

The Department of Public Welfare
Office of Developmental Programs

Giving Medication at Home





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Author: Office of Developmental Programs

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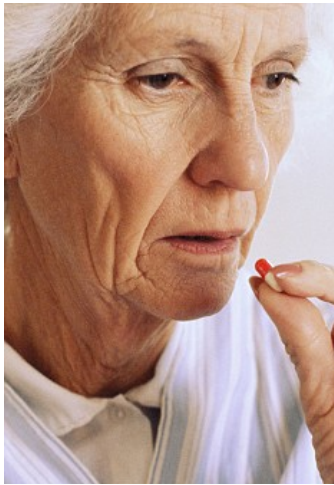
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PART 1
REQUIRED LESSONS

Lesson 1

Introduction to Medication Administration



Taking medication can be an important part of being healthy. For people who need help with their medication, they need to be able to rely on someone who knows how to give them their medication. Giving medication is not hard, but there are some things that you need to know in order to do it safely. You will learn those things in this course.

There is more to giving medication than just handing someone a pill and having them swallow it. It starts with a visit to your doctor or health care practitioner. They listen to what you tell them about your health, do an exam, and maybe some tests. This will tell them what condition you have. If it is a condition like high blood pressure that requires medication, then they will give you a prescription for that. But there is more to it than just getting a prescription. This is only part of what we call the Medication Cycle.



You can see that there are five parts of the medication cycle. We will only talk about one part in this module. We will talk about the other parts in the following modules. It is important to remember that all of the parts of the medication cycle are related to one another. They work together to help people take medication and be able to tell whether or not it is doing what it is supposed to do -- and not doing what it is not supposed to do.

Principles of Medication Administration

It is not always easy to remember to take medication. However, it is important to take it or it cannot work. So, there are some strategies that you can learn to remember medication. In addition, it is sometimes easy to mix up what medication is supposed to be taken and when, especially if there are more than a few to take. You will also learn how to manage that.

The key is to be aware of what you are doing and to pay attention to the details. Pharmacists write the instructions for medications on the bottles and you can use that to help you give medication in the right manner. There are strategies like marking the days on a calendar that you need to take medication if you are taking something that you don't take all the time, like an antibiotic to treat an infection. For medication that you take everyday, try using a visual cue to help you remember to take it. Putting a small plate, cup or bowl beside your place at the table for mealtime or beside your toothbrush can act as a reminder to take medication. Be careful not to leave the pills sitting on the plate so that someone else doesn't take it or they don't get knocked onto the floor.



What is Medication?

Everyone is familiar with medications. The important thing to remember is that medication is used to treat a physical and/or mental health condition. Sometimes people can see a difference with the medication either by how they feel or if some symptom goes away. However, there are many conditions which don't give people any symptoms, but still need to be treated with medication. In these situations it is sometimes difficult for people to see why they must take the medication. One example of this is high blood pressure or hypertension. People with high blood pressure look and feel normal. The only way that you know that they have high blood pressure is by measuring their blood pressure. However, if they don't treat their high blood pressure they can get heart disease or kidney disease.

Every medication has a good or desired effect. This is what you want the medication to do. For high blood pressure, propranolol will decrease the blood pressure, which is the desired effect. If a person has seizures, then valproic acid may be used to prevent the seizures from happening. What if you have a headache? Do you take aspirin to make it go away? That is a desired effect too.

Take a look at the medications that the person you are working with is taking. Pick one of these medications. What medical condition is it treating? What is the desired effect of that medication?

Categories of medications

Medications can be put into different kinds of categories sometimes based on what they do, like painkillers, or by how they work, like beta blockers (propranolol described above is a betablocker). This course will only talk about a couple of ways to look at medications since they will affect how you will treat them. The groups include prescription medications, controlled substances, over the counter medications, supplements, brand names, and generic medications.

Prescription medications are just what they sound like. They require a prescription, or order, from the healthcare practitioner to be able to get them. That order then must go to a pharmacist who “fills” it by putting the medication into some kind of packaging for you. The pharmacist puts the instructions regarding how much medication to take on a label and then attaches that to the package that you get. Depending on what kind of health insurance a person has, the medication may be paid for by insurance. There may or may not be some portion of the cost that the person must pay. This is called a copay.



Controlled substances are a kind of prescription medication. These particular medications can cause addiction and so people need to be careful when taking them. It is a good idea to keep them in a safe place and to know about how many are in the container.



Over the counter medications do not require a prescription to buy, but some insurance plans may pay for them if you do have a prescription. These medications have general instructions to follow written on them. It is important to make sure that there are no specific instructions for the person taking them by asking their health care provider.



Supplements, which include herbals, are substances that are considered foods or dietary and not medications. However, that does not mean that they don't have some bad effects that can happen with them. Some of them make other medication that people take not work as effectively. Typically, these substances have not been proven to do what they say they do. Also they are not required to be tested for purity or the amount of the substance in the container.

What is a brand name versus a generic medication? Brand name medications are typically the original medication made by the first company to invent the medication. When a drug is first made and approved, the brand is the only version of it available. However, after a drug has been used for a while, then other companies are permitted to make their own version of that drug. Those versions are called generics. They are the same active medication, but they may look a little different. By being the same medication they have the same effect. They also are required to be tested for their effectiveness. If they don't meet the level of effectiveness that they are supposed to, then they are not approved. One example of a brand name is Tylenol and its generic (or chemical name) is acetaminophen.



Lesson 2

So now that you have to take medication, what happens?

Visiting Your Health Care Practitioner



Everyone at one time or another makes routine, urgent, or emergency visits to the doctor. Routine visits would include seeing the doctor for an annual physical, eye test, or any other health screening when you are not sick.

An urgent visit to the doctor is one that needs to happen the day something is noted to be wrong, or very soon after that, such as fever with cough, persistent vomiting, or a change in the type of seizures. These are not emergencies but require timely treatment.

An emergency requires immediate intervention. As this is a possible life threatening situation, it must be reported and dealt with immediately. Examples of emergencies include broken bones, loss of consciousness, or not breathing. The emergency system should be activated.

No matter what the consumer's reason for a visit with the doctor, there will be an exchange of information; there will be communication.



EXERCISE 2.1

MULTIPLE CHOICE: Pick the best answer

1. Chip is in need of a flu shot and annual blood work. You need to:
 - a. Call an ambulance.
 - b. Take him to an urgent care center now.
 - c. Call and make an appointment with his PCP.
2. Melissa complains of a non-productive cough and has a fever of 99.4F. It is 9pm on a Monday night. Your plan of action is to:
 - a. Look at PCP's instructions for this condition.
 - b. Give her Tylenol.
 - c. Dial 911.
3. While carrying groceries to the basement, Freddy tripped and fell down the steps. He complained of left leg pain and you found a bone poking through the skin of his left shin. You would:
 - a. Help him upstairs to the couch.
 - b. Call an ambulance.
 - c. Apply a tourniquet.

Answer Key: 1) C, 2) A, 3) B

Preparing for the Visit



Communication for the health care practitioner visit includes both giving information to the PCP and bringing information home with the consumer. This is a place where you can encourage the consumer to tell the PCP what has happened. Information will need to be brought back to the consumer's residence so that proper treatment can be continued according to the doctor's orders and the consumer's condition can improve. Any treatment or medication provided by the doctor needs to be written down and communicated back to the residence so that everyone involved is caring for the consumer following the same set of directions consistently.

In preparation to visit the doctor, no matter what the reason, essential information must accompany the consumer to make the visit a success. Whether the visit is routine, urgent, or an emergency, certain specific information must be available for the doctor in order for him to properly treat the consumer. In the event that the visit is an urgent or an emergency visit, it would be a good idea to keep the information current and in a central location so it can be retrieved quickly. That information should include:



- Current Diagnoses
- Current Medication Dosage
- Allergies
- Past Surgeries/Procedures
- A Copy of the Current Annual Physical

If the visit is for a routine exam you may want to include:

- Any Current Concerns/Complaints
- Physical/Behavioral Changes
- Problems With Medications
- Current Vital Signs Including Blood Pressure
- Recent Glucometer Readings if a Diabetic
- Any Report from Specialty Physicians

The most important reason to be prepared for the doctor visit is to communicate the issues. Be organized and have all the necessary forms and data with you and know why the consumer is at the doctors. Know exactly what is needed from the visit. For example, orders for blood work, new prescriptions, completion of forms, etc. When communicating with the doctor, use objective facts (what you actually see or hear), and not subjective opinion (what you think you saw or what you think it means). For example, when Melissa had a cough and low grade temperature, using objective facts, you would tell the PCP that she is coughing and her temperature was 94.9F. Don't tell the PCP that you think she has pneumonia.

EXERCISE

Label the following as objective or subjective.

1. Melissa has a temperature of 101.2. _____
2. Freddy's new pill makes him sick. _____
3. Chip looks flushed after his bath. _____
4. Chip feels sick. _____
5. Melissa was crying this morning. _____
6. Freddy has a headache. _____
7. Melissa refused to drink from her cup. _____
8. Chip slapped his head repeatedly. _____

Answer Key: 1) objective, 2) subjective, 3) objective, 4) subjective, 5) objective, 6) subjective, 7) objective, 8) objective

At the visit

Once the consumer is at the PCP's office, they need to participate in the visit as fully as possible. What



can you do to make this happen? First you could let the consumer talk. Let them communicate what the concern is and why they are at the PCP office. Are they sick, do they need prescription refills, blood work, tests, etc? Also encourage the PCP to direct the conversation towards the consumer. Any exchange of forms should be between the consumer and the PCP.

Now is the time to start thinking how this information will be communicated back to the consumer's home. If a prescription for medication is written by the PCP, certain pieces of information will be included for it to be complete. The script will include the name of the consumer, the name of the medication, the dose of the medication, the time the medication is to be taken, and the route it is to be taken. These are called the five medication rights.

There will be other information that you need from the PCP visit about new medications or changes in existing medications. This information needs to be written down and shared with everyone caring for that consumer. You will get some of this information directly from the PCP, but may get other information from the pharmacist, or the drug information from the pharmacy. The following list will help in gathering the necessary information. The best way to use this list is to complete information as you are given it. So, if the PCP tells you something that is on this list, then write it down as you are talking. The information is divided into three groups. The first is information that will come from the PCP, the second is information that could come from either the PCP or the pharmacy, and the third is information from the pharmacy. It is important to make sure that you have all of the information that can only come from the PCP prior to leaving the appointment. This includes the training about medications from the PCP required by the 6500 regulations (refer to Appendix E).

