



Course Manual

Medications



MORC
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Empowering
& Mentoring

IMPORTANT INFORMATION REGARDING MEDICATIONS

1. You are responsible for reading and understanding the information found in this Course Manual. The classroom activities and testing requirements are based on this material.
2. Attendance Requirements: (Trainers cannot provide exceptions to these requirements.)
 - a. You must attend both full class days of training.
 - b. You must be on time, and remain in attendance for the duration of all classroom sessions.
 - c. You must attend your Medication Return Demonstration at the scheduled time.
3. Testing Requirements:
 - a. **Written Test** - Score at least 80% on the 25 question.
 - b. **Transcription Test** - Accurately transcribe **4** medication orders onto the Medication Records. *(These 4 transcriptions will be used later for your Med Demo.)*
 - c. **Medication Demonstration** - Safely prepare, administer and document **four** Medications, following all procedures in the Medication Administration Guidelines and Course Manual.

The four medications that you will demonstrate are as follows:

- 1 Oral Solid
- 1 Oral Liquid
- 1 of the Following: -Topical Lotion -Topical Ointment
- 1 of the following: -Eye Ointment -Eye Drops -Ear Drops -Nose Drops -Rectal Suppository

The Medication Demonstration schedule includes enough time for you to check your medication records, prepare a schedule for giving medications, and review drug reference cards for the medications you will be demonstrating. Once you have completed the preparation steps, you will demonstrate administering the medications in the presence of a registered nurse.

4. Options for Retesting:
 - a. **Written Test - One Retake Attempt** is provided on the day of your Med Demo. *This must be completed before moving on to the Transcription Test.*
 - b. **Transcription Test - One Retake Attempt** is provided on the day of your Med Demo. *This must be completed before moving on to the Med Demo.*

*Only **One Total Retake** is permitted from the options noted above. ←

 - c. **Medication Demonstration** – *Retaking the Medication Demonstration is NOT permitted. Should you not pass this portion of the testing, you will need to retake the entire course.*

5. **Participants are only eligible to retake the Medications Course once.**

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I. INTRODUCTION TO MEDICATIONS

LEARNING OBJECTIVES

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 normal uses of medication.

Overview of Medications

Normal uses of medication include:

- a) **Prevention of disease** (health maintenance)
- b) **Treatment of disease**
- c) **Relief of pain**
- d) **Maintenance of function**
- e) **Diagnosis of disease**

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.

Categories and Sub-Categories of Medications

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 accessory 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

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

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)

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.

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 receiving services from MORC, 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

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 direct care staff are legally responsible for the administration of medication safely.
4. Recognize that any person has the right to refuse medication.

Legal Requirements

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.

Responsibilities for Safe Administration

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.

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.

Psychotropic Medications and Informed Consent

Psychotropic medications are prescribed for people with certain types of thought, emotional and/or behavior problems. These medications, when used as prescribed and with ongoing follow-up with mental healthcare providers, allow people with mental health conditions to live fulfilling lives. When these medications are prescribed, everyone involved in the medication administration process must follow very strict guidelines to safeguard the individual's health, and the rights afforded them by the mental health code.

Psychotropic Medications: are medicines used for their effect on thoughts, feelings or behavior. These medications alter the way a person thinks, feels and behaves. They do not “cure” mental illness, but treat the symptoms. The 4 categories of psychotropic medications are: Antipsychotics, Antidepressants, Mood Stabilizers and Anti-Anxiety Medications (Refer to the Psychotropic Medications list for some examples of medications in these categories). It is important to note that any medication becomes a psychotropic medication if it is prescribed for the purpose of altering a person's thoughts, feelings, and behavior. This includes medications that are not usually prescribed for this purpose (for example, blood pressure medication may be prescribed to decrease the symptoms of anxiety). These medications have powerful effects and many have side effects. Like all medications, they do not affect everyone in the same way. As with all medications, it is necessary to know the expected effects, side effects, adverse effects, and contraindications for all psychotropic medications administered to those supported. It is important to observe, report, and record the individuals' reaction to these medications.

Informed Consent for Psychotropic Medications: State law dictates that written consent must be provided for the use of each psychotropic medication prescribed. The Informed Consent for psychotropic medications form must be signed by the individual or his or her legal guardian before psychotropic medications may be administered. This form specifies the medication name, and dose range within which the psychiatrist may prescribe. Informed consent is in effect immediately after signing through 12 months from the date of signature. Consent may be withdrawn at any time by the signer. The form includes a refusal signature line which will be signed if the individual or legal guardian decides to decline medication treatment as prescribed.

