Cautionary Statement

The material in this session is not intended to be medical advice on personal health matters. Medical advice should be obtained from a licensed physician. This session highlights medication. This session does not cover all situations, precautions, interactions, adverse reactions, or other side effects. A pharmacist can assist you and the doctor with questions about medications. We urge you to talk with pharmacists, nurses and other professionals (e.g. dietitians) as well, to broaden your understanding of the fundamentals covered in this module.
When you finish this session you will be able to:

- Demonstrate how to assist individuals in the self-administration of medication.
- Identify resources for information about medications that individuals are taking.
- List the Seven Rights of assisting an individual with self-administration of medication.
- Explain the difference between “prescription”, “over-the-counter”, and "PRN" medications.
- Identify key information on prescription medication labels.
- Explain the reason for documenting self-administration of medication.
- Document medication related information, including self-administration, missed doses, side effects, and drug interactions.

### Key Words

<table>
<thead>
<tr>
<th>Key Word</th>
<th>Meaning</th>
<th>In My Own Words</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug</td>
<td>Another word for medication; a substance used as a medicine.</td>
<td></td>
</tr>
<tr>
<td>Generic Name</td>
<td>The name given by the federal government to a drug; not the brand name.</td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>Substance taken into the body or applied to the body for the purpose of prevention, treatment, relief of symptoms, or cure.</td>
<td></td>
</tr>
<tr>
<td>Medication (Drug) Interactions</td>
<td>The result of drugs, foods, alcohol, or other substances, such as herbs or other nutrients, having an effect on each other.</td>
<td></td>
</tr>
<tr>
<td>Ophthalmic</td>
<td>Refers to the eyes.</td>
<td></td>
</tr>
<tr>
<td>Otic</td>
<td>Refers to the ears.</td>
<td></td>
</tr>
<tr>
<td>Over-the-Counter (OTC) Medications</td>
<td>Medications, including aspirin, antihistamines, vitamin supplements, and herbal remedies, that may be obtained without a written prescription.</td>
<td></td>
</tr>
<tr>
<td>Key Word</td>
<td>Meaning</td>
<td>In My Own Words</td>
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<td>---------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Pharmacist</td>
<td>Licensed person who prepares and sells medications and is knowledgeable about their contents. A pharmacist can not prescribe medications.</td>
<td></td>
</tr>
<tr>
<td>Physician</td>
<td>A person licensed to practice medicine. For the purpose of prescribing medications only, the term includes health care professional authorized by law to prescribe drugs, i.e., physician/doctor, psychiatrist, dentist, dermatologist, etc.</td>
<td></td>
</tr>
<tr>
<td>NP/PA</td>
<td>A nurse practitioner (NP) or physician’s assistant (PA) can also prescribe medications under the supervision of a physician.</td>
<td></td>
</tr>
<tr>
<td>Prescription Medications</td>
<td>Medications that must be ordered by a physician or other licensed health care professional with authority to write prescriptions, such as a dentist or nurse practitioner.</td>
<td></td>
</tr>
<tr>
<td>PRN (pro re nata) Medication</td>
<td>PRN is an abbreviation that means &quot;as needed.&quot; PRN medication may be taken when the individual needs it rather than at a set time, and only for the condition stated on the label. Requires a physician's order.</td>
<td></td>
</tr>
<tr>
<td>Side Effects</td>
<td>An extra and usually bad reaction or effect that a drug has in addition to treating an illness. Some side effects, such as a severe allergic reaction, can be deadly.</td>
<td></td>
</tr>
<tr>
<td>Topical</td>
<td>Put directly on the skin or a certain area of the body.</td>
<td></td>
</tr>
<tr>
<td>Trade Name/Brand Name</td>
<td>The name given by the company that made the medication.</td>
<td></td>
</tr>
</tbody>
</table>
ACTIVITY

What Do You Want to Know?

Directions: Think about the topic of this training session. Answer the first two questions in the space provided below. You will come back to this page at the end of the session to answer the last question.

What do you already know about assisting individuals with prescription medication?

What do you want to know about assisting individuals with prescription medication?

To be answered at the end of the session, during review:
What have you learned about assisting individuals with prescription medication?
The number of prescriptions written by health care professionals has steadily increased over the years. Failure of Americans to take their medication as instructed costs more than $100 billion a year in increased hospital and nursing home admissions, lost worker productivity, and premature death.

Many of the individuals you support take medications on an ongoing basis. Everyone you support will need to take medication(s) at one time or another.

Some of you have been assisting with medication for a long time. For others this may be a new responsibility. Whatever your level of experience, assisting with medication is a very high-risk activity. The critical skills you will learn in the next two sessions are designed to increase safety and reduce the risk of error, thereby providing maximum protection for the individuals you assist as well as yourself. No one wants to be responsible for causing injury or harm to someone else. The information being shared in this training will help prevent that.

The DSP’s role is to assist individuals to take the right medication, in the right dose, by the right route, at the right time, for the right reason, and ensure the right documentation. All of these are very important functions.

Medications are substances used to prevent or treat an illness. Knowing about medications, their use and abuse, and how to assist individuals in using them is vital to the health and well-being of those you support.

In this section you will learn how to safely assist people with prescribed medications. You will learn how to:

• Get information about medications from the doctor and pharmacist.

• Read and understand the medication label.

• Follow the Seven Rights (fully discussed on pages S-14 and S-15 for medication management:
  • Right person
  • Right medication
  • Right dose
  • Right time
  • Right route
  • Right reason
  • Right documentation

• Document each dose of medication taken, as well as any medication errors.

• Observe the individual for both intended effects and unintended side effects.

• Report, document and communicate any side effects.

Key Health Care Professional
In this section, we will be talking about the health care professionals with whom you and the individuals you support will communicate and interact in order to get and use medications safely. A physician, or doctor, is a person licensed to practice medicine. For the purpose of prescribing medications only, the term doctor means any health care professional authorized by law to prescribe drugs: physician, dentist, optometrist, podiatrist, and psychiatrist. In addition, a nurse practitioner or physician’s assistant who writes prescriptions is acting under the supervision of a physician. A pharmacist is a person who is licensed to prepare and sell medications. Pharmacists usually work in drug stores or hospitals.
Effects of Medication

**Intended Effects**

Medications are powerful substances and should be used with respect and care. Medications affect each individual differently. They can do a lot of good for individuals; however, they may also cause harm. Usually a medication is taken for a specific or intended effect or action, such as controlling seizures, lowering blood pressure, or relieving pain.

**Side Effects**

Many drugs have other known actions besides the intended one. These actions are called *side effects*. Many of these side effects are predictable; however, some are not. Side effects may be mild or serious, harmless or dangerous. Sometimes they can even be deadly. Both prescription and OTC drugs have side effects.

Examples of side effects include, but are not limited to nausea, confusion, dizziness, or anxiety. Other examples of side effects include rashes and changes in bodily functions, such as changes in appetite, sleep pattern, or elimination.

**Medication Interactions**

It is not uncommon for two or more medications taken together to have an effect on each other. This is called *medication or drug interaction* and can cause unwanted side effects. An example of this would be when Iron or Penicillin is given with an antacid. The antacid prevents the Iron or Penicillin from being absorbed in the stomach.

**Medication Classifications**

Drugs are divided into classifications, or groups, with other medications that affect the body in similar ways. Many drugs with multiple uses can be found in more than one classification.

Some of the common classifications of medications used by individuals with intellectual/developmental disabilities include anticonvulsants (seizure medications), antibiotics, pain medications, topical ointments or creams that are applied directly to the skin, and psychotropic medications that include antidepressants and antipsychotics for treating mood, psychotic, or anxiety disorders.
Remember, the DSP can only assist individuals with self-administration of medications that have been ordered or prescribed by a doctor, dentist, or nurse practitioner. This includes both prescription and OTC medications. The pharmacist prepares the medication using the doctor’s written order and places a label on the medication container that provides instructions for taking the medication.

Medications have both a **generic name** and a **trade name**. The generic name is the name given by the federal government to a drug. The trade or brand name is the name given by the company that makes a medication. For example, acetaminophen is the generic name for Tylenol. Tylenol is the trade name. The prescribing doctor may order the medication by either name. The pharmacy label may have either name as well.

Each prescribed medication must be kept in its original container with the pharmacy label attached. Careful reading of the label is critical to ensuring medication safety. The information on the pharmacy medication label includes:

- Pharmacy/pharmacist name, phone number, and address
- Prescription number or other means of identifying the prescriber (used in requesting refills)
- Individual’s name
- Prescriber’s name (doctor)
- Name of medication
- Strength
- Dose
- Directions for how to use the medication (including route and frequency)
- Manufacturer
- Quantity (for example, number of pills, or other measurement of the amount of the prescription)
- Date the prescription was filled
- Expiration or discard date
- Number of refills remaining
- Condition for which prescribed (most pharmacies include this information if it is on the doctor’s order.)