Information that can come from the PCP or the pharmacist:

1. Medication administration details:
 - a. What is the diagnosis related to the medication?
 - b. What is the name of the medication?
 - c. What is the purpose of the medication? Is the medication behavior altering?
 - d. What is the dose of the medication?
 - e. What time or times should the medication be taken?
 - f. How is the medication taken (route)?
 - g. Length of time medication should be taken.

2. Information about the medication itself:
 - a. Expected effect and response time.
 - b. Side effects.
 - c. Possible interaction with food or other drugs.
 - d. Is the medication a controlled substance?
 - e. Special administration instructions.

Information that should come from the PCP:

1. What should staff do if medication is missed or late, regurgitated, or expelled?

Information that should come from the pharmacy:

1. How should the medication be stored?

Bringing complete and correct information to and from the PCP's office is vital for good communication and correct treatment. There are sample forms in Appendix D that will be helpful for this. These sample health care practitioner visit sheets have a statement that education was provided about new or changes in existing medications. A health care practitioner visit sheet will be signed by the PCP and document the visit. The form in Appendix E contains the information that is listed above that you need to know about new medications. You can fill this information out as you get it from the PCP and pharmacy to serve both as a reminder of the discussion and to help communicate the information to others supporting this consumer. You should not expect either the PCP or the pharmacist to complete or sign the second sheet. This is for your information and needs to be completed in a way that you will understand.

Other ways to get medication information can include many additional resources besides the PCP. Medications can be looked up in a nursing drug reference book. Drug information sheets (package inserts) are obtained from the pharmacy with the drug, and of course the pharmacist is a resource. The internet also has websites or search engines that can be helpful by typing in the name of the drug. (Refer to Appendix B for some suggested websites.)

EXERCISE

List three ways you can learn about medication. Put your answers on a blank sheet of paper.

Answer Key: Ask the pharmacist, ask the PCP, look it up in a drug reference (either a book or online), read the printed drug information sheet included with the medication

Lesson 3

How do you handle your medication at home?

Getting The Prescription To The Pharmacy

Now that you have left the PCP's office with all the information the consumer will need, it is time to go to the pharmacy and have the prescription filled by the pharmacist. The best idea is to go to the same pharmacy every time a medication is needed. That way there is a complete record of the consumer's allergy and medication information including current and past medications as well as the consumer's insurance information. This way the pharmacist can better help to answer any questions that may arise. This establishes a good relationship with the pharmacist and promotes good service.



The prescription, or script, is a written or electronic documentation of what the PCP orders. The pharmacist fills that order. Pharmacies receive the prescriptions from PCPs in multiple ways. You may bring a handwritten, paper prescription and give it to the pharmacist. The prescription may also be sent to the pharmacy electronically or by fax from the PCP's office. Or, the PCP may phone the order in to the pharmacy.

There are certain pieces of information on the prescription necessary for the pharmacist to fill the script and dispense the medication. First, there will be information about the consumer: name, birth date, address. Then there will be information about the health care provider including their name and signature, address and phone number, and license or Drug Enforcement Agency number which is required for controlled substances like narcotic pain medication. Also on the prescription will be the date the medication was ordered. And on the script will be information about the medication itself. This will include:

- **Name** of the medication
- **Dose** of the medication
- **Time** the medication is to be given
- **Route** or way the medication is to be given

The four items listed above plus the consumer or person, make up the five rights of medication administration. Any time medication is given, each of the five rights is necessary for, and must be present, to safely administer medication.

There may be some special instructions on the prescription if they are needed. For example, if an antibiotic is taken for a certain condition, then it may only need to be taken for a certain number of days. It will be specified on the prescription how many days the consumer will take the medication. Also present will be the number of times the medication can be refilled, and the total amount of medication dispensed in the container (number of pills).

Communication And Verification

When you get the medication from the pharmacy, check the medication label and the medication itself to make sure that it is the right prescription. You should do this regardless of how you receive the medication, whether you pick it up in person, it is delivered from pharmacy to your home, or you get it through the mail. First, check the label to make sure the consumer's name is correct. Then continue to check the rest of the label to make sure that each of the five rights of medication administration is also correct: the medication, dose, route, and time. Check the rest of the label for refills, special instructions, etc. Also take a look at the medication itself. If this is a medication that the consumer has been on before, does it look the same? Same color, same shape? If there are any problems or questions speak to the



pharmacist.

Each medication has package inserts or fact sheets which give information about the medication. The pharmacist is also a good resource if there are any questions or need for clarification. The pharmacist can give instruction on how to store medication, how to administer medication, and any specific side effects to watch for. The pharmacist can reinforce all the information you get from the physician.

Now that the medication has been verified, it can be taken home.

Medication Logs and Documentation

The next step is to write the information about this new medication, or the change in an existing medication, onto the medication log that you use to document medication administration as required by the 6500 regulations (Refer to appendix G). A medication log can be a flowsheet, checklist, or a more formal Medication Administration Record (MAR). The documentation on the medication log allows you to see all of the consumer's medication(s) in the same place. It also gives you a place to document that the medication has been given. This is how you can go back and see if the consumer has received the medication if something happens. For example, you might serve a person with a seizure disorder. Suppose this person has a seizure and the blood level of medication is low. Reliably documenting that the medication is given helps the PCP figure out how to change the medication to better treat the seizures.



Flowsheets and checklists used for documenting medication administration may look different, but they all should have some basic information. There should be some identifying information like the consumer's name. You also need to have the date and year of the administration(s). It is probably easiest to do one each month. You need to be sure to document each day and time of medication as well as each medication given. Your flowsheet does not necessarily have to have all of the details about the medications (e.g. the five rights), but you need to have enough information there to be able to go

back and assure that all of the medication is being given. So, at a minimum, the flowsheet needs to have each medication with its dosage and the time(s) that it is to be given and the person's name as well as a block to document each administration. There are sample flowsheets in Appendix G for you to consider using.

Home Storage

Storage of the medication is important to maintain its integrity and to keep all members of the household safe. All medication should be kept in their original container which has the instructions for administration on the label. Medications should be stored in a dry, cool place unless they must be refrigerated. The bathroom is definitely not a good place. The best place is a spot close to where the medications will be taken. Depending on the consumers and other household members, medications may need to be kept locked or inaccessible. Controlled substances, drugs that have the potential for abuse, should be locked for safety. Controlled drugs should be counted periodically to assure that none are missing.



When a medication is discontinued or changed and you have additional medication that will not be used, it should be disposed of properly. Some pharmacies will accept medication in return either for disposal or management by the pharmacist. If the pharmacy will not take the medication, then check with your agency to see if they have a procedure for the disposal of medication. If you are going to dispose of medication yourself, then document what you destroyed. This may provide you with some protection from legal action related to improper use of medication especially regarding controlled substances. An information sheet about proper disposal of medication can be found in Appendix C.

Lesson 4

How do you take medication properly?

So why all of the fuss about administering medication? It's just giving a pill, right? Wrong! Giving medication correctly is very important for getting the best effect from the medication and avoiding harm. So there are some principles that we use to think about when giving medication. These are known as the "5 Rights of medication administration".



The 5 Rights

What are these 5 rights? They are the important information about who is taking the medication, what it is, how much to take, when to take it and how to take it. The rights are the instructions for giving the medication and are listed below:

- Person: who is taking the medication
- Medication: what medication are they taking
- Dose: how much of the medication are they taking
- Time: when are they taking the medication
- How given: by what route is the medication given

Let's talk a little more about each of these rights.

Person seems easy. That is the person taking the medication. What if there are multiple people in the house who take medication? If you get the medication at the same pharmacy, then the containers like bottles or blister packs will look the same for each person. So it is important to be able to identify who the medication is for so that you don't give someone medication intended for someone else.



Medication is the drug that the person is taking. This also seems easy, but people may be on more than one medication and some of the medications have names that look alike. For example, Zyrtec and Zyprexa could look similar if you looked at them quickly, but they do very different things. So it is important to make sure that you have the right medication.



Dose is how much of the medication that is being taken. This is usually listed in mg or milligrams, but could be micrograms or other units. It also may be listed by number of tablets to be taken or volume if the medication is in liquid form (like 5 cc or ml). It is important to give the right amount of medication because too little may not work and too much may cause side effects.



Time is when to give the medication. Some medications are to be given multiple times in a day and others are to be given once. Some medications work best when given in the morning while others must be given on a full stomach. Medications that are given more than once a day usually have a specific number of times a day and may need to be spread out by a certain number of hours. So it is important to know when a medication is to be given. Agencies should have a policy about standard medication times, or use times specified by the PCP. For example, a.m. could be defined as meaning 8 a.m. A note from the PCP will allow for a medication to be given early or late depending on circumstances like getting up late on the weekend. A pharmacy label with a specific time listed can be used to override the agency standard time.



Route is how the medication is given.

Most medication will be oral or by mouth. However, some medication is given by ear or eye drops while other medication is put directly on the skin (topical). The route for medication is how that form of the medication works best and it typically will not work in that form if given by another route. So it is important to know what route to give medication.

The Pharmacy Label

Where do you find the 5 rights for medications? They are on the pharmacy label which can be found on the bottle or blister pack that contains the medication. So let's try one. Below is a "pharmacy label" with the information that you need on it. Try finding the 5 rights on the "pharmacy label".

PHARMACY LABEL	
Local Drugstore, Inc. 123 Main Street Anytown, PA 16006 04/25/2000	DEA #: <u>5553535</u> RPH: STV Original script date:
RX 1313 22 746 Melissa Sullivan 234 Main Street Anytown, PA 16006	Date filled: 01/05/2004 123-234-2345
2 tablets by mouth three times a day for seizures.	
Carbamazepine 200 mg QRS Drugs, Inc. Burns, Thomas MD	QTY: 120 Refills: 3 Drug expiration: 10/15/2009

Put the 5 Rights for this pharmacy label in the blanks below:

Person: _____
Medication: _____
Dose: _____
Time: _____
Route: _____

The correct answers are below. Did you get them right?