DIRECT CARE WORKER RESPONSIBILITIES

1. *Must* know what the medication is prescribed for, the expected (therapeutic) effect, side effects, adverse effects, contraindications, and related information. Discuss with your manager where to find medication information at your work site. May consult Pharmacist or prescriber.
2. Fill the prescription immediately upon receiving from the prescriber.
3. Check that the informed consent form is signed before administering the medication. If not signed, contact the individual's supports coordinator or psychologist.
4. Administer medication only after signed informed consent form has been obtained. Observe, report, and record the individuals' response to the medication(s).

FROM: NATIONAL INSTITUTE OF MENTAL HEALTH BOOKLET (2016): MENTAL HEALTH MEDICATIONS WWW.NIMH.NIH.GOV AND MORC, INC. FORM: INFORMED CONSENT FOR PSYCHOTROPIC MEDICATIONS

Common Psychotropic Medications

(THIS LIST IS NOT ALL-INCLUSIVE. ASK THE SUPPORT COORDINATOR OR PSYCHOLOGIST FOR FURTHER INFORMATION ON IDENTIFYING PSYCHOTROPIC MEDICATIONS.)

<p><i>ANTIPSYCHOTIC MEDICATIONS</i></p> <p>“Typical” antipsychotics: Generic Name (Trade Name) Chlorpromazine (Thorazine) Haloperidol (Haldol) Perphenazine (generic only) Fluphenazine (generic only)</p> <p>“Atypical” antipsychotics: Generic Name (Trade Name) Risperidone (Risperdal) Olanzapine (Zyprexa) Quetiapine (Seroquel) Ziprasidone (Geodon) Aripiprazole (Abilify) Paliperidone (Invega) Lurasidone (Latuda)</p>	<p><i>MOOD STABILIZER MEDICATIONS</i></p> <p>Lithium (Lithobid)</p> <p>Anticonvulsants: Generic Name (Trade Name) Valproic Acid (Depakote) (Depakene) Carbamazepine (Tegretol) Lamotrigine (Lamictal) Oxcarbazepine (Trileptal)</p> <p>“Atypical” antipsychotics: See list under Antipsychotic medications</p> <p>SSRI Antidepressants: Generic Name (Trade Name) Fluoxetine (Prozac) Sertaline (Zoloft) Paroxetine (Paxil)</p>
<p><i>ANTIDEPRESANT MEDICATIONS</i></p> <p>Selective serotonin reuptake inhibitors: (SSRIs) Generic Name (Trade Name) Fluoxetine (Prozac) Citalopram (Celexa) Sertaline (Zoloft) Paroxetine (Paxil) Escitalopram (Lexapro)</p> <p>Other types of antidepressants: Generic Name (Trade Name) Venlafaxine (Effexor) Duloxetine (Cymbalta) Bupropion (Wellbutrin) Trazodone (Desyrel) Imipramine (Tofranil) Amitriptyline (Elavil)</p>	<p><i>ANTI-ANXIETY MEDICATIONS</i></p> <p>Generic Name (Trade Name) Buspirone (Buspar)</p> <p>Benzodiazapines Generic Name (Trade Name) Lorazepam (Ativan) Alprazolam (Xanax)</p> <p>Anticonvulsants Generic Name (Trade Name) Clonazepam (Klonopin)</p> <p>Other medications used for anxiety: Generic Name (Trade Name) Propranolol (Inderal) Clonidine (Catapres)</p>

FROM: NATIONAL INSTITUTE OF MENTAL HEALTH BOOKLET (2016): MENTAL HEALTH MEDICATIONS [WWW.NIMH.NIH.GOV](http://www.nimh.nih.gov) AND MORC, INC. FORM: INFORMED CONSENT FOR PSYCHOTROPIC MEDICATIONS

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

LEARNING OBJECTIVES

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

The effect of a drug may vary from person to person and even in the same person at different times. In order to safely administer drugs, it is important to understand the following terms:

Therapeutic (Expected) 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 an undesired harmful 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.

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 include:

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 licensed healthcare provider for safe administration techniques.

IV. UNDERSTANDING PHARMACY LABELS AND PHYSICIAN ORDERS

LEARNING OBJECTIVES

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 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, licensed healthcare provider, or from a current drug reference 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 persons 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 might receive instructions by a physician to discontinue or "hold" a medication. You may hold the medication after receiving a prescription from the physician. You must document these changes in the person's record and the medication administration record. Be sure to follow all company policy and procedures regarding this situation.

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 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 document these changes in the person's record. Be sure to follow all company policy and procedures regarding this situation.

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 found in the prescription. 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. Accessory 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, Tetracyln 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

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.

Guidelines for 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 remain locked except when accessing the 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

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

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. This is an important part of safely administering medications.