The following abbreviations and symbols are commonly used on medication labels. In order to read and understand medication labels, the DSP must be familiar with these abbreviations and symbols. The Institute for Safe Medication Practices (ISMP) recommends error prone abbreviations not be used. Where possible, write out the word. For example: instead of “D/C” write discontinue or discharge. (Source: http://ismp.org/)

- RX = Prescription
- OTC = Over-the-Counter
- PRN = when necessary, or as needed
- Qty = quantity
- q (Q) = every
- qd = daily
- b.i.d. (BID) = twice daily
- t.i.d. (TID) = three times a day
- q.i.d. (QID) = four times a day
- h. = hour
- h.s. (HS) = hour of sleep (bedtime)
- tsp. = teaspoon (or 5 mL)
- Tbsp. = Tablespoon (3 tsp or 15 mL)
- oz = ounce (30 mL)
- mg = milligram
- GM, gm = grams (1,000 mg)
- Cap = capsule
- Tab = tablet
- A.M. = morning
- P.M. = afternoon/evening
- D/C or d/c = discharge/discontinue
- mL (milliliter) = cc (no longer used)
- mcg = microgram
**ACTIVITY**

**Medication Dose Abbreviations**

**Directions:** Draw a line from each abbreviation to its meaning.

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Meaning</th>
</tr>
</thead>
<tbody>
<tr>
<td>q.i.d (QID)</td>
<td>milliliter</td>
</tr>
<tr>
<td>Tab</td>
<td>morning</td>
</tr>
<tr>
<td>mL</td>
<td>microgram</td>
</tr>
<tr>
<td>Tbsp.</td>
<td>twice a day</td>
</tr>
<tr>
<td>b.i.d (BID)</td>
<td>capsule</td>
</tr>
<tr>
<td>A.M.</td>
<td>milligram</td>
</tr>
<tr>
<td>t.i.d (TID)</td>
<td>four times a day</td>
</tr>
<tr>
<td>Cap</td>
<td>tablespoon</td>
</tr>
<tr>
<td>mg</td>
<td>tablet</td>
</tr>
<tr>
<td>mcg</td>
<td>three times a day</td>
</tr>
</tbody>
</table>

**Reading and Understanding Medication Labels (cont.)**

The dose is a term used to describe how much medication or how many units are to be taken at any time. A dose can be described as a single dose or a daily dose. For example, an oral medication (capsules or tablets) may be prescribed as:

- **AMOXICILLIN 500 mg capsules orally for infection**
  - Take 1 capsule 3 times daily x 10 days
  - In this example the individual is taking a 500 mg single dose and a 1500 mg daily dose.

- **TEGRETOL 200 mg tabs orally for seizures**
  - 2 tabs at 7 A.M. • 2 tabs at 2 P.M. and 1 tab at 9 P.M.
  - In this example the individual is taking a 400 mg single dose and a 1000 mg daily dose.

A liquid medication may be prescribed as:

- **ROBITUSSIN 10 mL**
  - Give 10 mL orally every 4 hours as needed for cough x 3 days. Maximum 6 doses in a 24 hour period
  - In this example the individual is taking a 10 mL single dose and a maximum of 6 doses a 24 hour period.
Oral medications (capsules or tablets that are swallowed) are usually prescribed in mg (milligrams) or gm (grams).

Liquid medications are usually prescribed in mL (milliliters), or oz (ounces). Liquid medications may also be prescribed in tsp (teaspoon), or Tbsp (tablespoon). Topical medications are usually prescribed in gm (grams).

A typical medication label looks like the one shown on the right.

Do not “scratch out, write over, or change” a drug label in any way. Any change to a prescription requires a new doctor’s order that must be refilled by the pharmacist. The medication label can ONLY be changed by a pharmacist.

Sample Medication Label Worksheet

**Directions:** *Use the sample medication label above to answer the following questions.*

What is the RX number? ____________________________

Who prescribed the medication? ____________________________

What is the name of the medication? ____________________________

What is the individual dose? ____________________________

When should it be taken? ____________________________

For how long? ____________________________

What is the diagnosis or condition that the medication is prescribed for? ________

What date did the pharmacy fill the medication? ____________________________

Who is the medication prescribed for? ____________________________

How many refills? ____________________________

What is the expiration or discard date? ____________________________

Is there any information missing? ____________________________

Who is the manufacturer? ____________________________
Label Warnings

Medication containers may also have separate warning labels put on by the pharmacist that provide additional information on the use of the medication; for example, “Medication Should Be Taken with Plenty of Water.” A black box warning is the strictest warning placed on the medication label or package insert of certain prescription drugs by the pharmaceutical company. A black box warning is required by the Food and Drug Administration (FDA) to indicate that the medication carries a significant risk of serious or even life-threatening adverse effects.

Some additional examples are listed below:

- **Finish All of This Medication Unless Otherwise Directed by Prescriber.**
- **Take Medication on an Empty Stomach 1 Hour Before or 2 Hours After a Meal Unless Otherwise Directed by Your Doctor.**
- **May Cause Drowsiness or Dizziness.**
- **It May Be Advisable to Drink a Full Glass of Orange Juice or Eat a Banana Daily.**
- **For External Use Only.**
- **May Cause Discoloration of the Urine or Feces.**
- **Do Not Take With Dairy Products, Antacids or Iron Preparations Within One Hour of This Medication.**
Learning About Medications

Medication safety includes learning about the medications that you are assisting another to take. You need to know the answers to all of the following questions:

• What is the medication and why is it prescribed?
• What is the proper dosage, frequency, and method for taking the medication (for example by mouth, topical)?
• How many refills are needed?
• What are the start and end dates for the medication? Should it be taken for 7 days, 10 days, a month?
• Are there possible side effects and to whom should these side effects be reported?
• What should be done if a dose is missed?
• Are there any special storage requirements?
• What is the expiration date?
• Are there any special instructions for use of this medication? For example, should certain foods, beverages, other medicines, or activities be avoided?
• What improvements should be expected, and when will they start showing?

The prescribing doctor/pharmacist, a current Physician’s Desk Reference (PDR), and nursing drug handbooks are all valuable resources for learning about medication. You can also find information online at www.drugs.com.

When talking to the doctor or pharmacist, use the Medication Safety Questionnaire on the opposite page to make sure you get all your questions answered.

ACTIVITY

Medication Safety Questionnaire

Directions: Using the sample medication label and the medication information sheet on page S-12, fill in the answers on the Medication Safety Questionnaire on page S-11. There is a blank copy of the Medication Safety Questionnaire in Appendix 4-H for you to use with the individuals you assist. Find the correct medication in the medication box that matches this label.

ABC Pharmacy
1017 25th St., Sacramento, CA
(123) 555-7890
Dr. Diaz
RX 10575 9/30/17
JORDAN BIRD
TAKE 1 CAPSULE 3X PER DAY ORALLY FOR 10 DAYS FOR INFECTION
12 A.M., 8 A.M., 4 P.M.
AMOXICILLIN 250 mg
#30 CAPSULES

EXPIRES: 3/31/19 NO REFILLS
MFG: MANY MEDICATIONS, INC
 FILLED BY: BRS
ACTIVITY

Medication Safety Questionnaire

<table>
<thead>
<tr>
<th>Name</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Brand: ______________</th>
<th>Dose (e.g., mg) and form (e.g., tabs)</th>
<th>When to take each dose?</th>
<th>For how long?</th>
</tr>
</thead>
</table>

1. What is the medication supposed to do (what condition does it treat)?

2. How long before I will know it is working or not working?

3. If the individual misses a dose, what should I do?

4. What is the expiration date?

INTERACTIONS

5. Should this medication be taken with food? □ Yes □ No
   At least one hour before or two hours after a meal? □ Yes □ No

6. Are there any foods, supplements (such as, herbs, vitamins, minerals), drinks (alcoholic, for example), or activities that should be avoided while taking this medication?
   □ Yes (Which ones?) _________________________________________________
   □ No _____________________________________________________________

7. Are there any other prescription or over-the-counter medications that should be avoided?
   □ Yes (Which ones?) _________________________________________________
   □ No _____________________________________________________________

SIDE EFFECTS IF SO, RESPONSE?

8. What are common side effects?

9. If there are any side effects, what should I do?

10. If the drug is being prescribed for a long period of time, are there any long-term effects?
Amoxicillin Information Sheet
Brand name: Amoxil; Biomox; Polymox; Trimox; Wymox

Why is this medication prescribed?
Amoxicillin is used to treat certain infections caused by bacteria, such as pneumonia; bronchitis; gonorrhea; and infections of the ears, nose, throat, urinary tract, and skin. It is also used in combination with other medications to eliminate H. pylori, a bacteria that causes ulcers. Amoxicillin is in a class of medications called penicillin-like antibiotics. It works by stopping the growth of bacteria. Antibiotics will not work for colds, flu, or other viral infections.