Person: Melissa Sullivan
Medication: Carbamazepine
Dose: two tablets (200 mg tablets)
Time: three times a day
Route: by mouth

Now try to identify the same information on a prescription that you have for someone whom you are supporting. If you have not yet started to work with someone, then use the example below to practice:

Local Drugstore, Inc. 123 Main Street Anytown, PA 16006	DEA #: <u>5553535</u> RPH: STV Original script date: 04/25/2000
RX 1313 22 747 Melissa Sullivan 234 Main Street Anytown, PA 16006	Date filled: 01/06/2004 123-234-2345
Give 2 tablets by mouth once daily prior to eating for erosive esophagitis	
Prevacid 15 mg QRS Drugs, Inc. Tim Barns, MD	QTY: 150 Refills: 2 Drug expiration: 10/15/2009

Put the 5 Rights for this pharmacy label in the blanks below:

Person: _____
Medication: _____
Dose: _____
Time: _____
Route: _____

The correct answers are below. Did you get them right?

Person: Melissa Sullivan
Medication: Prevacid
Dose: two tablets (15 mg tablets)
Time: one time a day
Route: by mouth

If you had difficulty completing the previous activity or would like more practice, then look at some of

the medication that you have in your house and use those labels to complete the activity.

Administering Medication

Now that you know all of the pieces about administering medication, it is time to talk about the steps. Medication should be administered in the same way every time in order not to make mistakes. Medication errors can harm people and can be avoided by using standard processes and reminder systems. The important part of medication administration is not to skip any of the steps.

We will use a 5 step process for administering medications. This process uses a three check method to assure that you have pulled out the correct medication and dose for the right person. The steps for administration are listed below. You would do this for each medication that the person would be taking at a time. Be sure that you wash your hands before and after each administration time.



Step 1: PULL MEDICATION OUT

Look at the medication log to see what medications need to be given at this time. Pull out the containers with those medications and compare the pharmacy label on the container with the medication log. This is Check 1.

Step 2: POUR MEDICATION

Check again to make sure that you have the right medication and dose for the right person at the right time by comparing the label to the medication log. This is Check 2. Take the dose of medication out of the container and put it on a clean surface (like the plate or cup that we talked about before).

Step 3: RECAP MEDICATION



As you put the lid back on or are putting the container back into the storage container, check one more time to make sure that you have the right medication and dose at the right time for the right person. This is Check 3.

Step 4: ADMINISTER MEDICATION

Tell the person what medication they are taking. Give the person the medication and help them take it as they need. For example, if they need help holding the cup of water to drink after swallowing the medication, then help them hold it. If they are unable to put the medication in their mouth, then you may need to do that. If you are using other routes of administration, then follow the instructions in Lesson 7.

Step 5: DOCUMENTATION

Mark on your medication log in the appropriate date and time each of the medications that you gave.



Tips for Special Situations

What if the pill is spit out or vomited?

If the person spits out or vomits a dose of medication, then you need to call the PCP to get further instructions.

What if the pill is refused?

While people have the right to refuse taking their medication it is important to try to figure out why they are refusing. Is it a bad time and would it be better to wait a little while to give it? Has someone told them something about their medication that has made them afraid to take it? Do they have an unwanted side effect to the medication that they haven't told you about? It is important to address why so that this doesn't become a chronic problem. You may need to work with the PCP or someone from the agency around working through whatever issues are interfering with the person taking their medication.



What if the medication was given twice?

If you give an extra dose of the medication, then you need to call the prescribing PCP to get instructions about what to do and look for.

What about multiple missed doses?

If you have multiple missed doses that are not refusals, then you need to look at how to use reminders to remember to give medication. These can include calendars, timers, putting a plate or cup out for the medication, alarms on watch or phone, computer reminders; have the person take responsibility for remembering, etc. Combining medication administration times with times that you do other things can also help. For example, taking medications with meals can be a reminder. Doing it with morning and evening tooth brushing or other activities can also help you remember. A sign on the refrigerator could help.

Additional Information: Medication Boxes

Some people like to use pill boxes as reminders to take their medication. These often have room for 7 days worth of medication and also may allow for multiple times of medication administration in a single day. The 6500 licensing regulations require that medication for individuals who do not self-administer be kept in their original containers. (Refer to Appendix F.) Individuals that self administer or are working towards self administration could put a single days worth of medication into a container for a trip or vacation or daily/weekly use. However, it is important to be sure that you know what medication to take and when because when you have all of the pills in the pill box, you no longer have the information about what each pill is. Do not put medication for more than one person in the same container.

If you are going to use a pill box, then only the person and family members can take the pills from the container that they were dispensed into and put them into a separate container. So this will need to be done with the consumer having a role in preparing the containers.



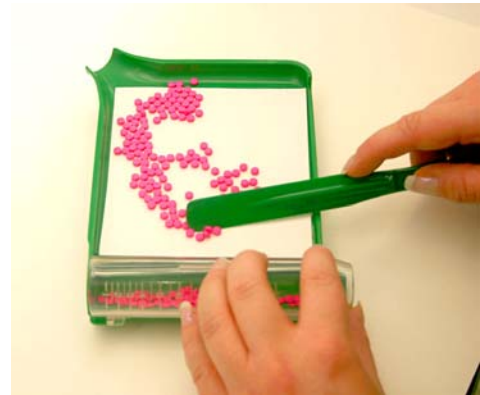
Another alternative to using a pill box for vacation or trips is having the pharmacist provide you with an additional container for each medication. They can dispense vacation medication separate from daily medication for the time period that you will be on vacation. This can be done with medication dispensed in bottles or blister packs.

Lesson 5

What to expect when you take medication

Medication is an important part of health care. Each person is unique and medication is prescribed to meet their specific health care needs. Factors such as age, sex, body size, and internal functioning can and do alter the effects of medications and are taken into consideration by the prescribing health care practitioner. Medications may also interact with other medications so it is essential that all doctors and pharmacists know each and every prescription medication, non-prescription (over the counter) medication and supplements that the person is prescribed or taking. All doctors and pharmacists must be informed about allergies and adverse effects for each particular person so they can determine the best medication to order in treating an illness.

Because of the unique nature of medication administration, there are responsibilities following administration. Those responsibilities include observing and reporting the effects of the medication as well as reporting the adverse effects, or poor response, to the medication.



Medication effects

Medication is given to prevent or control health problems, cure an illness, or relieve symptoms. Each time a medication is given, it has an effect – a desired effect or an undesired effect. An explanation of effects along with examples follows:

Desired Effects – good and expected result from the medication

Example of a desired effect: An antibiotic medication is given to clear up a sinus infection. After taking the medication for the prescribed number of times and days, the infection is gone.

Undesired Effects or Side Effects – unwanted reactions to medication

Mild side effect – unintended reaction to a medicine that is generally not a cause for worry

Example of a mild side effect: After taking the antibiotic medication for the sinus infection, the person feels sick to their stomach.

Adverse effect – unexpected and serious effect that can be potentially harmful

Example of an adverse effect: A person becomes very sad and depressed after taking a new medication.

Mild allergic reaction – unwanted reaction that tends to be localized to one area or body function. It may not always occur the first time someone takes the medication.

Example of a mild allergic reaction: After taking the antibiotic medication for the sinus infection, the person develops itchy red skin.

Severe allergic reaction – unwanted reaction that affects many body functions and areas. The reaction occurs quickly and is often life-threatening. A severe allergic reaction is called anaphylaxis.

Example of a severe allergic reaction: After taking the antibiotic medication for the sinus infection, the person develops severe hives, swelling around the lips and face, and has trouble breathing.

What to Look For

Whenever a medication is prescribed, it is our responsibility to understand what we should be observing and reporting. Using the example above about an antibiotic medication given to treat a sinus infection, you would want to know what physical signs or symptoms would indicate that the person is getting better or not. You must have this information in order to determine if the medication is working or effective.



Types of Physical Signs and Symptoms

Signs are changes which can be clearly seen and measured. Some examples include fever, cough, weight loss, appetite loss, diarrhea, and rash.

Symptoms are changes which are experienced or felt by the person. Some examples include pain, nausea, itching, and tenderness. In order to determine if a person is having symptoms, it is important to ask specific questions and observe behaviors or body language (e.g., if someone is rubbing their head, they might have a

headache).

Telling your health care practitioner

Physical and behavioral changes may be difficult to interpret. There can be many different reasons for the same symptoms. For example, loss of appetite may be an unwanted effect of a new medication or it may be related to an emotional event or a physical illness. By asking some questions, you may be able to obtain information that could be used by the health care practitioner in determining the cause of the problem.

Interpreting physical and behavioral changes are the responsibility of trained specialists. Your responsibility is to observe and report any changes to the right person at the right time. This would include calling emergency services (911) if necessary.

Our health care practitioners evaluate many people. They rely on our reporting to obtain the “full picture” of what is happening with the patient. Reports should be objective in nature giving specific information such as what is the problem, how often the problem occurs, when it occurs, what you have observed, what has been reported to you, any prior events that may have contributed to the problem, what helps, what makes it worse, etc.



The following information should be provided to the health care practitioner at each visit:

1. The person's medical records/history
2. Any history of allergies
3. Current medications being administered and for what reasons (prescription and over the counter)
4. Medical conditions not being treated by medication, information on recent hospitalizations or surgery
5. Reporting of any recent changes in physical or behavioral signs or symptoms

Your observation and reporting of physical and behavioral changes will help to ensure the health and safety of the people you support.

Lesson 6

Medication Errors



Medication errors occur when someone makes a mistake with one of the five rights of medication administration. If you preface the "right" word with the word "wrong", then you can generate the most common kinds of medication errors. So, wrong person, wrong medication, wrong dose, wrong time, wrong route, give you medication errors. In addition, missing a dose of medication altogether is called an omission and is the most common kind of medication error.

We pay attention to medication errors because learning about them helps us figure out what caused them. By knowing the cause you can change how you are administering medication or add in reminders to prevent the same type of error from occurring again.

Medication errors are reported to the state through the Home and Community Services Information System (HCSIS). Agencies may have you report these to them in various ways. The important information that needs to be known to report an error is listed below:

- Who was the person affected by the error?
- What type of error occurred?
- What level of staff committed the error (e.g. direct care versus nurse versus supervisory)?
- What did the agency do to address the error?
- What systemic changes did the agency make to prevent that type of error from happening again?

The information from HCSIS Incident Management Error Reporting Form containing the questions and answer choices appears on the next page.

ERROR REPORTING FORM (HCSIS)*

- Date
- Time

Who made the error?

- Name or unique identifier of person making error (optional)
- Person giving medication: direct care staff, supervisory staff, RN, LPN, staff, Individual, other

What are the specifics about the medication involved and/or the environment where the error occurred?

- Name of medication(s) involved
- Did the error occur over multiple consecutive administrations?

Why did the error occur?

