medication** into the correct ear (**Right Route**) of the **Right**

## Person at the Right Time?"

17. Put the medication container back in **external** medication storage and lock the storage area.

18. **Document** in the correct box on the medication record with initials or assigned number.

## ADMINISTRATION OF EYE DROPS

1. Check each medication record to see who is **scheduled** to receive medications on your shift.

2. Check drug cards, reference books or licensed health care provider for the **desired effect, side effects, adverse effects and contraindications** of each medication. Check related information for instructions on storing, preparing and giving the medication correctly.

3. Compare the person's **allergies** to information under **contraindications**.

4. Wash *off* the work area and wash your hands thoroughly.

5. **Before removing the medication container from storage, do check #1**, comparing the medication record to the pharmacy label, making sure that all **5 Rights** are present and that they match.

6. Take the container from storage and immediately do **check# 2**. Lock the medication storage area.

7. Positively identify the **Right Person**.

8. Explain to the person why the doctor ordered the medication, and ask permission to stand behind the person.

9. Stand behind the person to identify the correct eye. Step to the correct side and have the person tip the head straight back. Put on gloves above the waist.

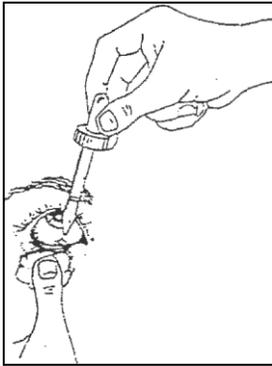
10. Remove the cap and inspect the dropper tip for cracks and dried medication. If there are cracks **DO NOT GIVE THE MEDICATION**; return the medication to the pharmacy. Remove dried medication with a dampened gauze pad.

11. Using a forefinger, pull the lower lid down gently to make a pocket. Ask the person to look upward. (See illustration.)

12. Instill the correct number of eye drops into the center of the lower lid, being careful

not to contaminate the dropper by touching it to the eye, eyelid or anything else. Replace the cap on the bottle.

13. Have the person close the eye slowly, not blink or squeeze the eye shut; this may force the medication out. Wipe off excess medication with a tissue.



14. Remove the gloves; glove to glove (dirty to dirty) - skin to skin (clean to clean).

15. Dispose of the gloves in the proper waste basket and wash your hands thoroughly.

16. Do **Check #3** and ask yourself, "Did I instill the correct number of drops (**Right Dosage**) of the **Right Medication** into the correct eye (**Right Route**) of the **Right Person** at the **Right Time**?"

17. Put the medication container back in **external** medication storage and lock the storage area.

18. **Document** in the correct box on the medication record with your initials or assigned number.

## ADMINISTRATION OF NOSE DROPS

1. Check each medication record to see who is **scheduled** to receive medications on your shift.

2. Check drug cards, reference books or licensed health care provider for the **desired effect, side effects, adverse effects and contraindications** of each medication. Check related information for instructions on storing, preparing and giving the medication correctly.

3. Compare the person's **allergies** to information under **contraindications**.

4. Wash off the work area and wash your hands thoroughly.

5. **Before removing the medication container from storage, do check #1,** comparing the medication record to the pharmacy label, making sure that all **5 Rights** are present and that they match
6. Take the container from storage and immediately do **check# 2.** Lock the medication storage area.
7. Positively identify the **Right Person.**
8. Explain to the person why the doctor ordered the medication, and put gloves on above the waist
9. Have the person blow his or her nose gently. If the person cannot do this, wipe the nostril area with a tissue.
10. Remove the cap and inspect the dropper tip for cracks or dried medication. If there are cracks **DO NOT GIVE THE MEDICATION;** return the medication to the pharmacy. Remove dried medication with a tissue or dampened gauze pad.
11. If the medication bottle has a separate dropper, draw the medication into the dropper.
12. Instill the correct number of nose drops into each nostril, being careful not to contaminate the dropper by touching it to the nose, nostrils, lip or anything else. Replace the dropper, if applicable, or replace the cap.
13. Have the person remain with head tilted back for 3 to 5 minutes. Provide a tissue for nasal drainage. Remove the gloves; glove to glove (dirty to dirty) - skin to skin (clean to clean).
14. Dispose of the gloves in the proper waste basket and wash your hands thoroughly.
15. Do **check #3** and ask yourself: "Did I instill the correct number of drops (**Right Dosage**) of the **Right Medication** into both nostrils (**Right Route**) of the **Right Person** at the **Right Time?**"
16. Put the medication container back in **external** medication storage and lock the storage area.
17. **Document** in the correct box on the medication record with your initials or assigned number.