What special precautions should I follow?
Before taking amoxicillin,
• tell your doctor if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking amoxicillin, call your doctor.
• tell your doctor if you have or have ever had kidney disease, allergies, asthma, hay fever, hives or phenylketoonuria.
• tell your doctor if you are pregnant, plan to become pregnant, or are breast-feeding. If you become pregnant while taking amoxicillin, call your doctor.

How should this medicine be used?
Amoxicillin comes as a capsule, a tablet, chewable tablet, a suspension (liquid), and pediatric drops to take by mouth. It is usually taken every 12 hours (twice a day) or every 8 hours (three times a day) with or without food. To help you remember to take amoxicillin, take it around the same time every day. Follow the directions on your prescription label carefully, and ask your doctor or pharmacist to explain any part you do not understand. Take amoxicillin exactly as directed. Do not take more or less of it or take it more often than prescribed by your doctor.

Shake the liquid and pediatric drops well before each use to mix the medication evenly. Use the bottle dropper to measure the dose of pediatric drops. The pediatric drops and liquid may be placed on a child’s tongue or added to formula, milk, fruit juice, water, ginger ale, or other cold liquid and taken immediately. The chewable tablets should be crushed or chewed thoroughly before they are swallowed. The tablets and capsules should be swallowed whole and taken with a full glass of water. Take amoxicillin until you finish the prescription, even if you feel better. Stopping amoxicillin too soon may cause bacteria to become resistant to antibiotics.

What storage conditions are needed for this medicine?
Keep this medication in the container it came in, tightly closed, and out of reach of children. Store the capsules and tablets at room temperature and away from excess heat and moisture (not in the bathroom). Throw away any medication that is outdated or no longer needed. The liquid medication preferentially should be kept in the refrigerator, but may be stored at room temperature. Throw away any unused medication after 14 days. Do not freeze. Talk to your pharmacist about the proper disposal of your medication.

In case of emergency/overdose
In case of overdose, call your local poison control center at 1-800-222-1222. If the victim has collapsed or is not breathing, call local emergency services at 911.

What other information should I know?
Keep all appointments with your doctor and the laboratory. Your doctor will order certain lab tests to check your response to amoxicillin.

If you are diabetic, use Clinistix or TesTape (not Clinitest) to test your urine for sugar while taking this medication.

Do not let anyone else take your medication. Your prescription is probably not refillable. If you still have symptoms of infection after you finish the amoxicillin, call your doctor.
The Seven Rights are the basic information needed to assure that medication is being taken safely. The DSP needs to be sure he or she has the:

- **Right** person
- **Right** medication
- **Right** dose
- **Right** time
- **Right** route
- **Right** reason
- **Right** documentation

Following the Seven Rights each time you assist an individual with self-administration of medication is the best way for the DSP to prevent medication errors.

**Remember, Prevention is the #1 Priority!**

**Seven Rights of Assisting with Self-Administration of Medication**

When assisting an individual, you must read and compare the information on the medication label to the information on the Medication Administration Record (MAR) three times before the individual takes the medication. By doing so, you are helping to ensure that you are assisting the right individual with the right medication, the right dose at the right time in the right route, for the right reason, and ensuring right documentation. **Never assist an individual with medication from a container that has no label!**

If, at any time, you discover that any of the information does not match, **stop**. You may have the **wrong** individual, be preparing the **wrong** medication in the **wrong** dose at the **wrong** time, or the individual may be about to take the medication in the **wrong** way, or for the **wrong** reason. Think through each of these possibilities and decide what to do. If you are unsure, you may need to get help. Ask another DSP, the administrator, or in some situations, you may need to call the doctor or pharmacist.

**Label Checks vs. the MAR**

Check the medication label 3 times by comparing it to the MAR as follows:

1. **First Check – Verification**
   When you remove the medication from the storage area.

2. **Second Check – Preparation**
   When you prepare the medication in individual doses from the original labeled container.

3. **Third Check – Presentation**
   When you provide the medication to the individual, just before you assist them to take the medication.

In some cases, an adult may independently take their own medication. If an adult is to independently self-administer medication, a physician must provide a written statement that the individual is able to administer and store his or her own medications. In all cases, the medications must be properly stored in a locked cabinet. The DSP should monitor the individual and document and report to the doctor any changes in the individual’s ability to independently take medications.
The Seven Rights of Assisting with Self-Administration of Medication (cont.)

1. Right Person
When assisting an individual with any medication, it is essential that you identify the right individual. First, read the name of the individual on the pharmacy label for whom the medication is prescribed and compare it to the MAR.

- To be certain of an individual’s name or identity, consult another staff member who knows the individual, ask the individual “What is your name?”
- Use 2 identifiers such as a photo or name and date of birth.
- Best Practice: Confirm identity by placing a current photo of the individual on the MAR cover sheet.

2. Right Medication
After you have verified that you have the right individual, read the name of the medication on the label. To make sure that you have the right medication for the right individual, read the label three times and compare it to the information on the individual’s MAR.

3. Right Dose
Read the medication label for the correct dosage and compare it to the MAR. Be alert to any changes in the dosage.

- Question the use of multiple tablets providing a single dose of medication.
- Question any change in the color, size, or form of medication.
- Be suspicious of sudden large increases in medication dosages.

4. Right Time
Read the medication label for directions as to when and how often the medication should be taken and compare it to the MAR. Medication must be taken at a specific time(s) of the day. Stay with the individual until you are certain that he or she has taken the medication.

You need to know:

- How long has it been since the individual took the last dose?
- Are foods or liquids to be taken with the medication?
- Are there certain foods or liquids to avoid when taking the medication?
- Is there a certain period of time to take the medication in relation to foods or liquids?
- Is it the right time of day, such as morning or evening?
- What time should a medication be taken when it is ordered for once a day? In the morning? At 12:00 noon? At dinnertime? Usually when a medication is ordered only once a day, it is taken in the morning; however, it is best to check with the doctor or pharmacist.

5. Right Route
Read the medication label for the appropriate route or way to take the medication and compare it to the MAR. The route for tablets, capsules, and liquids is “oral.” This means that the medication enters the body through the mouth. Other routes include nasal sprays, which are inhaled through the nose, topical, which includes dermal patches or ointments to be applied to the skin, eye drops, ophthalmic, and ear drops.

Note: Other more intrusive routes, such as injections; suppositories; or enemas are only to be administered by a licensed health care professional.
6. Right Reason for PRN and Routine Medications
Every medication has a condition/reason for why it is prescribed. Most medication labels have the condition/reason printed on the label. It is the physician’s responsibility to write the correct information on the prescription for the pharmacy; whether it be a medication that is routine or a PRN. For PRN medications, there must also be a PRN Authorization Letter from the prescribing physician (see sample PRN Authorization Letter in Appendix 4-F).
A PRN medication label must indicate that is taken on a “as needed” basis. DSPs must review the MAR to identify when the last PRN dose was taken and count the hour to make sure when the next dose may be safely taken. For example: the PRN is Tylenol and it is prescribed for headaches. It can be taken every 4 hours for pain as needed. This does not mean every 4 hours during the day. If an individual tells you they have a condition other than a headache, this medication cannot be taken.
- If there is any doubt about when the PRN is taken, check with your administrator.
- Once the PRN was taken what were the results?
- Did the PRN relieve the condition?

7. Right Documentation
Documentation must be completed on the individual’s MAR every time a medication is taken.
- Documentation of medication includes noting self-administration, missed dosages, errors, side effects, drug interactions, refusals, and whether the individual was off site.
- DSPs must complete a one-time signature, their intial, and their title at the bottom of the MAR.
- DSPs must initial the right time/date the medication was taken.
- Initial the MAR as soon as the medication is taken.
- Document the results after the PRN medication was taken.
- Check to make sure the PRN medication relieved the condition.
- The information on the MAR must match the information on the prescription label from the pharmacy.
- MARs can look differently and the one in your Student Guide is only a sample.
- Whenever a prescription is changed the MAR must be updated (this policy or procedure can be done differently at each facility; follow the policy and procedures at your facility).
Medication Administration Record (MAR)

Medication safety includes recording each dose of medication taken, or missed for any reason. The DSP can use the sample MAR (Appendix 4-D) or ask the pharmacist to provide a form for documentation of medication. Most pharmacies will print a MAR for home use.

The use of a MAR increases medication safety and reduces the risk of errors. The MAR provides a way for the DSP to document each dose of medication taken, any medication errors, and other pertinent information related to assisting with self-administration of a medication.

The MAR includes key information about the individual, including any known drug allergies, and information about the individual's medications, including the name of the medication, dose, and the times and the way the medication is to be taken (route).