- Misread bottle
- Did not get prescription or refill from Primary Care Practitioner
- Did not order prescription or refill from pharmacy
- Did not pick up prescription or refill from pharmacy
- Did not receive prescription ordered from pharmacy
- Misidentified person
- Error in medication log
- Mixed up size or strength of tablets
- Liquid medications measured incorrectly
- Miscommunication between residential provider and day service provider
- Got wrong prescription from pharmacy
- Did not compare pharmacy label to medication log
- Did not secure medication from other individuals

What was the response to the error?

- Contacted PCP
- Contacted program supervisor
- Observed for side effects
- Called poison control
- Discovered too late to do anything
- ER visit
- Hospitalization
- Had blood level of medication checked

What was the agency system response to prevent this type of error from occurring in the future?

- Developed new policy/modified existing policy
- Developed new practice/modified existing practice (training/retraining)
- Monitored medication passes for that staff person
- Individual feedback to employee
- Situation reviewed, no action taken
- referred to risk management for further evaluation
- Indicator for quality improvement initiative



PART 2

OPTIONAL LESSONS

Lesson 7

Taking medication away from home

This lesson discusses the need for planning and safety for time away from home. The time away from home can be a week long vacation or simply a day at a park. It is important to remember that if a person is on medication, then planning for the medication administration while away is necessary.

When planning for time away from home be aware of how much medication is required. A week away from home for someone who is on two to three different medications is certainly different from a person who is away for one day and on one medication daily.

In addition to planning for taking medication, it is also important to plan for any potential side effects or adverse effects that could happen while a person is on medication away from home. An example would be a person on a photosensitive medication (which is a medication that makes a person very sensitive to sun rays) who is taking a week long trip to the beach. It would be imperative that sunscreen and other methods of protection from sun rays are used.

The following two scenarios have some common themes that can cause a day away or a week away to be a safety concern for the person on medications, lead to panic and stress, and potentially ruin what was meant to be an enjoyable excursion.

Scenario 1

A family trip is planned to Ocean City, Maryland for a week near the beach. The person who is going with you is on four different medications a day. The medications include Lamictal (an anti-seizure medication), Vasotec (for high blood pressure), Oscal (a calcium supplement), and Lexapro (an antidepressant medication).

Everything has been packed and you are ready to go. You decide to travel at night and when you arrive in the morning you have discovered that all of the medication that was packed has been left behind. This would be a cause for panic to anyone. What should you do?

The following are some suggestions that may be helpful to you in this stressful time. A call to the person's insurance company is a good start. Because some of the medication that you have left behind is expensive and you may not have the finances with you, the insurance company may assist you with getting the medication. You will need a pharmacy in the area to be able to get the medication dispensed. So, a call to a local pharmacy will also be needed. Be sure to have a list of all the medications with you. If you don't, then you may be able to call the pharmacy you deal with at home and also get assistance from them.

Although it is a stressful situation, it is important not to panic. So that the process can go as smoothly as possible, write down all that you need and any questions you have before calling the insurance company and pharmacies. However, the most important thing that you can do is to have the medications with you when you take a trip away from home.

Scenario 2

A day trip is planned to a local amusement park. The weather was to be overcast and cool, but it turned out to be very sunny and hot. The person you are with is on a medication that causes photosensitivity. Because of the weather report you decided not to take sunscreen or wear protective clothing. What should you do?

It is imperative that the person is protected from the sun's rays. You will need to get sunscreen as well as protective clothing to prevent sunburn and avoid potential safety risks. It may also be necessary to obtain protective clothing such as a hat, light colored sleeves to cover skin, and to have the person in the shade at the hottest and most sun- exposed time of the day (10am-2pm.)



A sunscreen must have both UVA and UVB sunscreen protection from harmful sun rays. Again, you may need to have the person in the shade as well to prevent sunburn and other harmful reactions.

Time away from the home with medications left behind can cause stress and panic. Careful planning is required for the expected, such as a medication regimen, and also for the unexpected, such as a sunny day when it is predicted to be cloudy. Finally, having both a medication list packed along with an insurance card is a very useful idea that will help in situations when medication is lost or left behind.

Lesson 8

How to take medication in different ways

If the person you support is taking a medication that is taken in a way other than by mouth (oral), then the person administering the medication must be taught by a licensed health care practitioner. The information that follows is about ways, other than by mouth, that some medications are taken.

Sublingual, Buccal, and Translingual Medication

Sublingual means under the tongue. A sublingual medication is a tablet you place under the person's tongue and which dissolves slowly. Sublingual medications are used to treat problems like heart disease.

Buccal means inside the cheek of the mouth. A buccal medication is a tablet you place inside the cheek of the person and which dissolves slowly. **Translingual** refers to spraying the tongue.

NOTES ABOUT SUBLINGUAL MEDICATION

You may be giving the medication to relieve symptoms a person is currently experiencing (chest pain, for example). Therefore, make careful observations and report these findings immediately. The outcome of the administration may determine the next steps. For example, the PCP may order a PRN medication called Nitroglycerin tablets to be administered sublingually to a person experiencing chest pain (angina). The order reads give Nitroglycerin 1 tablet sublingually for chest pain, if no relief within 5 minutes administer another tablet sublingually. A third tablet may be administered again if the person still has chest pain after 5 minutes. If after the 3 doses 5 minutes apart the person is still experiencing chest pain, call for emergency medical help.

Administering Sublingual, Buccal, and Translingual Medication

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)

Then follow these steps:

Step 1: PULL MEDICATION OUT

Check that you have the right medication for the right person. (Check 1)

Step 2: POUR MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)

Step 3: RECAP MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 3)

Step 4: Tell the person what medication you are administering. Administer the medication to the person. *Provide assistance as needed.*

- To administer a **sublingual** medication, place the tablet under the tongue.
- To administer a **buccal** medication, place the tablet on the cheek inside the mouth along the teeth.
- To administer a **translingual** spray medication, ask the person to open their mouth, and spray the medication directly on the tongue. You must hold the canister vertically so the spray will go directly into the mouth. You will recap this type of medication after administration.

Make sure the medication stays in place until it dissolves completely. Tell the person not to chew the tablet. You may ask the person to open their mouth to check. Tell the person not to drink or smoke for one hour.

Complete the administration and check to be sure you have administered the right medication to the right person, the right dose, the right route and right time. Return the medication to the storage area, document the administration, and wash your hands. Observe the person for medication effects and side effects. By observing the person after you administer a medication you can prevent a potentially serious problem if the person has an adverse effect or an allergic reaction.

NOTES ABOUT PULMONARY INHALANTS

Most pulmonary medications come in a sealed container under pressure. If no “puff” or mist comes out, you can unclog the spray nozzle by soaking the mouthpiece in water for a few minutes. Some inhalers come with a spacer, a chamber used to help the medication get into the air passageway better.

It is difficult to know if there is any medication in the canister. To check how much is left, put the canister (not the mouthpiece) into a cup of water. If the canister floats sideways on the surface, it is empty. If the canister sinks to the bottom, it is full.

Some pulmonary inhalant medications can cause side effects to the mucus membrane in the mouth. If the medication you administer has this side effect, ask the person to do good mouth care after each dose. Document this on the medication log to alert other staff to remind the person to do mouth care after each dose.

Some pulmonary inhalant medications come in a liquid form. To administer this liquid, you need a special machine and instructions on how to use it correctly before you can administer such a medication.

Pulmonary Inhalant Medications

Pulmonary inhalant medications are inhaled into the air passageways – the nose and mouth. These medications are used often for people with respiratory problems, such as asthma. You will need instructions from your supervisor for administering a pulmonary inhalant.

Administering Pulmonary Inhalants

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)

Then follow these steps:

Step 1: PULL MEDICATION OUT

Check that you have the right medication for the right person. (Check 1)

Step 2: POUR MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)

Step 3: RECAP MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 3)

Step 4: Read and follow the directions that come with the medication.

If you are assisting the person, you may have to read the directions to them several times, or you may have to hold the canister and administer the medication yourself.

If the person is capable, hand the canister to them and follow the instructions below.

Step 5: Tell the person what medication you are administering. Administer the medication to the person. Provide assistance as needed.

Instructing a Person to Use an Inhaler

Following are the directions for most inhalers. These directions will help you instruct the person on how to use an inhaler. *Ask the person to:*

- Hold the canister so that the writing and mouthpiece are facing them, and remove the protective cap over the mouthpiece.
- Shake the canister, breathe out, and place the canister in the air passageway.
- Breathe in and press down on the container to release a “puff” or spray of fine mist into the air passageway.
- Hold their breath for at least 10 seconds to allow the medications to be absorbed in the air passageway. Wait at least one minute between puffs for adequate absorption. (The prescription indicates the number of puffs the person should inhale at one time. For example, the order may say take Albuterol inhaler 2 puffs every 6 hours.)
- Recap the container after administration.

Complete the administration and check to be sure you have administered the right medication to the right person, the right dose, the right route and right time. Return the medication to the storage area, document the administration, and wash your hands. Observe the person for medication effects and side effects. By observing the person after you administer a medication you can prevent a potentially serious problem if the person has an adverse effect or an allergic reaction.

It takes time and practice to use a pulmonary inhalant. You may have to assist the person with each step. Always stay with the person while they are using the inhaler.

Administering Topical Medications to the Skin

Topical medications are applied directly to the skin. They include creams, ointments, lotions, solutions, suspensions, powders, and sprays. You administer topical medications to the specific part of the body required by the PCP.

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)

Then follow these steps:

Step 1: PULL MEDICATION OUT

Check that you have the right medication for the right person. (Check 1)

Step 2: POUR MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)

Step 3: RECAP MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 3)

Step 4: Tell the person what medication you are administering. Hand the medication to the person if they are able to apply it. *Provide assistance as needed.*

- Put on gloves to prevent infection and to keep the medication from absorbing into your own skin.
- Clean any medication left from the previous application by wiping the area with a clean gauze or cloth.
- Read and follow the instructions carefully.
- Do not touch the tube or bottle after touching the person's body. This will prevent the transfer of germs to the medication.
- Cover the area after the application.

Applying Creams and Ointments

- Apply ointments and creams with your gloved hand.
- Apply a thin layer using light, smooth strokes.
- Do not massage the medication into the skin, unless directed by the PCP. Avoid putting pressure on the skin.
- To apply cream or ointment to a female's labia (outside the vaginal area), use your gloved hand always remembering to maintain privacy.
- Do not bandage the area unless directed by the PCP.
- Recap the medication after application.