## **ADMINISTRATION OF EYE OINTMENT**

1. Check each medication record to see who is **scheduled** to receive medications on

your shift.

2. Check drug cards, reference books or licensed health care provider for the **desired effect, side effects, adverse effects and contraindications** of each medication. Check related information for instructions on storing, preparing and giving the medication correctly.

3. Compare the person's **allergies** to information under **contraindications**.

4. Wash off the work area and wash your hands thoroughly.

5. **Before removing the medication container from storage, do check #1**, comparing the medication record to the pharmacy label, making sure that all **5 Rights** are present and that they match.

6. Take the container from storage and immediately do **check # 2**. Lock the medication in the storage area.

7. Positively identify the **Right Person**.

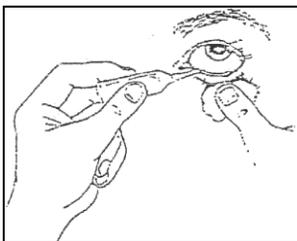
8. Explain to the person why the doctor ordered the medication. Ask for permission to stand behind the person if the medication is going into only one eye.

9. Stand behind the person to identify the correct eye. Step to the correct side and have the person tip the head straight back. Put on gloves above the waist.

10. Remove the cap and inspect the dropper tip for cracks or dried medication. If there are cracks **DO NOT GIVE THE MEDICATION**; return the medication to the pharmacy. Remove dried medication with a tissue or dampened gauze pad.

11. Using a forefinger, pull the lower lid down gently to make a pocket. Ask the person to look upward. (See illustration.)

12. Start the ointment 1/3 to back **away** from the tear duct and apply a thin ribbon of medication along the inside edge of the lower eyelid, going away from the nose. Be careful not to contaminate the tube by touching it to the eye, eyelid, or anything else. Replace the cap on the tube.



13. Have the person close the eye slowly, not to squeeze the eye shut; this may force the medication out. Wipe off excess medication with a tissue.

14. Dispose of the gloves in the proper waste basket and wash your hands thoroughly.
15. Do **check #3** and double-check: "Did I instill the correct amount (**Right Dosage**) of the **Right Medication** into the correct eye (**Right Route**) of the **Right Person** at the **Right Time**?"
16. Put the medication container back in external medication storage and lock the storage area.
17. **Document** in the correct box on the medication record with your initials or assigned number.

### **PROCEDURE FOR THE ADMINISTRATION OF VAGINAL SUPPOSITORY**

1. Wash hands and remove suppository from storage (Store suppositories in a cool place to avoid melting. Refrigerate them if so labeled.)
2. Explain to the person why the physician ordered the medication and the procedure.
3. Select a private location with adequate lighting.
4. Have person lie on back with knees bent. Remove the wrapper if present.
5. Put on disposable gloves. Identify vaginal opening.
6. Insert medication approximately two inches into vaginal canal, following the instructions on the pharmacy label.
7. Ask person to remain lying down for 15 minutes.
8. Remove gloves and wash hands.

### **GENERAL PROCEDURE FOR DOCUMENTING MEDICATION**

1. Observe the rules of general documentation (i.e., write in ink, never erase or use white out)
2. All forms must have the name of the person receiving the medicine on them.
3. Medicines must be used only for the people they are prescribed for.
4. All medication administered, prescription and over-the-counter, must be

documented.