To avoid errors, it is advised that pre-made medication labels from the pharmacy be placed on the MAR. When possible, appropriate pre-made warning labels should also be placed on the MAR (such as "take with food"). **Whenever a prescription is changed, the MAR must be updated.**

To document that a medication has been taken (including the PRN), the DSP should write down the date and time in the place provided and initial for each dose of medication. **This must be done at the time the medication is taken by the individual.**
PRN Documentation

Medication labels for PRN medications contain more information than labels for routine medication. The prescription from the doctor will have all the same pertinent information as a routine medication label. In addition, with PRN medications, the physician must clarify the medication “as needed”, the specific condition/reason which indicates the need for the use of the medication, the maximum dosage, the minimum number of hours between doses, and the maximum number of doses allowed in each 24 hour period. This simply means that the PRN medication is not taken routinely, just as needed and for specific conditions/reasons. Refer to the PRN Medication Label to the right to see the information that is included. There is typically a PRN Authorization Letter from the prescribing physician (see Appendix 4-F for a sample letter).

Documenting PRN medications has more requirements than documenting routine medication on a MAR. To document PRN medications, a DSP must initial the date on the MAR in addition to providing information on the back of the PRN MAR:

- Date PRN was taken.
- Hour of the day PRN was taken.
- The name of the medication and the “as needed” information.
- The dosage.
- The reason why the medication was taken.
- The results after the medication was taken.
- The hour (time) the results were determined.

Additional Requirements for Assisting Children With PRN Medications

In a small family home for children, the DSP may assist a child with a prescription or over-the-counter PRN medication without contacting the doctor before each dose when the child is unable to determine and/or communicate his or her need for the PRN medication when:

- In addition to the information on the doctor’s order and the medication label required for all CCFs, the doctor’s written order for children in a small family home must also provide instructions regarding when the medication should be stopped, and instructions for when the doctor should be contacted for reevaluation.
- The medication must be taken following the directions in the written doctor’s order.
- A record of each dose, including the date, time and dosage taken, and the individual’s response, must be kept in the individual’s record.

Remember: For both children and adults, for every PRN medication for which the DSP provides assistance there must be a signed, dated, and written order from a doctor, on a prescription form, maintained in the individual’s record, and a label on the medication.
Scenario for Jordan Bird's PRN

You are working the afternoon shift (which starts at 4 P.M.) at the facility where Jordan lives. Jordan comes to you and states she has a cough. She tells you she has a PRN for Robitussin for a cough and the last dose was taken at 11 A.M. You will be assisting her in the self-administration of medication. You prepare to give her the PRN for Robitussin.

Answer the following questions:

What condition does Jordan say she is experiencing? ________________________________

How is the DSP informed about the PRN medication? ________________________________

What should the DSP do when Jordan states she has a cough? _________________________

List the steps to assisting Jordan with the self-administration of her PRN.

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Medication Administration Record (MAR) for PRNs

Name: Jordan Bird           Physician: Dr. Diaz           Month/Year: 9/17

<table>
<thead>
<tr>
<th>Date</th>
<th>Initial</th>
<th>Hour</th>
<th>Medication</th>
<th>Dosage</th>
<th>Reason</th>
<th>Results</th>
<th>Hour</th>
</tr>
</thead>
<tbody>
<tr>
<td>9/17/2017</td>
<td>SL</td>
<td>11 A.M.</td>
<td>Robitussin</td>
<td>10 mL</td>
<td>Cough</td>
<td>No more coughing</td>
<td>Noon</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Instructions

1. Write the date the medication was taken.
2. Write your initials in the Initial column at the time the medication is taken.
3. Write the hour the medication was taken.
4. Write the medication that was taken.
5. Write the dosage that was taken.
6. Write the reason the medication was taken (make sure it is the reason stated on the medication label).
7. Write what the results were after medication was taken.
8. Write the time you determined the results.

Initials | Signature
--------|------------
SL       | Susan Lyons
2
3
4
5
6
7
8
9
Steps for Assisting with Medication

The following is a step-by-step process for assisting an individual with self-administration of medications.

1. Get the MAR for the individual you are assisting.
   Double check that you have the MAR for the right individual. It’s important for you to work with only one individual at a time and to complete the task with that individual before assisting another.

2. Gather supplies:
   • Get paper cups for tablets and capsules and a plastic calibrated measuring cup or medication spoon for liquid.
   • Get a glass of water.
   • Get a pen.

3. Wash hands.
   • Help the individual whom you are assisting to wash his or her hands.
   • Wash your hands.
   Handwashing reduces the risk of contamination.

4. Take the medications out of the locked storage container or area. It is a good idea to keep all medications for one individual in one storage unit labeled with the individual’s name.

5. Verification Check
   As you take each medication container from the individual’s storage unit, read the medication label and compare it to the MAR for the Seven Rights:
   • Right person
   • Right medication
   • Right dose
   • Right time
   Check the time on your watch or clock
   • Right route
   • Right reason
   • Right documentation (completed after medication is taken)

Often, a DSP will assist an individual with self-administration of multiple medications scheduled to be taken at the same time of day. Checking the watch or clock for the right time only needs to be done for the first medication at each of the Three Checks described on page S-13 (Verification, Preparation and Presentation).

6. Preparation Check
   Before pouring the medication, read the medication label and compare it to the MAR for the Seven Rights:
   • Right person
   • Right medication
   • Right dose
   • Right time
   Check the time on your watch or clock
   • Right route
   • Right reason
   • Right documentation (completed after medication is taken)

For tablets or capsules, pour the correct dose into the lid of the container and then into a small paper cup.

• Pour the correct dose into the bottle cap and then into a small paper cup or other container used for holding tablets or capsules before the individual takes them. Pouring a tablet or capsule into the bottle cap first reduces the risk of contamination. If too many pills pour out, return the pills from the bottle cap into the container.

• It is a good idea to use a separate disposable paper cup for each medication. Pouring all the medications in one paper cup increases the risk of medication errors.
7. For bubble packs, push the tablets/capsules from the bubble pack into a small cup. Match tablets/capsules in bubble pack with correct day of the month.

8. For liquid medication, pour the correct dose into the calibrated measuring cup or spoon, or oral syringe, held at eye level.
   • Locate the marking for the dose.
   • View the medication in the cup on a flat surface. Hold the spoon or syringe at eye level.
   • Fill to correct dosage marking.
   • Pour away from the medication label to avoid spills.
   • Wipe off any spills.

Additional tips for liquid medication:
   • Check the label to see if the bottle needs to be shaken; medicine in suspension form must be shaken well before using.
   • Oral syringes are useful because they are accurately marked, easy to use, and, when capped, may be used to take liquid medication on outings in single dosages.
   • Always check to make sure the unit of measurement (teaspoon, tablespoon, mL) on the measuring cup, spoon, or syringe matches the unit of measurement for the dose you want to give.
   • Use only a calibrated measuring cup or spoon with measurements clearly marked on the side. **Regular eating spoons are not accurate enough and should never be used.**
   • If too much liquid is poured, do not pour it back into the bottle—discard it.
   • Wash the calibrated measuring cup or spoon and air dry on a paper towel.

9. Talk with the individual you are assisting about what you are doing and about why he or she is taking each medication.

10. **Presentation Check**
    Again, just before putting the medication within the individual’s reach, read the medication label and compare to the MAR for the Seven Rights:
    • Right person
    • Right medication
    • Right dose
    • Right time
    Again, check the time on your watch or clock.
    • Right route
    • Right reason
    • Right documentation

11. Place the medication within the individual’s reach.

12. Offer a glass of water (at least four ounces).
    • It is a good idea to suggest to the individual that he tilt his head forward slightly and take a small sip of water before placing the pill in the mouth. Wetting the mouth may make swallowing easier and tilting the head slightly forward (as opposed to backward) may decrease the risk of choking. If pills are not taken with liquids they can irritate the throat and intestinal tract and they may not be correctly absorbed.
    • Some medications must be taken **with food**, and there may be other special instructions. Make sure that you have read any warning labels and are familiar with any special instructions for taking the medication.
13. Make sure that the individual takes the medication and drinks water.
   • Stay with the individual until you are sure that he or she has swallowed the medication.
   • If the individual has difficulty drinking an adequate amount of water or swallowing liquids, the DSP can ask the doctor about the individual taking the medication with:
     – Jell-O that is semi-liquid or jellied.
     – Apple sauce, apple juice or other “medication-compatible” juice thickened with cornstarch or other thickening agent.

Medications should never be disguised by putting them in food or liquid. Tablets should never be crushed unless the prescribing physician gives the specific direction to do so. Capsules should not be opened and their contents emptied out. If the individual has trouble taking a medication, talk to the individual about their needs and preferences and then talk to the doctor about optional ways to take the medication.

14. Record that the individual took his or her medication by entering your initials in the box that matches the date and time on the MAR.

15. Return the medication containers and/or bubble pack to the individual’s storage unit. As you do so, read the labels to check that the individual’s name on the medication container label is the same as the name on the storage unit.

   Key point:
   Never leave the medication container unattended or give to someone else to return to the locked storage container or area.