Applying Lotions

- Shake the medication container.
- Pat the medication onto the specified area of the person's body with your gloved hand.
- Do not massage or rub the area unless directed by the PCP.
- Allow medication to dry before covering the area.
- Recap the medication after application.

Applying Powder

- Apply small amounts of powder to clean, dry skin.
- Do not shake powder into the air (the person might inhale it).
- Recap the medication after application.

Applying Topical Sprays

- Read the instructions for applying the topical spray.
- Clean the area to be sprayed.
- Spray the topical medication onto the skin.
- Recap the medication after application.
- Observe for any changes.

Applying Topical Medications to the Scalp and Hair

Medications are used for a variety of problems to the scalp and hair. Some scalp and hair problems are dry skin (dandruff), psoriasis, and head lice (pediculosis).

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)

Then follow these steps:

Step 1: PULL MEDICATION OUT

Check that you have the right medication for the right person. (Check 1)

Step 2: POUR MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)

Step 3: RECAP MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, and the right time, and the right route. (Check 3)

Step 4: Tell the person what medication you are administering. Hand the medication to the person if they are able to apply it. *Provide assistance as needed:*

For medications:

- Take the medication out of the box (if there is one). Read the instructions, especially those for treating head lice or follow those given by the PCP. Some medications may need to stay in the hair for a period of time before rinsing.
- Start with clean hair.
- Put on gloves.
- Using your fingertips, begin by applying the medication to the person's natural part. Spread the medication evenly. Continue to apply the medication every ½ inch or so. Some medication will need to be massaged into the scalp. Always massage gently.
- Continue applying the medication to the entire scalp or affected area.



For medicated shampoos:

- Help the person to the sink or shower and make them comfortable.
- Put on gloves and wet the person's hair
- Shake the shampoo.
- Apply the shampoo evenly and massage it gently into a lather. *Note:* Be careful not to get medicated shampoo in the person's eyes, nose, or mouth. If you accidentally do, see your first aid material for flushing eyes in an emergency.
- Rinse hair and remove gloves and properly dispose of them. Help the person dry and style hair.
- Recap the medication after administration.

Complete the administration and check to be sure you have administered the right medication to the right person, the right dose, the right route and right time. Return the medication to the storage area, document the administration, and wash your hands. Observe the person for medication effects and side effects. By observing the person after you administer a medication you can prevent a potentially serious problem if the person has an adverse effect or an allergic reaction.

Applying Rectal Medications

The PCP may order medications to be inserted into or around the anal/rectal area. This may cause the person to feel uncomfortable or embarrassed. Be mindful of how this affects the person and make them feel comfortable and always provide privacy. The most common medications used in this area are suppositories, creams, and ointments. You may need assistance with administering a rectal medication.

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)

Then follow these steps:

Step 1: PULL MEDICATION OUT

Check that you have the right medication for the right person. (Check 1)

Step 2: POUR MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)

Step 3: RECAP MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 3)

Step 4: Tell the person what medication you are administering. Hand the medication to the person if they are able to apply it. *Provide assistance as needed.*

- Take the suppository, ointment, or cream out of the box (if there is one).
- Ask the person to lower his/her clothing from the waist down, and assist as needed.
- Ask the person to lie down on the bed on their left side, and assist as needed.



- Place a protective pad under the buttocks and a sheet over the person for privacy.
- Put on gloves
- Clean the rectal area. Always use strokes from the groin to the back of the perineum (the area of skin between the base of the penis or opening of vagina and the rectum). It is very important to clean in a front-to-back direction, using different sections of the washcloth for each stroke. These measures help prevent infection of the vagina with bacteria from the rectal area.

Inserting a Rectal Suppository

- Remove the suppository from the wrapper.
- Apply a water-soluble lubricant.
- With one hand, lift up the person's buttock to expose the anal/rectal area.
- Ask the person to take a few deep breaths and relax.
- Insert the suppository into the rectum with the tapered or pointed end first. Using your index finger, gently push the suppository upward about 1 to 3 inches.
- Wipe off any leftover lubricant from the area.
- Assist the person to a comfortable position.
- If the rectal suppository is administered to relieve constipation, encourage the person to hold the suppository in the rectum for at least 20 minutes to make sure it is effective.

NOTES ABOUT RECTAL SUPPOSITORIES

- **If the rectal suppository gets too soft to insert keep in the wrapper and run it under cool water. Rectal suppositories should be kept in the refrigerator.**
- **If half of the suppository is ordered, then cut it lengthwise, not in half crosswise.**

Applying Ointment or Cream to the Anal/Rectal Area

- Ask the person to lower their clothing from the waist down and assist as needed.
- Ask the person to lie down on their side and assist as needed.
- Put on gloves.
- Place a disposable pad under the person's buttock.
- Clean the anal/rectal area to remove any cream or ointment left over from previous applications.
- Clean the area by always washing in a front to back motion toward the anal/rectal area. Use different corners of the washcloth for each stroke. These measures will help prevent infection of the vagina by bacteria from the rectal area.
- Place cream or ointment on a disposable gauze pad or on the tip of one of your gloved fingers.
- Apply the cream or ointment to the anal/rectal area.
- Recap the medication after application.
- Complete the medication after application.

Complete the administration and check to be sure you have administered the right medication to the right person, the right dose, the right route and right time. Return the medication to the storage area, document the administration, and wash your hands. Observe the person for medication effects and side effects. By observing the person after you administer a medication you can prevent a potentially serious problem if the person has an adverse effect or an allergic reaction.



Applying Medication On and Into the Vagina

Vaginal medications are usually ordered to treat vaginal infection or inflammation. The application can be uncomfortable and embarrassing to the person. Be mindful of this and make the person feel as comfortable as possible. You may need assistance administering vaginal medications.

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)

Then follow these steps:

Step 1: PULL MEDICATION OUT

Check that you have the right medication for the right person. (Check 1)

Step 2: POUR MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)

Step 3: RECAP MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 3)

Step 4: Tell the person what medication you are administering. Hand the medication to the person if they are able to apply it. *Provide assistance as needed.*

- Take the vaginal medication out of the box (if there is one). Read all the directions and follow all the PCP's orders. Vaginal medications are inserted into the vagina using an applicator that comes in the box with the medication. Vaginal medications come in different forms such as creams, suppositories, gels, foams, and ointments.
- Take to private area such as bedroom.
- Ask the person to void (urinate). Assist or ask to lower her clothing from the waist down.
- Ask her to lie on her back on the bed; assist as needed.
- Place a protective pad under the buttocks and cover her with a sheet or towel for privacy.
- Put on gloves.
- Ask the person to bend her knees and spread her legs apart. Assist as needed.



- Clean the perineal area by always washing in a front to back motion from the vagina toward the anal/rectal areas. Use different corners of the washcloth for each stroke. This will reduce the chance of spreading infection.
- Administer the medication.
 - To apply cream or ointment to the outside of the vagina, place a small amount on disposable gauze or gloved fingertip and apply it to the area.
 - To insert medication into the vagina, carefully and gently insert the lubricated applicator into the vagina and press on the plunger to release the medication. Withdraw the applicator from the vagina. *Note:* Lubricate the applicator with a water soluble lubricant like K-Y jelly to allow for an easier, painless insertion of the medication. Don't use petroleum jelly, like Vaseline.
- Recap the medication after application.
- Clean any leftover medication from the vaginal area.
- Assist the person with dressing.

Most vaginal medications are administered at bedtime because they must remain in the vagina for a period of time to be effective. If the person has to change position, provide a sanitary pad and clean underwear.

Complete the administration and check to be sure you have administered the right medication to the right person, the right dose, the right route and right time. Return the medication to the storage area, document the administration, and wash your hands. Observe the person for medication effects and side effects. By observing the person after you administer a medication you can prevent a potentially serious problem if the person has an adverse effect or an allergic reaction.

Applying Transdermal Medication (Patch)

Many transdermal medications are available today. These patches, applied to a specific area of the body, deliver medication through the skin. The benefit of transdermal medications is that the person receives a constant, controlled amount of medication.

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)

Then follow these steps:

- Step 1:** PULL MEDICATION OUT
Check that you have the right medication for the right person. (Check 1)
- Step 2:** POUR MEDICATION
Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)



Step 3: RECAP MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 3)

Step 4: Tell the person what medication you are administering. Hand the medication to the person if they are able to apply it. *Provide assistance as needed.*

- Remove the medicated patch from the box (if there is one). Do not peel off the back of the patch.
- Put on gloves.
- Clean the area of the body the PCP has specified for application of the patch with soap and water, dry thoroughly and inspect the skin carefully for any changes.
- Apply the patch to the area. IF the PCP has not specified an area, place the patch where the person will not be able to remove it and it will not rub against clothing.
- Document the site on the medication log.

Complete the administration and check to be sure you have administered the right medication to the right person, the right dose, the right route and right time. Return the medication to the storage area, document the administration, and wash your hands. Observe the person for medication effects and side effects. By observing the person after you administer a medication you can prevent a potentially serious problem if the person has an adverse effect or an allergic reaction.

NOTES ABOUT TRANSDERMAL PATCHES

- **Always put the patch on the person at the same time each day or as ordered. This allows for constant and controlled dosage of the medication.**
- **Avoid placing patches on hairy skin. The patch will not adhere well, and the medication will absorb poorly. Don't shave hair unless directed.**
- **Rotate patch sites with each application.**
- **Keep the patched area dry at all times.**
- **Always wear gloves so that you will not absorb the medication through your skin if you touch the patch.**
- **Always report any skin abnormalities such as redness, swelling, or blistering.**
- **If the patch falls off, do not replace it with a new one. Call the PCP for instructions on how to proceed.**

Applying Medications in the Eyes

Medications are inserted into the eyes for many reasons. Some reasons a person may need them are for dry eyes, eye infections, and for glaucoma.

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)

Then follow these steps:

Step 1: PULL MEDICATION OUT

Check that you have the right medication for the right person. (Check 1)

Step 2: POUR MEDICATION
Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)

Step 3: RECAP MEDICATION
Make sure the bottle and label say for ophthalmic use only. Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 3)



Step 4: Tell the person what medication you are administering. Hand the medication to the person if they are able to apply it. *Provide assistance as needed.*

- Remove the medication from the box (if there is one).
- Ask the person to sit (a recliner chair is best) or lie down comfortably.
- Ask the person to tilt his or her head slightly back.
- Put on gloves.
- Remove the cap from the medication and place it on a clean surface. Note: The instructions may say to shake the bottle before using.