Abbreviations and Symbols

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

A.M.	= Morning
P.M.	= Evening
B.I.D.	= Two times daily
T.I.D.	= Three times a day
Q.I.D.	= Four times daily
NPO	= Nothing By Mouth
H.S.	= Hour of Sleep (bedtime)
P.R.N	= As Needed

gr.	= grains
mg.	= milligrams
gm.	= grams
mL.	= milliliter (equivalent to cc)
cc.	= cubic centimeters (equivalent to mL)
oz.	= ounces
tsp	= teaspoon
Tbsp.	= tablespoon

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 must verify the following:

1. **Right Person**
2. **Right Medication**
3. **Right Dose**
4. **Right Time**
5. **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:

- Compare the pharmacy label to the medication record.
 - a. Following the "3 Checks" outlined in the Medication Administration Guidelines.
 - b. If any discrepancies are present, refer to the original prescription, and contact the pharmacy to correct the information before administration.

Right Dose

Be sure you give the right dose by comparing the pharmacy label to the medication record.

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, contact the 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 Dose - Right Time - Right Route

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

Circumstances When Medications Should Not Be Given

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

1. If either the pharmacy label or medication record is missing or illegible.
2. If the appearance of the medication does not match the description of the medication.
3. 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.
4. 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 trained staff before giving the person the medication.
5. Person refuses to take medication. Explain to the person why it is important to take the medication as prescribed by the physician, encourage and redirect the person. If the person still refuses, do not force him or her to take the medication. Attempt to administer the medication if you are within the one-hour window for safe medication administration. Notify your supervisor and licensed healthcare provider for further instructions. Always maintain accurate documentation of the incident.

Standing Missed Medical Order (SMMO)

Use of the SMMO is necessary when a dose of medication is not given or a person refuses to take medications as prescribed. The SMMO will provide written instructions pertaining to the scheduled missed medication. Instructions may include authorization to administer the medication within a specific timeframe, holding the dosage of missed medication or contacting the primary care physician for further instructions. Document on the medication record and note the person's response in the health care chronological (HCC). Be sure to always document per agency policy and procedure.

Standing Medical Order (SMO)

Use of the SMO is necessary when person expresses or exhibits a need for medication beyond the typical scheduled medications. The SMO will provide written instructions from the primary care physician pertaining to medications or treatments that are given as needed (PRN). Some PRN examples: Acetaminophen for pain or responding to complaints of indigestion, constipation, etc. The SMO must be signed by the primary care physician and renewed annually. Document on the medication record and note the person's response in the health care chronological (HCC). Be sure to always document per agency policy and procedure.

Medication Administration Guidelines

1. Observe the Five Rights:
 - a. Right person
 - b. Right time
 - c. Right route
 - d. Right dosage
 - e. Right medication
2. Avoid interruptions or distractions while preparing or administering medications.
 - a. Including the use of cell phones and other communication devices.
 - b. Be attentive.
3. Work with adequate light.
4. Provide a clean environment for preparing medications.
5. While preparing or administering medications, concentrate on this alone.
6. 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.
7. Always wash hands before preparing medications and use a clean technique while preparing and administering medications.
8. Administer only medications that you have prepared personally.
9. Give medications as prescribed and on time.
10. Persons with known drug allergies must have charts and medication record labeled with red "allergic" labels.
11. If there is anything unusual about the appearance or smell, do not give the medication until you check with the pharmacist.
12. Have prescription refilled several days before medication runs out.
13. If you find any discrepancy between the medication record or pharmacy label, consult with the nurse consultant or pharmacist for clarification.
14. If an error is made on the medication sheet, circle it.
15. Only approved abbreviations can be used. Abbreviations should be posted.
16. All pertinent information must be documented! If it is not documented, it didn't happen!
17. Document medications immediately after you pass them.
18. All medications must be kept in locked compartments under proper temperature control.

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 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.

ADMINISTRATION OF
ORAL SOLID
(PILL, CAPSULE, TABLET)



Preparation Steps

- _____ 1. Check each medication record to see who is scheduled to receive medication 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.
- _____ 3. Compare the person's allergies to information under contraindications to ensure safety.

Pre-Administration Steps (Completed in the medication room.)

- _____ 4. Wash off the work area and wash your hands thoroughly.
- _____ 5. **Before removing the medication from storage, do 1st Check of the 3 Checks/5 Rights** comparing the pharmacy label to the medication record, making sure that all 5 Rights are present and that the pharmacy label and the medication record match.
- _____ 6. **Take medication from storage and immediately do 2nd Check of the 3 Checks/5 Rights** (same as 1st check).
- _____ 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 3rd Check of the 3 Checks/5 Rights.** "Do I have the RIGHT medication, for the RIGHT person, at the RIGHT time, the RIGHT dosage (# of pills) into the cup and the RIGHT route (orally or by mouth)?"
- _____ 10. Return the medication container to the internal medication storage, lock the storage and retain the keys.