When assisting an individual with other types of medications such as topical creams and ointments, ear drops, nose drops, and eye drops, consult with the prescribing doctor and the pharmacist for specific procedures for self-administration of the medication. Also, refer to additional material in Appendices 4-A that describe the process for assisting with these types of medications.

   IF YOU HAVE ANY DOUBT AS TO WHETHER THE MEDICATION IS IN THE CORRECT FORM AS ORDERED OR THAT YOU CAN ASSIST THE INDIVIDUAL WITH SELF-ADMINISTRATION AS DIRECTED ON THE LABEL, CONSULT WITH THE PRESCRIBING DOCTOR OR THE PHARMACIST.

---

**P R A C T I C E  A N D  S H A R E**

Think about the individuals you support and the medications they take. Pick one medication and learn about the possible side effects.
Medication Management, Part 1

1. Community Care Licensing regulations say that a DSP may only assist with self-administration of medications that have been ordered or prescribed by a doctor, dentist or a:
   A) DSP with two-years of required training
   B) Facility administrator
   C) Nurse practitioner
   D) Parent or other close family member

2. Prescription medications are those that:
   A) Are very expensive and require careful monitoring
   B) May be purchased in a store without a doctor’s order
   C) Must be ordered by a doctor, dentist or nurse practitioner or other licensed health care professional who is authorized to prescribe medication
   D) Have serious side effects

3. Over-the-counter medications are those that:
   A) Are very expensive and require careful monitoring
   B) May be purchased in a store without a doctor’s order, but in the CCL homes, a physician’s order is required.
   C) Must be ordered by a physician or other licensed health care professional.
   D) Have serious side effects.

4. A DSP may assist an individual with self-administration of a PRN medication, as long as:
   A) It is not too costly
   B) It is ordered by a doctor for a specific condition, and meets all CCF requirements.
   C) It will help the individual have better health or comfort
   D) The individual asks for the medication by name

5. When the right dose of medication is taken, the individual receives the correct:
   A) Brand name of medication
   B) Category of medication
   C) Amount of medication
   D) Side effects of medication

6. Documenting self-administration of medication:
   A) Isn’t necessary
   B) Increases medication safety and reduces risk of medication errors
   C) Saves time during doctor visits
   D) Reduces the amount of time needed for administration of medication

7. One good way to learn more about a prescription drug is to:
   A) Get a copy of the medication information sheet from the pharmacist
   B) Talk with the person taking the medication to find out what they think about it
   C) Watch the drug company’s advertisements on television
   D) Talk with other people who have used the medication to learn more about what it does

8. Which of these is one of the “Seven Rights” of Assisting with Self-Administration of Medication?
   A) Right DSP
   B) Right Doctor
   C) Right Time
   D) Right Facility

9. If at any time you see that one of the Seven Rights does not match, you should:
   A) Go on to the next Right
   B) Stop and get help from another DSP, your supervisor, the doctor or the pharmacist
   C) Change the Right
   D) Stop and try to assist a different individual instead

10. When an individual’s medication dosage has increased, the MAR must be:
    A) Thrown out and started on a new sheet
    B) Left unchanged
    C) Updated to record the change
    D) Initialed
Appendix 4-A

Guidelines for Assisting with Self-Administration of Medication

1. There must be a written, dated, and signed **physician’s order** in the individual’s record **before a DSP can assist** the individual with self-administration of any medication, prescription, or **over-the-counter medication**.

2. **Only one DSP should assist** an individual with medications at any given time. That DSP should complete the entire process. Never hand a medication to one individual to pass on to another.

3. **Always wash your hands** before assisting an individual with self-administration of medication.

4. The DSP should **always prepare medication in a clean, well-lit, quiet area**. Allow plenty of time, avoid rushing, and stay focused. Check the Seven Rights by reading the Medication Label and comparing to the MAR three times before the individual takes the medication.

5. **To avoid errors, it is recommended that the medications be set up immediately before assisting an individual with self-administration of medications**. While Community Care Licensing regulations permit the set up of medications up to 24 hours in advance, there are many potential problems with this practice, including the possibility of the wrong individual taking the wrong medication and wrong dose at the wrong time.

6. **DSPs should ask for help from the prescribing doctor or pharmacist** if he or she is unsure about any step in the preparation of, assistance with, or documentation of medications.

7. **Medication should never be disguised** by putting it in food or liquid.

8. The DSP should always ask the physician (and pharmacist) to give the medicine in the proper form for the individual based on the individual’s needs and preferences. For example, one individual may have difficulty swallowing capsules and prefer liquid medication, while another may prefer capsules.

9. **Tablets should never be crushed** unless the prescribing physician has given specific directions to do so. **Capsules should not be opened** and their contents emptied out. Controlled release tablets can deliver dangerous immediate doses if they are crushed. Altering the form of capsules or tablets may have an impact on their effectiveness by changing the way an individual’s body absorbs them.

10. **Read the medicine warning label** if any. It will give you important information about how the medication should be taken.

11. **Check for allergies prior to assisting with the self-administration of medication**.

12. The DSP should know and follow the policy and procedures for the facility where they work.

**ASK! ASK! ASK!**

**CHECK! CHECK! CHECK!**
**Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications**

**SKILL CHECK #1**

**Directions:** Partner with another member of the class. Each partner should have a Skill Check #1 Worksheet. Using the Worksheet, practice all the steps in this skill. Have your partner check off each step you correctly complete (PARTNER CHECK). When you are comfortable that you are able to correctly complete all the steps without using the Worksheet, ask the teacher to complete the Teacher Check.

**Reminders for Assisting with Self-Administration**

- **Always** store medication in a locked cabinet and/or refrigerator.
- **Never** leave medication unattended once it has been removed from the locked storage area.
- **Always** check for known allergies.
- **Always** read the medication label carefully and note any warning labels.
- Assist only with medication from labeled containers.
- Assist only with medication that you have prepared.

**HELPFUL HINT**

- When completing this skill check, remember that you are checking the Seven Rights three times by reading the medication label and comparing it to the MAR.
- The first check is when you remove the medication from the locked storage area or storage container.
- The second check is when you remove the medication from its original labeled container.
- The third check is just before you assist the individual with self-administration.
- When assisting with self-administration of several medications scheduled to be taken at the same time of day, it is necessary to check the watch or clock to confirm the right time at each of the above three check points only for the first medication.

**COMPETENCY:** Each student is required to complete Skill Check #1 Worksheet, Assisting Individuals With Self-Administration of Tablets, Capsules, and Liquid Medications, with no errors.
Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

Scenario: The time is 8:00 a.m. The date is the day of the class. The DSP is assisting Jordan Bird with self-administration of medication.

Please initial each step when completed correctly.

STEPS

1. Get the MAR (PRN MAR should be on the back) for the individual you are assisting.

2. Gather supplies:
   • Cups for tablets and capsules, plastic calibrated measuring cup, or medication spoon for liquid
   • Glass of water
   • Pen

3. If necessary, help the individual whom you are assisting to wash his or her hands.
   • Wash your hands.

4. Take medications out of the locked storage unit, container, or area.

5. As you take each medication container from the individual’s storage unit, read the medication label and compare to the MAR for the:
   • Right person
   • Right medication
   • Right dose
   • Right time (check the time on your watch/clock)
   • Right route
   • Right reason for routine and PRN medications

Partner Check

Teacher Check

<table>
<thead>
<tr>
<th>Date</th>
<th>Attempt #1</th>
<th>Date</th>
<th>Attempt #2</th>
<th>Date</th>
<th>Attempt #3</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>
Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

Please initial each step when completed correctly.

<table>
<thead>
<tr>
<th>STEPS</th>
<th>Partner Check</th>
<th>Teacher Check</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Again, as you prepare the medications, read the medication label and compare to the MAR for the:</td>
<td>Attempt #1 Date</td>
<td>Attempt #2 Date</td>
</tr>
<tr>
<td>• Right person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Right medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Right dose</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Right time (check the time on your watch/clock)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Right route</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Right reason for routine and PRN medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. For tablets or capsules, pour the correct dose into the lid of the container and then into a small paper cup.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. For bubble packs, push tablets/capsules from the bubble pack into a small paper cup.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. For liquid medication, pour the correct dose into the calibrated measuring cup or spoon, or oral syringe, held at eye level.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Locate the marking for the dose.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• View the medication in the cup on a flat surface. Hold the spoon or syringe at eye level.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Fill to the correct dosage marking.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Pour away from the medication label to avoid spills.</td>
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<td></td>
</tr>
<tr>
<td>• Wipe off any spills.</td>
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</tbody>
</table>
### Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

**STEPS**

10. Talk with the individual you are assisting about what you are doing and about why he or she is taking each medication.