5. Medications must be documented by the person administering them.

**RECORD IMMEDIATELY AFTER ADMINISTERING THE MEDICATION, NOT  
BEFORE**

**PROCEDURE FOR DOCUMENTING MEDICATION ADMINISTRATION ON THE  
MEDICATION RECORD**

1. The first time you document the administration of a medication on the medication record, sign your name, title and initials once at the bottom of the page.
2. Any codes used must be explained at the bottom of the medication record (for example, LOA for leave of absence).
3. Stat and single dose medications must be recorded on medication record.

**DOCUMENTING EFFECTS OF MEDICATIONS**

Physical and behavioral changes that are due to the effect of a medication are often difficult to sort out from those that are not due to medication. There may be many different reasons for the same sign or symptom. A change in behavior may be due to a medication change or a change in the person's environment. A sore throat may be one of the first symptoms of a cold or may be an adverse effect of a medication.

Interpretation (deciding the meaning) of a sign or symptom is the responsibility of a physician. Your responsibility is to consistently and accurately observe, report, and record any change in physical conditions or behavior. It is also your responsibility to give the appropriate care to the person in the meantime if it is an emergency or potentially health-threatening condition.

**PROCEDURE FOR ADMINISTRATION OF MEDICATION FOR SCHOOL, DAY  
PROGRAM OR LEAVE OF ABSENCE**

If the person will be taking medication at more than one location (for example, in the home and at work or school or day program), follow these procedures:

1. Explain to the pharmacist that the person will be taking medication in different locations. The person will need one pharmacy-labeled container for each

location. Give the pharmacist the information needed for putting the correct amount in each container (the number of days per week or month that a person would need the medication at a job, for example). Ask the pharmacist to type **SCHOOL, WORKSHOP, or DAY PROGRAM** on the container label.

2. Hand-deliver the medication containers to the appropriate locations along with a copy of the physician's order. Share any information that the physician, pharmacist or nurse consultant has given you about the medication and any potential response of the person.

**Be sure that:**

- Medications must be kept in pharmacy-dispensed and labeled original containers while in the home.
- Consumers are not to transport medication to school or day program unless it has been approved by the support team and written in the program or treatment plan.
- Register the correct code on the medical record ("S" for school or "W" for work).

## **ABSENCE FROM MORC, INC. PROGRAM:**

During planned and scheduled absences of the person from the MORC program, the care giver must assure that the resident or a person taking responsibility for the resident has all of the necessary information, medication, and instructions, including the potential response of the individual.

The original pharmacy-labeled container should accompany the individual during absences whenever possible. Exceptions when medications are transferred to an envelope or other container will be described in the individual's person centered plan. The care giver must check in the plan of service on each occasion before transferring the medication to an envelope or other container and sending it with the individual. If the plan does authorize transferring medication, each medication (including each separate oral medication) must be in a separate envelope or container. The envelope or container must have complete instructions for administering the medication typed or written legibly in permanent ink: the medication name, dose, times, route, and any additional instructions (that is, all of the information from the original pharmacy label). On the individual's return, the care giver should look to see what medications are brought back and check with the individual and any accompanying persons about the medication administration and response.

**Register the correct code on the medication record ("L" for leave or "H" for the family home) when the person is to receive that medication while absent.**

## **VII. MEDICATION ERRORS**

### **LEARNING OBJECTIVES**

As a result of reading this material, you will be able to:

1. Recognize that every medication error is potentially serious and must be reported immediately.
2. Recognize when a medication error occurs.
3. Identify ways to prevent medication errors.
4. Recall the procedure to follow if a medication error occurs.

#### **A medication error has occurred when:**

- The wrong person was given a medication.
- The wrong medication was given to a person.
- The wrong dosage was given to a person.
- A medication was administered at the wrong time to a person or a medication was not administered at all.
- A medication was administered by the wrong route.