Medication Administration (Completed individually with those served.)

- _____ 11. Positively identify the RIGHT person with senior staff.
- _____ 12. Introduce yourself; explain to the person why the doctor ordered the medication. Offer privacy as needed.
- _____ 13. Give the person assistance as needed to take the medication. Offer something to drink to help the person swallow. If the person has a positioning plan for eating and/or drinking, follow the plan.
- _____ 14. Remain with the person until he or she has safely swallowed the medication. Engage in open-ended conversation. (How are you doing? How is your day?)

Post-Administration Steps (Completed in the medication room.)

- _____ 15. Dispose of the cup in the proper wastebasket away from the individual, and wash your hands thoroughly.
- _____ 16. Document in the correct box on the medication record with your initials or assigned number.

ADMINISTRATION OF ORAL LIQUID



Preparation Steps

- _____ 1. Check each medication record to see who is scheduled to receive medication 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.
- _____ 3. Compare the person's allergies to information under contraindications to ensure safety.

Pre-Administration Steps (Completed in the medication room.)

- _____ 4. Wash off the work area and wash your hands thoroughly.
- _____ 5. **Before removing the medication from storage, do 1st Check of the 3 Checks/5 Rights** comparing the pharmacy label to the medication record, making sure that all 5 Rights are present and that the pharmacy label and the medication record match.
- _____ 6. **Take medication from storage and immediately do 2nd Check of the 3 Checks/5 Rights** (same as 1st check).
- _____ 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 place the cup on a flat surface at eye level.
- _____ 11. Pour the medication at eye level to the correct marking on the cup, continuing to protect the label with the palm of your hand. Wipe off the neck of the bottle before replacing the cap.
- _____ 12. **Do 3rd Check of the 3 Checks/5 Rights.** "Do I have the RIGHT medication, for the RIGHT person, at the RIGHT time, the RIGHT dosage (amount of liquid) in the cup, and the RIGHT route (orally or by mouth)?"
- _____ 13. Return the medication container to the internal medication storage, lock the storage and retain the keys.

Medication Administration (Completed individually with those served.)

- _____ 14. Positively identify the RIGHT person with senior staff.
- _____ 15. Introduce yourself; explain to the person why the doctor ordered the medication. Offer privacy as needed.
- _____ 16. Give the person assistance as needed to take the medication. Offer something to drink if the directions permit. If the person has a positioning plan for eating and/or drinking, follow the plan.
- _____ 17. Remain with the person until he or she has safely swallowed the medication. Engage in open-ended conversation (How are you doing? How is your day?)

Post-Administration Steps (Completed in the medication room.)

- _____ 18. Dispose of the cup in the proper wastebasket away from the individual, 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



Preparation Steps

- _____ 1. Check each medication record to see who is scheduled to receive medication 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.
- _____ 3. Compare the person's allergies to information under contraindications to ensure safety.

Pre-Administration Steps (Completed in the medication room.)

- _____ 4. Wash off the work area and wash your hands thoroughly.
- _____ 5. **Before removing the medication from storage, do 1st Check of the 3 Checks/5 Rights** comparing the pharmacy label to the medication record, making sure that all 5 Rights are present and that the pharmacy label and the medication record match.
- _____ 6. **Take medication from storage and immediately do 2nd Check of the 3 Checks/5 Rights** (same as 1st check).
- _____ 7. Remove gauze pads, tissue, and gloves from the supply area. Lock the storage area and retain the keys.

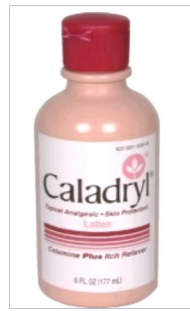
Medication Administration (Completed individually with those served.)

- _____ 8. Positively identify the RIGHT person with senior staff.
- _____ 9. Introduce yourself; explain to the person why the doctor ordered the medication.
- _____ 10. Provide privacy as needed. Assist the person in undressing and positioning if needed.
- _____ 11. Remove the cap from the tube. Wipe the neck of the tube with a tissue before and after usage, if needed. Place a small amount of ointment on the center of each gauze pad. Replace the cap on the tube. Put gloves on above the waist and away from the body to avoid contamination.
- _____ 12. Apply the ointment using a different gauze pad for each affected area to avoid cross contamination. If the area is long, make one swipe going from less affected to more affected (clean to dirty). If the area is round and if less affected area is at the center, start in the middle and work outward.
- _____ 13. Gather soiled items (gauze pads, tissues) inside the glove and remove the gloves: glove-to-glove (dirty to dirty) and skin-to-skin (clean to clean). Place soiled items in the tray for safe disposal.
- _____ 14. Offer the person assistance with clothing and positioning, if needed.