11. Again, just before putting the medication within the individual's reach, read the medication label and compare to the MAR for the:
   - Right person
   - Right medication
   - Right dose
   - Right time (check the time on your watch/clock)
   - Right route
   - Right reason for routine and PRN medications

12. Place the medication within the individual's reach.

13. Offer a glass of water.

14. Make sure that the individual takes the medication and drinks water.

15. Document that the individual took his or her medication by initialing the date and time in the proper box on the MARs.
   - Right documentation for PRN includes initial and signature. Complete the MAR by filling in all the areas (date/hour taken, medication and dosage, reason for PRN, the results of the PRN, and the hour when the PRN results were determined).

16. Return the medication containers and bubble pack to the individual's storage unit. As you do so, read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.

---

**Appendix 4-B (cont.)**

<table>
<thead>
<tr>
<th>STEPS</th>
<th>Partner Check</th>
<th>Teacher Check</th>
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<td></td>
<td>Partner Check</td>
<td>Attempt #1 Date</td>
</tr>
<tr>
<td>10. Talk with the individual you are assisting about what you are doing and about why he or she is taking each medication.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Again, just before putting the medication within the individual's reach, read the medication label and compare to the MAR for the:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right person</td>
<td></td>
<td></td>
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<tr>
<td>- Right medication</td>
<td></td>
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<tr>
<td>- Right dose</td>
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<td></td>
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<tr>
<td>- Right time (check the time on your watch/clock)</td>
<td></td>
<td></td>
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<tr>
<td>- Right route</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right reason for routine and PRN medications</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Place the medication within the individual's reach.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Offer a glass of water.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Make sure that the individual takes the medication and drinks water.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Document that the individual took his or her medication by initialing the date and time in the proper box on the MARs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Right documentation for PRN includes initial and signature. Complete the MAR by filling in all the areas (date/hour taken, medication and dosage, reason for PRN, the results of the PRN, and the hour when the PRN results were determined).</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16. Return the medication containers and bubble pack to the individual's storage unit. As you do so, read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Certification

This is to certify that

_________________________________________________________________

(Name of student)

_________________________________________________________________

Correctly completed all of the steps for
Assisting Individuals with Self-Administration of
Tablets, Capsules, and Liquids.

_________________________________________________________________

Teacher Signature    Date

Comments________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________
When Assisting with Self-Administration of Medications, You Must Ensure That...

- The Right person...
- Receives the Right medication...
- In the Right dose...
- At the Right time...
- By the Right route...
- For the Right reason...
- With the Right documentation.
### Medication Administration Record (MAR)

**Molina Family Home**  
123 Main Street, Any City, CA 90000  
(123) 456-7890  

**Name:** Jordan Bird  
**Insurance:** ☑ Medi-Cal  
**Insurance No.:** 000111

<table>
<thead>
<tr>
<th>Drug/Strength/Form/Dose</th>
<th>Hour</th>
<th>Month &amp; Year (MM/YY)</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>8:00 AM</td>
<td>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</td>
</tr>
<tr>
<td>ABC Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1017 28th St., Sacramento, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (123) 555-7890 Fax (123) 555-7890</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rx: 10387 Dr. Diaz Patient: Jordan Bird 9/03/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TEGRETOL 400 mg #60 tablets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAKE 2 TABLETS ORALLY EVERY AM AND PM FOR SEIZURES (8:00 AM, 4:00 P.M.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expires: 3/31/19 Filled by BRS</td>
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</tr>
<tr>
<td>Mgf: Many Medications Refills: 0</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug/Strength/Form/Dose</th>
<th>Hour</th>
<th>Month &amp; Year (MM/YY)</th>
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<td>12:00 AM</td>
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</tr>
<tr>
<td>AMOXICILLIN 250mg #30 capsules</td>
<td></td>
<td></td>
</tr>
<tr>
<td>TAKE 1 CAPSULE 3X PER DAY ORALLY FOR 10 DAYS FOR INFECTION (12:00 AM, 8:00 AM, 4:00 PM)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expires: 3/31/19 Filled by BRS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mgf: Many Medications Refills: 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Drug/Strength/Form/Dose</th>
<th>Hour</th>
<th>Month &amp; Year (MM/YY)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>P</td>
<td>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</td>
</tr>
<tr>
<td>ABC Pharmacy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1017 28th St., Sacramento, CA</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Phone: (123) 555-7890 Fax (123) 555-7890</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rx: 10464 Dr. Smith Patient: Jordan Bird 9/03/17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ROBITUSIN: TAKE 10 mL ORALLY EVERY 4 HOURS AS NEEDED FOR COUGH x 5 DAYS. MAXIMUM DOSES FOR A 24 HOUR PERIOD ARE 6 DOSES</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expires: 3/31/19 Filled by BRS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>QTY: 100 mL Refills: 0</td>
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<td></td>
</tr>
<tr>
<td>Mgf: Many Medications Refills: 0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Primary Care Physician:**  

**Pharmacy:** ABC Pharmacy

**Staff Signatures & Initials:**  

**Allergies:** None

**Notes:**  
- Staff initials date and time medication is taken  
- If medication is taken at another time, use:  
  - D = Day Program  
  - R = Relative or friend's home  
  - E = Elsewhere

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Appendix 4-C: Medication Administration Record (MAR) Without Signatures
Medication Administration Record (MAR) With Signatures

<p>| | | | | |</p>
<table>
<thead>
<tr>
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<tbody>
<tr>
<td>Column 1</td>
<td>Column 2</td>
<td>Column 3</td>
<td>Column 4</td>
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</table>

(Note: The table contains specific medication details, patient information, and signatures for verification.)
## Medication Administration Record (MAR) for PRNs

<table>
<thead>
<tr>
<th>Date</th>
<th>Initial</th>
<th>Hour</th>
<th>Medication</th>
<th>Doseage</th>
<th>Reason</th>
<th>Results</th>
<th>Signature</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Month Year: 9/17</td>
<td>J.Bird</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Write the date the medication was taken. Initials.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Write the initial in the initial column at the time the medication was taken.</td>
</tr>
<tr>
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<td></td>
<td>3</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Write the hour the medication was taken.</td>
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<td></td>
<td>4</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Write the reason for the medication was taken (make sure it is the reason stated on the medication label).</td>
</tr>
<tr>
<td></td>
<td></td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Write what the results were after medication was taken.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Write what the time you determined the results.</td>
</tr>
</tbody>
</table>

### Instructions
- Write the date the medication was taken.
- Write your initials in the initial column at the time the medication is taken.
- Write the hour the medication was taken.
- Write the reason the medication was taken (make sure it is the reason stated on the medication label).
- Write what the results were after medication was taken.
- Write the time you determined the results.
PRN Authorization Letter

Date:

Dear Dr.

Re: Your Patient:

A Client of:

To receive nonprescription and prescription PRN medications, state licensing requires that either:
1. Your patient be capable of determining his/her own need for medication, or
2. For nonprescription medication only, be able to clearly communicate his/her symptoms. If your patient cannot determine his/her need for a medication, or clearly communicate the symptoms for a nonprescription medication, then you, the physician, must be contacted before the PRN medication can be given.

Your completion of this form will serve to document your patient’s current ability to determine his/her own need for these medications. As a licensed care provider, it is my responsibility to monitor your patient’s continued ability to determine his/her own need for PRN medications and inform you of any changes which indicate he/she can no longer make these decisions.

Thank you for your assistance

Signature: ___________________________ Title: ___________________________

Facility Telephone No.: ___________________________ Facility Fax No.: ___________________________

Please check which circumstance describes your patient:

☐ My patient can determine and clearly communicate his/her need for prescription and nonprescription medication on a PRN basis

☐ My patient cannot determine his/her own need for prescription and nonprescription PRN medication, but can clearly communicate his/her symptoms indicating a need for a nonprescription medication.

☐ My patient cannot determine his/her own need for prescription and nonprescription PRN medication, and cannot communicate his/her symptoms indicating a need for a nonprescription medication. (Must contact physician before each dose)

The following prescription and nonprescription medications can be taken by this patient on a PRN basis:

<table>
<thead>
<tr>
<th>Drug</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Reason for Use</th>
<th>Symptoms</th>
<th>Maximum dosage in 24 hr</th>
</tr>
</thead>
<tbody>
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</table>

Physician’s Signature: ___________________________ Date: ___________________________
Appendix 4-G

COMMUNITY CARE LICENSING DIVISION
“Promoting Healthy, Safe, and Supportive Community Care”

Self-Assessment Guide*
MEDICATIONS
TECHNICAL SUPPORT PROGRAM

MEDICATIONS

Medication handling represents an area of great responsibility. If not managed properly, medications intended to help a client’s/resident’s health condition may place that individual’s health and safety at risk. The information contained in this handout outlines medication procedures you are required to perform by regulation, as well as some procedures not required by regulation which, if implemented, will provide additional safeguards in the management of medications in your facility. If you operate a Community Care Facility (CCF), the specific medication regulations you must comply with are in Title 22 § 80075. If you operate a Residential Care Facility for the Elderly (RCFE), the specific medication regulations you must comply with are in Title 22 § 87465. This guide cannot be used as a substitute for having a good working knowledge of all the regulations.