To Administer Eye Drops, Gel or Ointments

- Tip the person's head back. (It may help them blink less.)
- Hold the medication bottle or tube in one hand. With the other hand lower the bottom eyelid to form a pocket for the medication.
- Apply Medication
 - **For Drops:** Gently apply the right number of drops into the eye.
 - **For Ointment or Gel:** Gently put in the correct dose of eye medication by forming a ribbon of gel along the edge of the eye from the inside to the outside of the eyelid pocket. Twist the tube to break the stream of ointment or gel.
 - Ask the person to blink the eyes gently (to spread the medication over the entire eye), and then to close their eyes for one or two minutes (to let the medication absorb).
 - Clean off any excess medication from the tip of the medication container using a clean gauze pad.
 - Recap the medication after administration.
 - Wipe any excess eye ointment, gel, or drops from the eyelid, lashes, or face.



Complete the administration and check to be sure you have administered the right medication to the right person, the right dose, the right route and right time. Return the medication to the storage area, document the administration, and wash your hands. Observe the person for medication effects and side effects. By observing the person after you administer a medication you can prevent a potentially serious problem if the person has an adverse effect or an allergic reaction.

NOTES ABOUT EYEDROPS, GELS, & OINTMENTS

Try not to contaminate the tube or the bottle tip by allowing it to touch the eye or any surface.

Applying Medication into the Ears

Ear medications are commonly used to soften earwax or to treat problems such as inflammation and infection.

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)



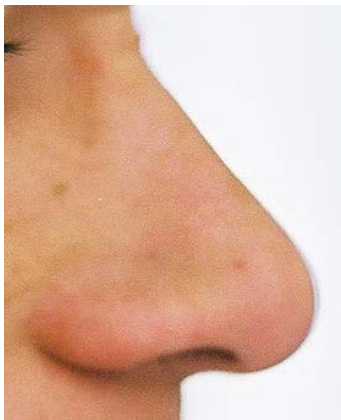
Then follow these steps:

- Step 1:** PULL MEDICATION OUT
Check that you have the right medication for the right person. (Check 1)
- Step 2:** POUR MEDICATION
Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)
- Step 3:** RECAP MEDICATION
Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)
- Step 4:** Tell the person what medication you are administering. Hand the medication to the person if they are able to apply it. *Provide assistance as needed.*
- Remove the medication from the box (if there is one).
 - Ask the person to lie down comfortably on their side with the affected ear facing up.
 - Put on gloves.
 - Remove the cap from the medication and place it on a clean surface.
 - Hold the medication bottle in one hand. With the other hand, gently pull on the outside of the ear up and toward the back of the head to straighten the ear canal (for adults only).
 - Put the correct dose of medication into the ear canal. Hold this position of the ear until you see the medication disappear into the canal. Then release the ear.
 - Instruct the person to stay on that side for 5-10 minutes to allow for absorption of the medication.

- Wipe any excess ear medication on the outside of the ear. Do not put a cotton ball in the ear.
- Repeat the steps for the other ear (if directed by the PCP).
- Recap the medication after administration.

Complete the administration and check to be sure you have administered the right medication to the right person, the right dose, the right route and right time. Return the medication to the storage area, document the administration, and wash your hands. Observe the person for medication effects and side effects. By observing the person after you administer a medication you can prevent a potentially serious problem if the person has an adverse effect or an allergic reaction.

Applying Medication into the Nose



The most common nasal medications are used to coat and shrink the nasal mucous membrane (the lining of the nose). For example, nasal medications are helpful when a person is having difficulty breathing through the nose due to an allergy.

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)

Then follow these steps:

Step 1: PULL MEDICATION OUT

Check that you have the right medication for the right person. (Check 1)

Step 2: POUR MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)

Step 3: RECAP MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 3)

Step 4: Tell the person what medication you are administering. Hand the medication to the person if they are able to apply. *Provide assistance as needed.*

- Remove the medication from the box (if there is one).
- Put on gloves.
- Remove the cap from the medication container.
- Ask the person to get into a comfortable position, either sitting or lying down. (Use a reclining chair if you have one.)
- If sitting, ask the person to tilt his/her head back.
- If lying down, place a pillow under the person's shoulder so the head is tilted back.
- Gently place the correct dose ordered into each nostril. Try not to contaminate the tip of the nasal medication by allowing it to touch the nose.
- Ask the person to keep his or her head back for about 5 minutes. This will allow time

for the medication to be absorbed.

- Recap the medication after administration.

Complete the administration and check to be sure you have administered the right medication to the right person, the right dose, the right route and right time. Return the medication to the storage area, document the administration, and wash your hands. Observe the person for medication effects and side effects. By observing the person after you administer a medication you can prevent a potentially serious problem if the person has an adverse effect or an allergic reaction.

Giving Medications Via G-Tube and J-Tube



A gastrostomy or G-tube is a tube that is surgically placed in a person's stomach for a medical reason. A jejunostomy or J-tube is one that is surgically placed in the small intestine. The tube is usually 12 to 15 inches long and made of flexible material. It is held in place by a balloon (called a bumper) on the inside of the body and by a disk on the skin outside the body. A G-tube or J-tube is most often used for artificial feeding, when the person is unable to eat on their own.

All medications given through a G-tube or J-tube must be in liquid form at room temperature or crushed and/or dissolved in liquid. You will need an order written by a PCP to crush medications or change the form of the medication. You must know beforehand whether the medication has to be given on an empty stomach. If so, the person cannot eat for a period of time before and after the administration.

Below is the procedure for giving medications via a G-tube or J-tube. This procedure can be modified based on a person's unique situation or the PCP's order.

Begin by washing your hands. Use gloves if appropriate. (See Appendix A.)

Then gather the following equipment:

- Medication
- 60 cc syringe
- Warm water
- Non-sterile gloves

To Administer the Medication Via G-Tube and J-Tube

Step 1: PULL MEDICATION OUT

Check that you have the right medication for the right person.

Step2: POUR MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 2)

Step 3: RECAP MEDICATION

Check again to be sure you have the right medication for the right person, the right dose, the right time, and the right route. (Check 3)

- Step 4:** Elevate the person's head and upper body. The person must stay in this upright position for 45-60 minutes after receiving the medication to prevent fluid from getting into the lungs.
- Step 5:** Wash your hands.
- Step 6:** Put on gloves.
- Step 7:** Check to be sure the tube has not shifted by looking for the permanent mark on the tube or by measuring the tube length and comparing it to the original measurement. *Note:* If it is a button type tube, you do not have to measure it.
- Step 8:** Pinch off the tube.
- Step 9:** Remove the plug/cap/clamp and place on a clean surface nearby.
- Step 10:** Insert the 60 cc syringe with the plunger removed into the tube.
- Step 11:** Un-pinch the tube.
- Step 12:** Gently flush with 50 ml of warm water. Do not force the water or liquid into the tube. When the tube is almost empty, pinch it off. Do not allow the syringe to empty out completely.
- Step 13:** Un-pinch the tube, instill the medication, and re-pinch the tube.
- Step 14:** If you need to give another medication through the tube, pour 5-10 cc of warm water into the tube to clean it. Then secure the tube.
- Step 15:** Do not allow the tube to empty. Pinch it off.
- Step 16:** Repeat this procedure until you have given all the medications.
- Step 17:** After the last medication, flush the tube with 50 ml of warm water. Allow the syringe to empty completely.
- Step 18:** Pinch the tube and reinsert the plug, close the cap, or clamp.

Complete the administration and check to be sure you have administered the right medication to the right person, the right dose, the right route and right time. Return the medication to the storage area, document the administration, and wash your hands. Observe the person for medication effects and side effects. By observing the person after you administer a medication you can prevent a potentially serious problem if the person has an adverse effect or an allergic reaction.

Lesson 9

What if I have problems swallowing?

Swallowing difficulty or Dysphagia

Some people have difficulty swallowing related to neurologic problems. This is called dysphagia. It affects how people eat as well as take medications. With a swallowing disorder the biggest concern is that food gets into the trachea then it may end up in the lungs. This can cause aspiration pneumonia or airway obstruction. Either of these conditions can be life threatening.



A swallowing study is typically used to diagnose dysphagia. This can be done as an outpatient procedure at the hospital by a feeding specialist and radiologist. The results of the swallowing study will determine what must be done to make eating and taking medication safer and more comfortable. Many people will also have seen other health care providers such as a gastrointestinal (GI) specialist, or speech or occupational therapist with experience working with people with feeding problems.

Many people with dysphagia have special diets with thickened liquids or ground up solids. Be sure to know what a person's diet is and whether or not they have feeding problems before you administer their medications. There are also people that have dysphagia and are fed by a tube. If this is the case, then this is considered a different route and the information about how to do this is in Lesson 7.

There are some general ways to help people who have difficulty swallowing. For others there may be a specific program with diagrams of how to position them and what special equipment to use while feeding them.

Let's review the general ways to support someone with a swallowing problem.

- Tilting the person's head forward and tucking their chin to their chest when swallowing.
- Position the person upright for 15 to 20 minutes after administering medication
- Decrease distractions in the environment.
- Verbal prompts and gestures like putting the cup to their lips may keep their attention.
- If a person has difficulty taking a pill, then talk to the pharmacist about crushing the pill and adding it to food to see if that would be easier to swallow. If that doesn't work then you may want to ask about a liquid medication.

Sometimes people with swallowing problems also have something called GERD or gastroesophageal reflux. With this the muscle at the opening of their stomach is weak and allows food to come up into their esophagus. Here are some strategies to avoid having the medication or food come back up:



- Keep the person upright after eating or taking medication. Don't give medications right before bed and then have him go to bed.
- Avoid any foods that might make this worse.
- If the person requires thickened liquids to prevent reflux, be sure to thicken the water that you use to administer medication.
- If the person is on medication to prevent reflux that must be taken right before a meal, be sure to time that appropriately.

Lesson 10

What if I take lots of medication?

Many people are on multiple medications because of multiple medical conditions. People may also be on more than one medication for a single medical condition. Multiple medications put people at risk for experiencing drug interactions. Let's review some of the conditions that are associated with multiple medications. Some of these are avoidable while others are not.