Post-Administration Steps (Completed in the medication room.)

- _____ 15. Dispose of the gloves and gauze pads in the proper wastebasket, away from the individual, and wash your hands thoroughly.
- _____ 16. **Do 3rd Check of the 3 Checks/5 Rights.** "Do I have the RIGHT medication, for the RIGHT person, at the RIGHT time, did I put the RIGHT dosage (amount of ointment) to the RIGHT route (affected areas)?"
- _____ 17. Return the medication container to the external medication storage, lock the storage and retain the keys.
- _____ 18. Document in the correct box on the medication record with your initials or assigned number.

ADMINISTRATION OF TOPICAL LOTION



Preparation Steps

- _____ 1. Check each medication record to see who is scheduled to receive medication 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.
- _____ 3. Compare the person's allergies to information under contraindications to ensure safety.

Pre-Administration Steps (Completed in the medication room.)

- _____ 4. Wash off the work area and wash your hands thoroughly.
- _____ 5. **Before removing the medication from storage, do 1st Check of the 3 Checks/5 Rights** comparing the pharmacy label to the medication record, making sure that all 5 Rights are present and that the pharmacy label and the medication record match.
- _____ 6. **Take medication from storage and immediately do 2nd Check of the 3 Checks/5 Rights** (same as 1st check).
- _____ 7. Remove a medication cup, tissues, gloves, and enough cotton balls from the supply area. Lock the storage area and retain the keys.

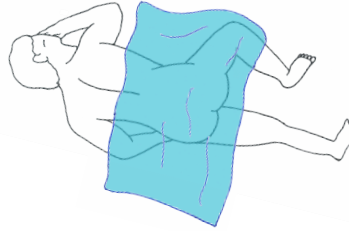
Medication Administration (Completed individually with those served.)

- _____ 8. Positively identify the RIGHT person with senior staff.
- _____ 9. Introduce yourself; explain to the person why the doctor ordered the medication.
- _____ 10. Provide privacy as needed. Assist the person in undressing and positioning, if needed.
- _____ 11. 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.
- _____ 12. 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 gloves above the waist and away the body to avoid contamination.
- _____ 13. Apply the lotion using a different cotton ball for each affected area to avoid cross contamination. Go from less affected to more affected (clean to dirty).
- _____ 14. Gather soiled items (tissues, cotton balls, cup) inside the glove and remove the gloves: glove-to-glove (dirty to dirty) and skin-to-skin (clean to clean). Place soiled items in the tray for safe disposal.
- _____ 15. Stay with the person until the medication dries. Give assistance with clothes and positioning, as needed.

Post-Administration Steps (Completed in the medication room.)

- _____ 16. Dispose of the medication cup, gloves and cotton balls in the proper wastebasket, away from the individual, and wash your hands thoroughly.
- _____ 17. **Do 3rd Check of the 3 Checks/5 Rights.** "Do I have the RIGHT medication, for the RIGHT person, at the RIGHT time, the RIGHT dosage (amount of liquid) in the cup, to the RIGHT route (affected areas)?"
- _____ 18. Return the medication container to the external medication storage, lock the storage and retain the keys.
- _____ 19. Document in the correct box on the medication record with your initials or assigned number.

ADMINISTRATION OF RECTAL SUPPOSITORY



Preparation Steps

- _____ 1. Check each medication record to see who is scheduled to receive medication 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.
- _____ 3. Compare the person's allergies to information under contraindications to ensure safety.

Pre-Administration Steps (Completed in the medication room.)

- _____ 4. Wash off the work area and wash your hands thoroughly.
- _____ 5. **Before removing the medication from storage, do 1st Check of the 3 Checks/5 Rights** comparing the pharmacy label to the medication record, making sure that all 5 Rights are present and that the pharmacy label and the medication record match.
- _____ 6. **Take medication from storage and immediately do 2nd Check of the 3 Checks/5 Rights** (same as 1st check).
- _____ 7. Place one wrapped suppository on the tray.
- _____ 8. **Do 3rd Check of the 3 Checks/5 Rights.** "Do I have the RIGHT medication, for the RIGHT person, at the RIGHT time, the RIGHT dosage (1 suppository) for the RIGHT route (inserted rectally)?"
- _____ 9. Return the medication container to the external medication storage.
- _____ 10. Remove a medication cup, gloves, tissues, and water-soluble lubricant from the supply area. Lock the storage area and retain the keys.