WHAT YOU (CARE PROVIDERS) SHOULD DO WHEN:

1. Client/resident arrives with medication:
   • Contact the physician(s) to ensure that they are aware of all medications currently taken by the client/resident.
   • Verify medications that are currently taken by the client/resident and dispensing instructions.
   • Inspect containers to ensure the labeling is accurate.
   • Log medications accurately on forms for client/resident records. The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose.
   • Discuss medications with the client/resident or the responsible person/authorized representative.
   • Store medications in a locked compartment.

2. Medication is refilled:
   • Communicate with the physician or others involved (for example, discuss procedures for payment of medications, who will order the medications, etc. with the responsible person).
   • Never let medications run out unless directed to by the physician.
   • Make sure refills are ordered promptly.
   • Inspect containers to ensure all information on the label is correct.
   • Note any changes in instructions and/or medication (for example, change in dosage, change to generic brand, etc.).
   • Log medication when received on the LIC 622.
   • Discuss any changes in medications with the client/resident, responsible person/authorized representative and appropriate staff.

3. A dosage is changed between refills:
   • Confirm with the physician. Obtain written documentation of the change from the physician or document the date, time, and person talked to in client’s/resident’s record.
   • Prescription labels cannot be altered by facility staff.
   • Have a facility procedure (i.e., card file/cardex, notebook, and/or a flagging system) to alert staff to the change.
   • Discuss the change with client/resident and/or responsible person/authorized representative.

*At the time of this printing, the new CCLD regulations for Adult Residential Facilities has not been completed.
4. Medication is permanently discontinued:
- Confirm with the physician. Obtain written documentation of the discontinuation from the physician or document the date, time, and person talked to in client’s/resident’s record.
- Discuss the discontinuation with the client/resident and/or responsible person/authorized representative.
- Have a facility procedure (i.e., card file/cardex, notebook, and/or a flagging system) to alert staff to the discontinuation.
- Destroy the medications. Medication must be destroyed by the facility administrator or designee and one other adult who is not a client/resident. (See destruction requirements for pre-packaged medications in section #17.)
- Sign the medication destruction record/log. (The reverse side of LIC 622, Centrally Stored Medication Record, may be used for this purpose.

5. Medications are temporarily discontinued (“dc”) and/or placed on hold:
- Medications temporarily discontinued by the physician may be held by the facility.
- Discuss the change with client/resident and/or responsible person/authorized representative.
- Obtain a written order from the physician to HOLD the medication, or document in the client’s/resident’s file the date, time, and name of person talked to regarding the HOLD order.
- Have a facility procedure (i.e., card file/cardex, notebook, and/or a flagging system) to alert staff to the discontinuation and restart date.
- Without altering the label, mark or identify in a consistent manner medication containers that have HOLD orders.
- Be sure to contact the physician after the discontinuation/hold order expires to receive new instructions regarding the use of the medication.

6. Medication reaches expiration date:
- Check containers regularly for expiration dates.
- Communicate with physician and pharmacy promptly if a medication expires.
- Do not use expired medications. Obtain a refill as soon as possible if needed.
- Over-the-counter medications and ointments also have expiration dates (for ointments the expiration date is usually at the bottom of the tube).
- Destroy expired medications according to regulations.
- Log/record the destruction of prescription medications as required. The LIC 622 may be used for this purpose.

7. Client/resident transfers, dies, or leaves medication behind:
- All medications, including over-the-counters, should go with client/resident when possible.
- If the client/resident dies, prescription medications must be destroyed.
- Log/record the destruction as required. The LIC 622 may be used for this purpose.
- Document when medication is transferred with the client/resident. Obtain the signature of the person accepting the medications (i.e., responsible person/authorized representative).
- Maintain medication records for at least 1 year (RCFE) Title 22 § 87465 (h)(6),(i) or 1 year (CCF) Title 22 § 80075 (k)(7),(o).

8. Client/resident missed or refused medications:
- No client/resident can be forced to take any medication.
- Missed/refused medications must be documented in the client’s/resident’s medication record and the prescribing physician contacted immediately.
- Notify the responsible person/authorized representative.
- Refusal of medications may indicate changes in the client/resident that require a reassessment of his/her needs. Continued refusal of medications may require the client’s/resident’s relocation from the facility.
9. Medications need to be crushed or altered:
   • Medications may be crushed or altered to enhance swallowing or taste, but never to disguise or “slip” them to a client/resident without his or her knowledge.
   • The following written documentation must be in the client’s/resident’s file if the medication is to be crushed or altered:
     1. A physician’s order specifying the name and dosage of the medication to be crushed;
     2. Verification of consultation with a pharmacist or physician that the medication can be safely crushed, identification of foods and liquids that can be mixed with the medications, and instructions for crushing or mixing medications;
     3. A form consenting to crushing the medication signed by the client/resident. If the client/resident has a conservator with authority over his/her medical decisions, the consent form must be signed by that conservator.

10. Medications are PRN or “as needed:”
   • Facility staff may assist the client/resident with self-administration of his/her prescription and nonprescription PRN medication, when:
     – The client’s/resident’s physician has stated in writing that the client/resident can determine and clearly communicate his/her need for a prescription or nonprescription PRN medication.
     – The physician provides a signed, dated, written order for the medication on a prescription blank or the physician’s business stationery which is maintained in the client’s/resident’s file.
     – The physician’s order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period. Most nonprescription medication labels display this information.
     – A record of each dose is maintained in the client’s/resident’s record and includes the date, time, and dosage taken, and the client’s/resident’s response.
   • Facility staff may also assist the client/resident with self-administration of his/her nonprescription PRN medication if the client/resident cannot determine his/her need for a nonprescription PRN medication, but can communicate his/her symptoms clearly, when:
     – The client’s/resident’s physician has stated in writing that the client/resident cannot determine his/her need for nonprescription medication, but can communicate his/her symptoms clearly.
     – The client’s/resident’s physician provides a signed, dated, written order on a prescription blank or the physician’s business stationery which is maintained in the client’s/resident’s file.
     – The written order identifies the name of the client/resident, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for re-evaluation.
     – The physician’s order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period. Most nonprescription medication labels display this information.
     – Facility staff contact the client’s/resident’s physician before giving each dose, describe the client’s/resident’s symptoms, and receive permission to give the client/resident each dose.
     – The date and time of each contact with the physician and the physician’s directions are documented and maintained in the client’s/resident’s facility record.
– The physician provides a signed, dated, written order on a prescription blank or the physician’s business stationery which is maintained in the client’s/resident’s file.

– The physician’s order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period.

– A record of each dose is maintained in the client’s/resident’s records and includes the date, time, and dosage taken, and the client’s/resident’s response.

**SMALL FAMILY HOMES AND CERTIFIED FAMILY HOMES**

Small Family Home staff may assist a child with prescription or nonprescription PRN medication without contacting the child’s physician before each dose if the child cannot determine and/or communicate his/her need for a prescription or nonprescription PRN medication when Title 22 § 83075 (d):

– The child’s physician has recommended or prescribed the medication and provided written instructions for its use on a prescription blank or the physician’s letterhead stationery.

– Written instructions include the name of the child, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for re-evaluation.

– The physician’s order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses allowed in a 24-hour period. Most nonprescription medication labels display this information.

– The date, time, dosage taken, symptoms for which the PRN medication was given and the child’s response are documented and maintained in the child’s records.

**11. Medications are injectables:**

- Injections can ONLY be administered by the client/resident or by a licensed medical professional. Licensed medical professional includes Doctors of Medicine (M.D.), Registered Nurses (R.N.), and Licensed Vocational Nurses (L.V.N.) or a Psychiatric Technician (P.T.). P.T.s can only administer subcutaneous and intramuscular injections to clients/residents with developmental or mental disabilities and in accordance with a physician’s order.

- Family members are not allowed to draw up or administer injections in CCFs or RCFEs unless they are licensed medical professionals.

- Facility personnel who are not licensed medical professionals cannot draw up or administer injections in CCFs or RCFEs.

- Licensed medical professionals may not administer medications/insulin injections that have been pre-drawn by another licensed medical professional.

- Injections administered by a licensed medical professional must be provided in accordance with the physician’s orders.

- The physician’s medical assessment must contain documentation of the need for injected medication.

- If the client/resident does administer his/her own injections, physician verification of the client’s/resident’s ability to do so must be in the file.

- Sufficient amounts of medications, test equipment, syringes, needles, and other supplies must be maintained in the facility and stored properly.

- Syringes and needles should be disposed of in a “container for sharps,” and the container must be kept inaccessible to clients/residents (locked).