- Increased age
- Multiple medical conditions
- Numerous symptoms
- No primary coordinator of care
- Multiple health care practitioners
- Use of multiple pharmacies
- Changes in drug regimen

Giving multiple pills at one time

- When you take lots of medications at one time, there are some tips about how to do that.
- The preparation and documentation parts of medication administration are done once regardless of how many medications you will be giving at one time.
- If you are giving multiple medications to one person at one time then:
 - Pull all of the medications that you need out at the same time. If the pharmacy uses blister or pillow packs, then all of the pills may be in the same compartment in the pack.
 - Check to make sure that all of the medications that you need are there and that they are the right ones.
 - You may put all of the medications onto the same plate or container before you give them.
- Give the medications to the person in the way that they can manage. Some people may be able to take all of the pills at once. Others will need to do them one at a time. Be sure to have enough liquid so the person can swallow the pills. If necessary, provide a spoon with applesauce or pudding on it and put the pill on the spoon. Only do this if the pharmacist says this is allowable.

Drug-drug Interactions

People who are on more medication are at greater risk for experiencing drug-drug or drug-food interactions. Which drugs interact is a very complex question and the pharmacists use computer programs to generate this information. If you are worried about an interaction, then ask the pharmacist or your PCP.

Lesson 11

Self Administration

One of the goals of services provided to people with an intellectual disability is to maximize their independence. Self-administration or as much participation in the processes of medication administration has the potential to maximize their capabilities. What is meant by self-administration and what are the abilities that a person must have to be self-administering? Generally, in order to self-administer medication, a person must be able to identify the medication that they need to take, identify when they need to take the medication, and be able to successfully take it. As part of this activity it is helpful for people to know what the medication is supposed to treat, what good and side effects it may have, and the importance of following the instructions for length of treatment.



The step-by-step process allows you to look at what parts of medication administration the person that you are working with may be able to participate in. Sometimes the team must be creative to develop ways for people to participate. This may include the use of visual cues to help identify medications or remember when to take them. Some people may be able to participate in part of the process, but not complete it. They should be able to do what they can. Others may need to have some supervision to assure that they are taking their medication correctly. Everyone should be encouraged to participate in the process as much as possible.

The first step is to assess whether or not the person is able to identify the correct medication. Some people can read some and helping them learn the medication name will allow them to be able to identify which container has the right medication in it. You should start with a single medication and not move to adding medications until they have mastered that one. If the person cannot master reading the medication name, then there may be some strategies to help them identify the right medication. For example, if a person cannot read the label well, then they might be able to identify the medication by a color coding on the bottle. Be sure to use something that doesn't change. Do not teach the person the color of the pills since different brands of the same medications may have different colors or different medications may look the same.

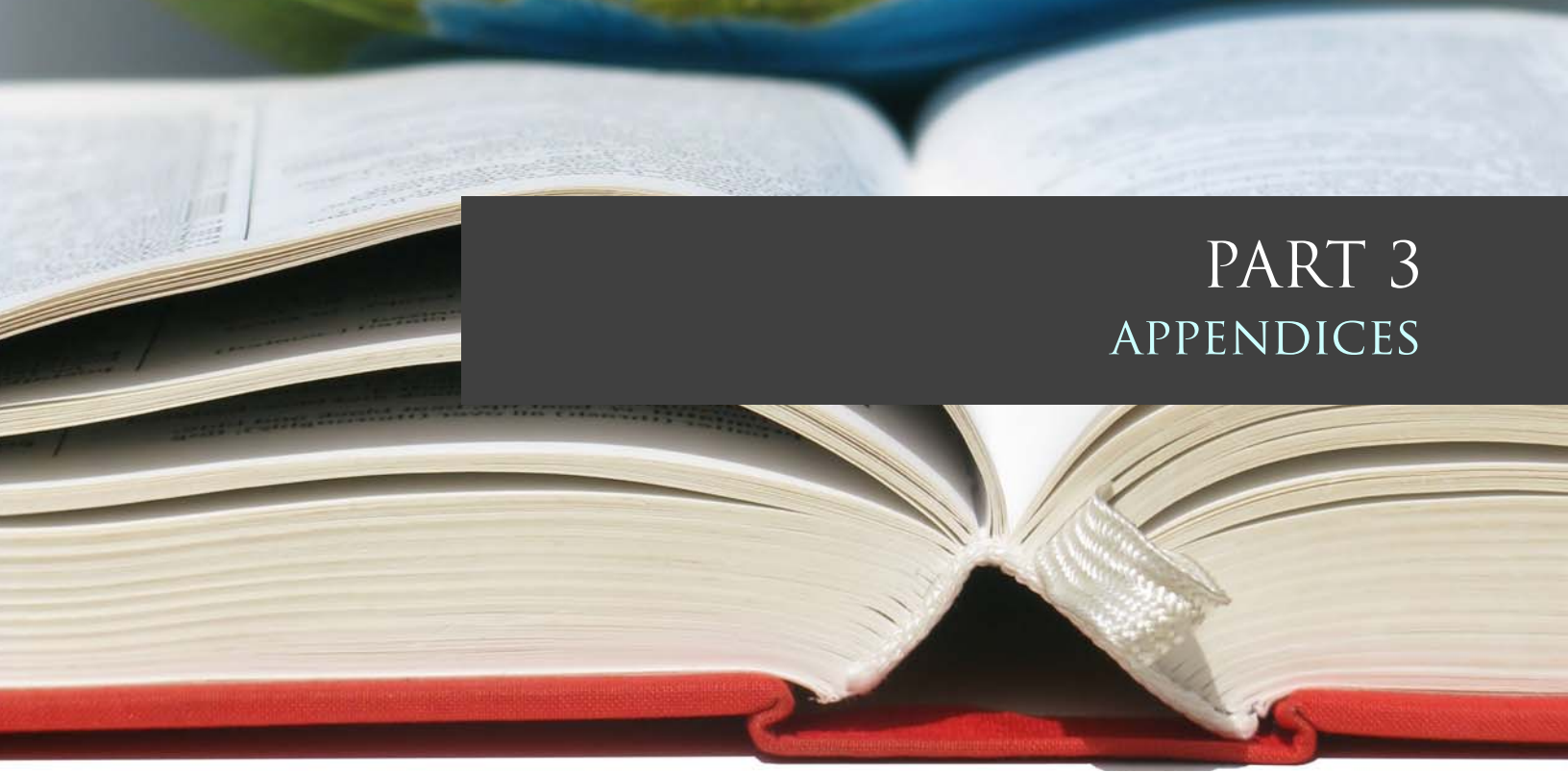
The next step is to teach them the steps of administering. Using the steps in Lesson 4, they can then check their medication so that they are less likely to make an error and take the wrong medication. The use of pictures for the steps can help people remember what comes next. Even once someone has mastered the process it is important to continually evaluate their performance to assure that they are able to do it correctly. For example as people age, their vision may be more of a problem





and they may no longer be able to read pharmacy labels. If this happens then they will need to move to a different strategy to identify their medications.

While independent self-administration is the ideal there may be people who will not be able to attain that goal. Then you need to be creative to make sure that they are doing as much of the process as they can for themselves with your support. Remember that you can use medication administration as a time to teach people about their health and to practice skills like the use of a cup.



PART 3
APPENDICES

What are standard precautions? These are practices that we do to prevent spreading infection and germs from one person to another. While there are a number of practices that do this, we are going to talk about two of those practices: hand washing and gloving. For most of what you will be doing hand washing will be sufficient to prevent the spread of germs. However, occasionally you may need to administer medication or perform some other task that will require using gloves. You will learn to do both of these skills.

Hand washing

Why is hand washing important? Hands carry germs from surface to surface. Washing hands will clean off most of the germs. It is important to wash your hands before giving medication so that you don't get germs on the medication or on the container that holds the medication. For example if you are cooking chicken for dinner and then you go to give medication without washing your hands first you would get the germs from the chicken on the surface of the container and the medication. Sometimes chicken contains germs like Salmonella that are harmful to humans. These germs are usually killed by cooking the chicken, but you aren't going to cook the medication or its container! If Salmonella gets on a pill and then someone swallows it, they can get very sick with bloody diarrhea and sometimes sepsis (a blood infection). So remember to wash your hands.

How do you wash your hands? That seems like a silly question, but remember back to when you were a child. How long did you keep your hands under water? Probably not long enough. You should keep washing your hands while you sing a verse of Happy Birthday. That is enough time to clean your hands. You should also use some kind of soap. It doesn't have to be fancy antibacterial soap. The important part of washing hands is the friction and the water.

So let's get to it!

Step 1: Turn on the water. If you have really dirty hands (e.g. you've just been cooking chicken), then try to turn on the water without touching the faucet with your dirty hands so that you don't get the faucet dirty too. You can use your wrist if you have a faucet that doesn't need to be turned or a washcloth if your faucet has to be turned. Don't forget to rinse the washcloth when you are done.

Step 2: Get your hands wet. If they are really dirty, then rub them together to get rid of some of the dirt.

Step 3: Put on the soap. If you are using liquid hand soap, then pump some on to your hands. If you are using a bar soap, then get the bar wet and rub your hands on it. Remember to rinse the bar soap before putting it back in its holder.

Step 4: Rub your hands with the soap while singing Happy Birthday!



Step 5: Rinse your hands. Make sure that you rinse them well and that you don't get them dirty again when turning the water off.

Step 6: Dry your hands and you are ready to go. Now your hands will be clean.

If you would like to see a video of hand washing, please go to www.cdc.gov/cdctv/handstogether

Gloving

What are gloves used for? When surgeons are doing surgery the gloves keep their hands sterile or germ-free. When you use gloves, typically they will only be used to keep your hands clean or to protect them from medication. The key to using gloves is to keep whatever is on the glove off your hands. For example if you are administering a strong cream, then you may want to use gloves to keep from being exposed to the cream. If you are doing a procedure that requires keeping sterile, then ask the health care practitioner that you are working with to teach you how to do this.

Is there anything that you need to think about when using gloves? Probably the one thing that you need to know is whether or not you or the person that you are working with is allergic to latex (or rubber). Gloves are made of many different things. Some are made of latex or rubber while others are made of plastic. Some people have an allergy to latex. If you or the person whom you are working with have such an allergy, you need to make sure that the gloves that you use are not made with latex. You can tell this by reading the box that the gloves come in.

Putting gloves on:

Step 1: Wash your hands. This way your hands will be clean to start with. Be sure to dry them well so that you will be able to get the gloves on easily.

Step 2: Prepare your space making sure that you have everything that you need laid out so that it is ready to use.