Medication Administration (Completed individually with those served.)

- _____ 11. Positively identify the RIGHT person with senior staff.
- _____ 12. Introduce yourself; explain to the person why the doctor ordered the medication and explain the procedure. Ask permission to assist the individual and provide privacy.
- _____ 13. Place the person on his or her **Left** side with the **Left** leg straight and the **Right** leg bent toward the stomach. 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 with the suppository to lubricate your gloved finger before insertion. Put on gloves above the waist and away from the body to avoid contamination.
- _____ 15. Lift the upper buttock to expose the rectal area. Insert the suppository with the lubricated, gloved 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; remove your gloved finger immediately.
- _____ 16. Gather all soiled items inside the gloves and remove the gloves: glove-to-glove (dirty to dirty) and skin-to-skin (clean to clean). Place soiled items inside the tray for safe disposal.
- _____ 17. Remain with the person for a period of time (10-15 min) or as indicated in the drug reference.

Post-Administration Steps (Completed in the medication room.)

- _____ 18. Dispose of the soiled items in the proper wastebasket, away from the individual, and wash your hands thoroughly. Return the lubricant to the proper storage area. Lock the storage and retain the keys.
- _____ 19. Document in the correct box on the medication record with your initials or assigned number.

ADMINISTRATION OF EAR DROPS



Preparation Steps

- _____ 1. Check each medication record to see who is scheduled to receive medication 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.
- _____ 3. Compare the person's allergies to information under contraindications to ensure safety.

Pre-Administration Steps (Completed in the medication room.)

- _____ 4. Wash off the work area and wash your hands thoroughly.
- _____ 5. **Before removing the medication from storage, do 1st Check of the 3 Checks/5 Rights** comparing the pharmacy label to the medication record, making sure that all 5 Rights are present and that the pharmacy label and the medication record match.
- _____ 6. **Take medication from storage and immediately do 2nd Check of the 3 Checks/5 Rights** (same as 1st check). Lock the medication storage area and retain the keys.
- _____ 7. Warm the medication in your hand for 2 minutes. Remove gloves & tissues from the supply area.

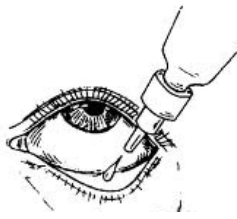
Medication Administration (Completed individually with those served.)

- _____ 8. Positively identify the RIGHT person with senior staff.
- _____ 9. Introduce yourself; explain to the person why the doctor ordered the medication. Provide privacy as needed. Assist the individual in a safe position (reclined or lying down on the bed or couch).
- _____ 10. Put on gloves above the waist and away from the body to avoid contamination. Remove the cap and inspect the tip for cracks and/or dried medication. (If there are cracks, **STOP** & return the medication to the pharmacy). Remove dried medication with a tissue; do not touch the tip of the bottle. Drop one droplet of medication on a tissue to clean off tip and note how fast the medication comes out.
- _____ 11. Ask permission to stand behind the individual to identify the correct ear. Step to the correct side and position the person, with the affected ear toward you. Re-check the medication label for the correct number of drops and the correct ear to avoid errors.
- _____ 12. Tilt head so affected ear is upward. Open the ear canal by gently pulling the top of the ear up and back for an adult, and gently pulling the ear lobe down for a person under the age of 8.
- _____ 13. Instill the correct number of ear drops into the ear canal, being careful not to contaminate the tip by touching it to the ear or anything else. NEVER put anything inside of the ear (Q-tips, cotton swabs) unless ordered by a physician. Wipe excess medication off with a tissue and replace the cap.
- _____ 14. Gather soiled tissues inside the glove and remove the gloves: glove-to-glove (dirty to dirty) and skin-to-skin (clean to clean). Place soiled items inside the tray for safe disposal.

Post-Administration Steps (Completed in the medication room.)

- _____ 15. Dispose of the gloves in the proper wastebasket, away from the individual, and wash hands thoroughly.
- _____ 16. **Do 3rd Check of the 3 Checks/5 Rights.** "Do I have the RIGHT medication, for the RIGHT person, at the RIGHT time, did I instill the RIGHT dose (# of drops) into the RIGHT route (correct ear)?"
- _____ 17. Return the medication container to the external medication storage, lock the storage and retain the keys.
- _____ 18. Document in the correct box on the medication record with your initials or assigned number.

ADMINISTRATION OF EYE DROPS



Preparation Steps

- _____ 1. Check each medication record to see who is scheduled to receive medication 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.
- _____ 3. Compare the person's allergies to information under contraindications to ensure safety.

Pre-Administration Steps (Completed in the medication room.)