**EVERY MEDICATION ERROR IS POTENTIALLY SERIOUS AND COULD BE LIFE-THREATENING. REMEMBER, MEDICAL TREATMENT IS IMMEDIATELY**

## **NECESSARY AND ACTION MUST BE TAKEN.**

### **Ways to prevent errors include:**

- Stay alert, and always observe the "Five Rights" of medication administration.
- Avoid distractions when preparing, administering, and documenting medication.
- Be knowledgeable about the medications you administer.
- Ask for help from your licensed health providers if you are unsure about any step in preparing, administering and documenting medications.

**IF AN ERROR DOES OCCUR IT MUST BE REPORTED IMMEDIATELY**

**THE ERROR MUST BE RECORDED**

**AND FOLLOW YOUR AGENCY'S POLICIES.**

## **VIII. DISCONTINUATION AND DISPOSAL OF MEDICATION**

### **LEARNING OBJECTIVES**

As a result of reading this material you will be able to:

1. Identify the procedure for proper disposal (getting rid of) of medication.
2. Recall that you should never dispose of medication where humans or animals might gain access.
3. Identify the procedure for discontinuation of an order for medication.

There are several acceptable ways to dispose of medications. **Medications must NEVER be flushed down the toilet or washed down the sink.** Most municipal authorities, towns, and counties have a program for medication disposal. It is your responsibility to be informed on the method used for medication disposal at your work site.

Medications should be returned to the pharmacy when the pharmacy agrees to accept them. In this case, medication to be disposed of is segregated and kept locked in a box clearly marked for disposal. Staff will follow the written policy for documenting medication that is collected for return to the pharmacy.

Medications may be disposed of by the nurse consultant and a witness when the

contracting pharmacy will not accept the medication. In this case, the medication is segregated and held until the next consultant's home visit, It is kept locked in a box clearly marked for disposal. Staff needs to follow the written policy for documenting medication that is disposed of.

Medications may be disposed of by two staff, with one acting as a witness. Procedures to follow when contaminated medication, deteriorated medication and medication whose shelf life has expired needs to be disposed of are:

- a. Two direct care staff, one acting as a witness, should destroy the medication beyond possible reclamation as outlined in the procedure for discontinued medications.
- b. Documentation of the disposal of the medication should be done on the person's record, log or journal.
- c. Other staff should be made aware of the disposal of the medications.
- d. The nurse consultant should be contacted for instructions regarding replacement.

If a medication is prescribed for a specific number of days or doses, the medication is administered until all the medication is gone. However, if the physician decides to increase, decrease, or discontinue the medication before it has all been taken, the remaining medication must be discarded in a safe and thorough manner, or returned to the pharmacy. A new prescription must be written by the physician.

When a medication is discontinued certain procedures must be followed:

1. A physician's order authorizing discontinuation should be on file in the person's record.
2. Two direct care staff, one acting as a witness, should:
  - a. Compare the pharmacy label with the physician's order to make sure the right medication is being discarded.
  - b. Destroy the medication beyond possible reclamation.

**(NOTE: Your agency may require that an Incident Report or Medication Disposal Form is completed.)**

3. Document the disposal of the medication on the person's record, journal or log, including both people's signatures.
4. Write discontinued or D/C in bold letters on the medication record starting where the next dose would have been recorded.
5. Make other staff aware of the discontinuation of the medication.

**NEVER DISPOSE OF MEDICATIONS WHERE HUMANS OR ANIMALS HAVE ACCESS.**

**Name:**

**Case:**

**Residence:**

**DISCHARGE INSTRUCTIONS UPON RETURN TO HOME  
for MORC, Inc. Supported Individuals**

New Diagnosis:

Copies of lab, x-rays and test results attached Consultation reports attached.

Scripts for new medication attached.

Should medications taken prior to admission continue?

Diet order?

Physical activity restrictions and/or positioning directions?

May return to work/school?

New equipment ordered from?

Training scheduled for?

When should individual schedule for physician and/or consultants?

If nursing or other home services are ordered, what is the name and phone number of the Agency contacted?

Any other recommendations?

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Signature

Date