Step 3: Put the gloves on. For clean, not sterile, you can just put on the gloves. If you are doing a sterile procedure, then you will want to put the gloves on without touching the gloves. Sterile gloves come with the wrists folded to make a cuff. To put the first glove on, grasp the inside of the wrist of the first glove (this is the cuff that you see on the outside) with your hand and pull it onto your hand without touching the outside of the glove either with your hand or with anything in the room. To put the other glove on, take your gloved hand and slip it into the cuff without touching the outside of the cuff and slide it onto your hand. If your gloves are sterile, then be careful not to touch anything that is not with them.

Taking gloves off:

The goal of taking gloves off is to get them off without getting your hands dirty. This is a little tricky, but once you've practiced a couple of times will be easier.

Step 1: Take the first glove off. To take the first glove off, grab the outside of the glove with your other gloved hand and pull the glove off inside out. Put it into the trash or on a surface where there is something that you can wrap it up into to dispose of it.

Step 2: Take the second glove off. The second glove is a little trickier to remove and keep your hands clean. Take your ungloved hand under the glove at the wrist. Grasp the inside of the glove and pull it off inside out. This way the dirty part of the glove is inside. Dispose of the glove.

Step 3: Wash your hands again to make sure that you didn't get anything on them.

If you would like to see a video of handwashing and gloving, visit online at: http://www.youtube.com/CaliforniaDDS#p/u/33/h_jmpzGH2C4

Appendix B

Finding More Information About Medications

The following is a list of resources that you may use to access further medication information.

www.webmd.com

www.mayoclinic.com

www.rxmed.com

www.rxlist.com

www.medicines.com

Mosby's Nursing Drug Reference

Medication information insert from the pharmacy that came with the medication.



This list is not all inclusive. It is important to remember that not all lists may meet your needs or expectations when seeking information related to medications. So, it is important to seek information from the PCP, the physician prescribing the medication that you are seeking information about, or the pharmacist who filled the prescription.

Federal Guidelines

Do not flush prescription drugs down the toilet or drain unless the label or accompanying patient information specifically instructs you to do so. For information on drugs that should be flushed visit the FDA's website.

To dispose of prescription drugs not labeled to be flushed, you may be able to take advantage of community drug take-back programs or other programs, such as household hazardous waste collection events, that collect drugs at a central location for proper disposal. Call your city or county government's household trash and recycling service and ask if a drug take-back program is available in your community.

If a drug take-back or collection program is not available:

1. Take your prescription drugs out of their original containers.
2. Mix drugs with an undesirable substance, such as cat litter or used coffee grounds.
3. Put the mixture into a disposable container with a lid, such as an empty margarine tub, or into a sealable bag.
4. Conceal or remove any personal information, including Rx number, on the empty containers by covering it with black permanent marker or duct tape, or by scratching it off.
5. Place the sealed container with the mixture, and the empty drug containers, in the trash.



Appendix D

Sample Health Care Practitioner Visit Sheets

Check to see if your agency has a required or standard form for your use. Otherwise, the following are a few forms for your use or information.

HEALTH CARE PRACTITIONER VISIT SHEET

You may print and take this form when attending an appointment. Fill out all sections. The health care practitioner needs only to review, check the box, and sign.

Agency Name: _____

Patient Name: _____

Date of Birth: _____ ID: _____

Reason for visit:

New Diagnoses:

Treatment (include medications, tests, and other treatments prescribed):

Ask the health care practitioner to review the information you have completed above based on the information discussed during the visit. Then have the health care practitioner check the box below and sign the document.

Education was provided to patient and patient supporter on new or changes in existing medications and/or treatments prescribed during today's visit.

Health Care Practitioner Signature

Date

MEDICAL APPOINTMENT SUMMARY

Individual's Name _____

Date of appointment _____

Health Care Practitioner's Name _____

Reason for Appointment

Summary of appointment

Medications prescribed/Changed

Test(s) Ordered

Comments and Education/Information provided by health care practitioner during this visit in addition to the above

Staff attending appointment _____

Ask the health care practitioner to review the information you have completed above based on the information discussed during the visit. Then have the health care practitioner check the box below and sign the document.

Education was provided to patient and patient supporter on new or existing medications and/or treatments prescribed during today's visit.

Physician Signature

Date

MEDICAL VISIT FORM

To be filled in **prior** to visit (by staff or provider family) Specialty: _____

Name: _____ Date of Birth: _____ Date: _____

Address: _____

Person Filling out Form: _____ Staff Accompanying Person: _____

Doctor: _____ Phone Number: _____

Reason for Visit: _____

Ongoing Medical Issues _____

Allergies: _____

Questions for the Doctor:

1. _____

2. _____

3. _____

Doctors Reply:

1. _____

2. _____

3. _____

Current Medications:

TO BE FILLED IN **DURING** APPOINTMENT: (By Doctor)

Diagnosis: _____

Condition is: () Chronic () One-Time () Acute () Resolved

Treatment: _____

If applicable, screening for AIMS/TD/EPS: _____

Review of Labwork: _____

Medications Prescribed: () Yes () No Is this medication new? () Yes () No If yes, please fill out back of form.

Has any medication been administered by the doctor at the appointment? () Yes () No If yes, please list medication, dose administered, and reason: _____

Has any medication been changed? () Yes () No If yes, list change and reason for change: _____

Has any medication been discontinued? () Yes () No If yes, list medication, reason and effective date for D/C: _____

Follow-up needed? () Yes () No If yes, date and time of appointment: _____

Remarks: _____

Physician/Technician's Signature: _____ Date: _____

Appendix E

Medication Information Sheet



The following *Need to Know* sheet is provided for your use. It is recommended that you complete one sheet per medication prescribed and share the information with others providing care to the individual receiving the medications. You may copy and use the sheet provided on the next page or use one that you or your agency has for this purpose. This is not a form for the doctor to fill in or sign.

MEDICATION INFORMATION SHEET

What We Need to Know About _____
Name of medication

What is the diagnosis related to this medication? _____

What is the medication being given? _____

Is it a behavior altering medication? _____

If yes, please describe

What is the dose of the medication? _____

When should this medication be started? _____

When should it be finished? _____

What is the expected (desired) effect from this medication?

How long after starting the medication should this effect be noticed?

How is this medication to be taken (orally/by mouth, applied to the skin/topically, rectally, etc)?

At what time or times should this medication be given? _____

Are there possible interactions with food or other medication? _____

If yes, please list:

Are there any special instructions for this medication (for example on an empty stomach or with food)?

Is this medication a controlled substance? _____

What are the side effects to be alert for with this medication?

What does the health care practitioner say should be done if this medication is missed, late, regurgitated or expelled?

What are the pharmacy instructions on storing this medication?

Regulatory and monitoring requirements
Pennsylvania Code
Title 55. Public Welfare

6500.131. Storage of medications.

Prescription and nonprescription medications of individuals shall be kept in their original containers, except for medications of individuals who self administer medications and keep their medications in a personal daily or weekly dispensing containers.

Prescription and potentially toxic nonprescription medications shall be kept in an area or container that is locked or made inaccessible to the individuals, unless it is documented in each individual's assessment that each individual in the home can safely use or avoid toxic materials.

Prescription and potentially toxic nonprescription medications stored in a refrigerator shall be kept in a separate locked container or made inaccessible to the individuals, unless it is documented in each individual's assessment that each individual in the home can safely use or avoid toxic materials.

Prescription and nonprescription medications of individuals, shall be stored under proper conditions of sanitation, temperature, moisture and light.

Discontinued prescription medications of individuals shall be disposed of in a safe manner.

6500.132. Labeling of medications.

(a) The original container for prescription medications of individuals shall be labeled with a pharmaceutical label that includes the individual's name, the name of the medication, the date of the prescription was issued, the prescribed dose and the name of the prescribing physician.

(b) Nonprescription medications used by individuals shall be labeled with the original label.

6500.133. Use of prescription medications.

A prescription medication shall only be used by the individual for whom the medication was prescribed. If a medication is prescribed to treat maladaptive behavior, there shall be a planned program as part of the IPP to address the social, emotional and environmental needs of the individual related to the maladaptive behavior.

If a medication is prescribed to treat maladaptive behavior, there shall be a review with documentation by a licensed physician at least every 3 months that includes the reason for prescribing the medication, the need to continue the medication and the necessary dosage.

6500.134. Medication log.

A medication log listing the medications prescribed, dosage, time and date that prescription medications, including insulin, were administered, and the name of the person who administered the prescription medication or insulin shall be kept for each individual who does not self-administer medication.

The information specified in subsection (a) shall be logged immediately after each individual's dose of medication.

A list of prescription medications, the prescribed dosage and the name of the prescribing physician shall be kept for each individual who self-administers medication.

6500.135. Medication errors.

Documentation of medication errors and follow-up action taken shall be kept.

6500.136. Adverse reaction.

If an individual has a suspected adverse reaction to a medication, the family shall notify the prescribing physician immediately. Documentation of adverse reactions shall be kept in the individual's record.

6500.137. Administration of prescription medications and insulin injections.

(a) Prescription medications and insulin injections shall be administered according to the directions specified by a licensed physician, certified nurse practitioner or licensed physician's assistant.

(b) An insulin injection administered by an individual or another person shall be premeasured by the individual or licensed medical personnel.

6500.138. Medications training.

Family members who administer prescription medications or insulin injections to individuals shall receive training by the individual's source of health care about the administration, side effects and contraindications of the specific medication or insulin.

Family members who administer insulin injections to individuals shall have completed and passed a diabetes patient education program that meets the National Standards for Diabetes Patient Education Programs of the National Diabetes Advisory Board, 7550 Wisconsin Avenue, Bethesda, Maryland 20205. Documentation of the training specified in subsections (a) and (b) shall be kept.

In this section you will find forms that can be used to document medication administration. Check to see if your agency has a required form for use. Otherwise, the forms in this section are available for your use or information.



**DOCUMENTATION
STRATEGIES**

Name:

Unit: Life Sharing

Month:

Key: A-Away R-Refuse H-Hold

Allergies:

	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

Purpose:

Side Effects:

	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

Purpose:

Side Effects:

	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

Purpose:

Side Effects:

	HR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31		

Purpose:

Side Effects:

Initials: _____ Signature _____
 Initials: _____ Signature _____
 Initials: _____ Signature _____
 Initials: _____ Signature _____

Initials: _____ Signature _____
 Initials: _____ Signature _____
 Initials: _____ Signature _____
 Initials: _____ Signature _____

you
CAN *make*
a **DIFFERENCE...**



...We can help.

brought to you by

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Office of Developmental Programs