- _____ 4. Wash off the work area and wash your hands thoroughly.
- _____ 5. **Before removing the medication from storage, do 1st Check of the 3 Checks/5 Rights** comparing the pharmacy label to the medication record, making sure that all 5 Rights are present and that the pharmacy label and the medication record match.
- _____ 6. **Take medication from storage and immediately do 2nd Check of the 3 Checks/5 Rights** (same as 1st check). Lock the medication storage area and retain the keys. Remove gloves & tissues from supply area.

Medication Administration (Completed individually with those served.)

- _____ 7. Positively identify the RIGHT person with senior staff.
- _____ 8. Introduce yourself; explain to the person why the doctor ordered the medication. Provide privacy as needed. Assist the individual in a safe position (reclined or lying down on the bed or couch).
- _____ 9. Put on gloves above the waist and away from the body to avoid contamination. Remove the cap and inspect the tip for cracks and/or dried medication. (If there are cracks, **STOP** & return the medication to the pharmacy). Remove dried medication with a tissue; do not touch the tip of the bottle. Drop one droplet of medication on a tissue to clean the tip and note how fast the medication comes out.
- _____ 10. Ask permission to stand behind the individual to identify the correct eye. Step to the correct side and position the person, with the affected eye toward you. Re-check the medication label for the correct number of drops and the correct eye to avoid errors.
- _____ 11. Ask the person to tilt their head back and look upward. Using a gloved forefinger, gently touch the skin over the cheekbone, pulling the lower lid down to make a pocket.
- _____ 12. Instill the correct number of eye drops into the center of the lower eyelid pocket, being careful not to contaminate the tip by touching it to the eye, eyelid, or anything else. Wipe excess medication off with a tissue and replace the cap on the bottle.
- _____ 13. Have the person blink the eye(s) slowly and do not squeeze the eye(s) shut. Wipe excess from face.
- _____ 14. Gather soiled tissues inside the glove and remove the gloves: glove-to-glove (dirty to dirty) and skin-to-skin (clean to clean). Place soiled items inside the tray for safe disposal.

Post-Administration Steps (Completed in the medication room.)

- _____ 15. Dispose of the gloves in the proper wastebasket, away from the individual and wash hands thoroughly.
- _____ 16. **Do 3rd Check of the 3 Checks/5 Rights.** "Do I have the RIGHT medication, for the RIGHT person, at the RIGHT time, did I instill the RIGHT dose (# of drops) into the RIGHT route (correct eye)?"
- _____ 17. Return the medication container to the external medication storage, lock the storage and retain the keys.
- _____ 18. Document in the correct box on the medication record with your initials or assigned number.

ADMINISTRATION OF NOSE DROPS (NASAL)



Preparation Steps

- _____ 1. Check each medication record to see who is scheduled to receive medication 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.
- _____ 3. Compare the person's allergies to information under contraindications to ensure safety.

Pre-Administration Steps (Completed in the medication room.)

- _____ 4. Wash off the work area and wash your hands thoroughly.
- _____ 5. **Before removing the medication from storage, do 1st Check of the 3 Checks/5 Rights** comparing the pharmacy label to the medication record, making sure that all 5 Rights are present and that the pharmacy label and the medication record match.
- _____ 6. **Take medication from storage and immediately do 2nd Check of the 3 Checks/5 Rights** (same as 1st check). Lock the medication storage area and retain the keys. Remove gloves & tissues from supply area.

Medication Administration (Completed individually with those served.)

- _____ 7. Positively identify the RIGHT person with senior staff.
- _____ 8. Introduce yourself; explain to the person why the doctor ordered the medication. Provide privacy as needed. Assist the individual in a safe position (reclined or lying down on the bed or couch).
- _____ 9. Have the person gently blow his or her nose. If the person cannot do this, wipe the nostril area with a tissue. Have the person tilt their head back.
- _____ 10. Put on gloves above the waist and away from the body to avoid contamination. Remove the cap and inspect the tip for cracks and/or dried medication. (If there are cracks, **STOP** & return the medication to the pharmacy). Remove dried medication with a tissue; do not touch the tip of the bottle. Drop one droplet of medication on a tissue to clean the tip and note how fast the medication comes out.
- _____ 11. Re-check the medication label for the correct number of drops to avoid errors. Instill the correct number of nasal drops into each nostril, being careful not to contaminate the tip by touching it to the nose, nostrils, lip, or anything else. Wipe excess medication off with a tissue and replace the cap on the bottle.
- _____ 12. Ask the person remain with head tilted back for 3 to 5 minutes. Provide a tissue for nasal drainage. Gather soiled tissues inside glove and remove the gloves: glove-to-glove (dirty to dirty) and skin-to-skin (clean to clean). Place soiled items inside the tray for safe disposal.

Post-Administration Steps (Completed in the medication room.)

- _____ 13. Dispose of the gloves in the proper wastebasket, away from the individual, and wash hands thoroughly.
- _____ 14. **Do 3rd Check of the 3 Checks/5 Rights.** "Do I have the RIGHT medication, for the RIGHT person, at the RIGHT time, did I instill the RIGHT dose (# of drops) into the RIGHT route (nose/nasal/nostrils)?"
- _____ 15. Return the medication container to the external medication storage, lock the storage and retain the keys.
- _____ 16. Document in the correct box on the medication record with your initials or assigned number.

ADMINISTRATION OF EYE OINTMENT



Preparation Steps

- _____ 1. Check each medication record to see who is scheduled to receive medication 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.
- _____ 3. Compare the person's allergies to information under contraindications to ensure safety.

Pre-Administration Steps (Completed in the medication room.)

- _____ 4. Wash off the work area and wash your hands thoroughly.
- _____ 5. **Before removing the medication from storage, do 1st Check of the 3 Checks/5 Rights** comparing the pharmacy label to the medication record, making sure that all 5 Rights are present and that the pharmacy label and the medication record match.
- _____ 6. **Take medication from storage and immediately do 2nd Check of the 3 Checks/5 Rights** (same as 1st check). Lock the medication storage area and retain the keys. Remove gloves & tissues from supply area.

Medication Administration (Completed individually with those served.)

- _____ 7. Positively identify the RIGHT person with senior staff.
- _____ 8. Introduce yourself; explain to the person why the doctor ordered the medication. Provide privacy as needed. Assist the individual in a safe position (reclined or lying down on the bed or couch).
- _____ 9. Put on gloves above the waist and away from the body to avoid contamination. Remove the cap and inspect the tip for cracks and/or dried medication. (If there are cracks, **STOP** & return the medication to the pharmacy). Remove dried medication with a tissue; do not touch the tip of the tube. Express a small amount of eye ointment from the tube (a 1/8 inch ribbon).
- _____ 10. If necessary, ask permission to stand behind the person to identify the correct eye. Step to the correct side and position the person, with the affected eye toward you. Re-check the medication label for the correct amount of medication and the correct eye(s) to avoid errors.
- _____ 11. Ask the person to tilt their head back and look upward. Using a gloved forefinger, gently touch the skin over the cheekbone, pulling the lower lid down to make a pocket.
- _____ 12. Place the ointment dose in the center of the pocket, well away from the tear duct, along the inside edge of the lower eyelid, going toward the ear. Be careful not to contaminate the tube by touching it to the eye, eyelid, or anything else. Wipe excess medication off with a tissue and replace the cap on the tube.
- _____ 13. Have the person blink slowly. Wipe excess medication from the face. Tell the person that his/her vision may be blurry for up to 1/2 hour. Gather soiled tissues inside the glove and remove the gloves: glove-to-glove (dirty to dirty) and skin-to-skin (clean to clean). Place soiled items in the tray for safe disposal. Watch the individual to prevent falls.

Post-Administration Steps (Completed in the medication room.)

- _____ 14. Dispose of the gloves in the proper wastebasket, away from the individual and wash hands thoroughly.
- _____ 15. **Do 3rd Check of the 3 Checks/5 Rights.** "Do I have the RIGHT medication, for the RIGHT person, at the RIGHT time, did I instill the RIGHT dose (amount of eye ointment) into the RIGHT route (eyes)?"
- _____ 16. Return the medication container to the external medication storage, lock the storage and retain the keys.
- _____ 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. 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, or pharmacist has provided about the medication and any potential response of the person.

Be sure that:

1. Medications are kept in pharmacy-dispensed and labeled original containers while in the home.
2. Individuals receiving MORC services 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.
3. 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 individual or a person taking responsibility for the individual 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

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:

1. The wrong person was given a medication.
2. The wrong medication was given to a person.
3. The wrong dosage was given to a person.
4. A medication was administered at the wrong time to a person or a medication was not administered at all.
5. 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:

1. Stay alert, and always observe the "Five Rights" of medication administration.
2. Avoid distractions when preparing, administering, and documenting medication.
3. Be knowledgeable about the medications you administer.
4. 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 your agency's policies followed.**

VIII. DISCONTINUATION AND DISPOSAL OF MEDICATION

LEARNING OBJECTIVES

1. Identify the procedure for proper disposal of medication.
2. 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.

When the contracting pharmacy will not accept the medication, the medication is segregated and kept locked in a box clearly marked for disposal. Staff need to follow the written policy for documenting disposed medication.

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 and requires proper disposal:

- 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.

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.