- Only the client/resident or the licensed medical professional can mix medications to be injected or fill the syringe with the prescribed dose.
13. **You “set up” or “pour” medications:**
- Have clean, sanitary conditions (i.e., containers, counting trays, pill cutters, pill crushers, and storage/setup areas).
- Pour medications from the bottle to the individual client’s/resident’s cup/utensil to avoid touching or contaminating medication.
- Medications must be stored in their original containers and not transferred between containers.
- The name of the client/resident should be on each cup/utensil used in the distribution of medications.
- Have written procedures for situations such as spillage, contamination, assisting with liquid medication, interactions of medications, etc.
- Have written procedures for facility staff regarding assisting with administration of medication, required documentation, and destruction procedures.

14. **Assisting with medications (passing):**
- Staff dispensing medications need to ensure that the client/resident actually swallows the medication (not “cheeking” the medication); mouth checks are an option for staff.
- Cups or envelopes containing medications should not be left unattended in the dining room, bathrooms, bedrooms, or anywhere in the facility.

15. **You designate staff to handle medications:**
- Have written policies and procedures.
- Train all staff who will be responsible for medications.
- Ensure that staff know what they are expected to do (i.e., keys, storage, set up, clean-up, documentation, notification, etc.).
- Ensure designated staff know what procedures can and cannot be done (i.e., injections, enemas, suppositories, etc.).

16. **Medications are received or destroyed:**
- Every prescription medication that is centrally stored or destroyed in the facility must be logged.

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12. **Over-the-counter (OTC) medications, including herbal remedies, are present:**
- OTC medications (e.g., aspirin, cold medications, etc.) can be dangerous.
- They must be centrally stored to the same extent that prescription medications are centrally stored (see criteria for central storage in Title 22 § 80075 (k) for CCFs and Title 22 § 87465 (h) for RCFEs).
- Over-the-counter medication(s) that are given on a PRN basis must meet all PRN requirements. (See section #10)
- Physicians must approve the use of all OTC medications that are or may be taken by the client/resident on a regular basis (e.g., aspirin for heart condition, vitamins, etc.) as well as those used on a PRN basis. Have documentation.
- Client’s/resident’s name should be on the over-the-counter medication container when: (1) it is purchased for that individual’s sole use; (2) it is purchased by client’s/resident’s family or (3) the client’s/resident’s personal funds were used to purchase the medication.
• A record of prescription medications that are disposed of in the facility must be maintained for at least 3 years in a Residential Care Facility for the Elderly and 1 year in a Community Care Facility (Group Homes, Adult Residential Facilities, etc.).
• A record of centrally stored medications for each client/resident must be maintained for at least 1 year.

17. Medications are prepackaged:
• Prepackaged medications (bubble packs, trays, cassettes, etc.) are allowed if they are packed and labeled by a pharmacy.
• Licensees and/or facility staff cannot remove discontinued medications from customized medication packages.
• Multi-dose packages must be returned to the pharmacy for changes in doses or discontinuation of a medication.
• Facilities should have procedures in case one dose is contaminated and must be destroyed.
• Facilities (EXCEPT RCFEs) utilizing prepackaged medications must obtain a waiver from the licensing office if medications are to be returned to the pharmacy for disposal.
• RCFEs do not need to obtain a waiver if the medications are returned to the issuing pharmacy or disposed of according to the approved hospice procedures.

18. Sample medications are used:
• Sample medications may be used if given by the prescribing physician.
• Sample medications must have all the information required on a regular prescription label except pharmacy name and prescription number.

19. Transferring medications for home visits, outings, etc.
• When a client/resident leaves the facility for a short period of time during which only one dose of medication is needed, the facility may give the medications to a responsible person/authorized representative in an envelope (or similar container) labeled with the facility’s name and address, client’s/resident’s name, name of medication(s), and instructions for administering the dose.
• If client/resident is to be gone for more than one dosage period, the facility may:
  a. Give the full prescription container to the client/resident, or responsible person/authorized representative, or
  b. Have the pharmacy either fill a separate prescription or separate the existing prescription into two bottles, or
  c. Have the client’s/resident’s family obtain a separate supply of the medication for use when the client/resident visits the family.
• If it is not safe to give the medications to the client/resident, the medications must be entrusted to the person who is escorting the client/resident off the facility premises.
• If medications are being sent with the client/resident off the facility premises, check the Physician’s Report (LIC 602 or 602A) to ensure that they are given only to clients/residents whose doctors have indicated that they may control their own medications.
• Always have the person entrusted with the medications sign a receipt which identifies the number and type of medications sent out and returned.

20. House medications/stock supplies of over-the-counter medications are used:
• Centrally stored, stock supplies of over-the-counter medications may be used in CCFs and in RCFEs.
• Licensees cannot require clients/residents to use or purchase house supply medications.
• Clients/residents may use personal funds to purchase individual doses of OTC medications from the licensee’s stock if each dose is sold at the licensee’s cost and accurate written records are maintained of each transaction.
• All regulations regarding the use of OTC medications must be followed (see section #12).
• Be sure to verify that the client’s/resident’s physician has approved the use of the OTC before giving him/her a dose from the house supply.
21. Clients/residents use emergency medication(s) (e.g., nitroglycerin, inhaler, etc.):

Clients/residents who have a medical condition requiring the immediate availability of emergency medication may maintain the medication in their possession if all of the following conditions are met:

- The physician has ordered the PRN medication and has determined and documented in writing that the client/resident is capable of determining his/her need for a dosage of the medication and that possession of the medication by the client/resident is safe.
- This determination by the physician is maintained in the individual’s file and available for inspection by Licensing.
- The physician’s determination clearly indicates the dosage and quantity of medication that should be maintained by the client/resident.
- Neither the facility administrator nor the Department has determined that the medications must be centrally stored in the facility due to risks to others or other specified reasons.

If the physician has determined it is necessary for a client/resident to have medication immediately available in an emergency but has also determined that possession of the medication by the client/resident is dangerous, then that client/resident may be inappropriately placed and may require a higher level of care.

22. Blood pressure and pulse readings are taken:

The following persons are allowed to take blood pressure and pulse readings to determine the need for medications:

- The client/resident when his/her physician has stated in writing that the client/resident is physically and mentally capable of performing the procedure.
- A physician or registered nurse.
- A licensed vocational nurse under the direction of a registered nurse or physician.
- A psychiatric technician under the direction of a physician, surgeon, psychiatrist, or registered nurse. Psych Techs may take blood pressure and pulse readings of clients/residents in any community care licensed facility. The Psych Tech injection restrictions noted in section #11 do not apply to taking vital signs.

The licensee must ensure that the following items are documented when the client’s/resident’s vital signs are taken to determine the need for administration of medications:

- The name of the skilled professional who takes the reading.
- The date and time and name of the person who gave the medication.
- The client’s/resident’s response to the medication.

Lay staff may perform vital sign readings as long as the readings are not used to determine a need for medication.

23. Clients/residents need assistance with the administration of ear, nose, and eye drops:

- The client/resident must be unable to self-administer his/her own eye, ear or nose drops due to tremors, failing eyesight, or other similar conditions.
- The client’s/resident’s condition must be chronic and resistant to sudden change (stable), or temporary in nature and expected to return to a condition normal for the client/resident.
- The client’s/resident’s Needs and Services Plan (CCF), Pre-Admission Appraisal (RCFE), or Individual Services Plan (RCFCI) must state that he/she cannot self-administer his/her own drops and specify how staff will handle the situation.
- The client’s/resident’s physician must document in writing the reasons that the client/resident cannot self-administer the drops, the stability of the medical condition and must provide authorization for the staff to be trained to assist the client/resident.
- Staff providing the client/resident with assistance must be trained by a licensed professional and names of trained staff must be maintained in the staff files.

This training must be completed prior to providing the service, must include hands-on instruction in general and client/resident specific procedures, and must be reviewed and updated by the licensed professional at least annually or more often if the condition changes.
• Staff must be trained by a licensed professional to recognize objective symptoms observable by a lay person and to respond to the client’s/resident’s health problem.
• Staff must be trained in and follow standard precautions and any other procedures recommended by the licensed professional.
• Written documentation outlining the procedures to be used in assisting the client/resident with the drops and all aspects of care to be performed by the licensed professional and facility staff must be maintained in the client’s/resident’s file. Prior to providing ongoing client/resident assistance with drops, facility staff should consider the use of assistive devices, such as an eye cup, which would enable the client/resident to self-administer the drops.

24. Medications need to be stored:
• All medications, including over-the-counters, must be locked at all times.
• All medications must be stored in accordance with label instructions (refrigerate, room temperature, out of direct sunlight, etc.).
• Medication in refrigerators needs to be locked in a receptacle, drawer, or container, separate from food items. (Caution should be used in selecting storage containers as metal may rust.)
• If one client/resident is allowed to keep his/her own medications, the medications need to be locked to prevent access by other clients/residents.

25. Miscellaneous:
• Medications are one of the most potentially dangerous aspects of providing care and supervision.
• Educate yourself and staff (signs, symptoms, side effects).
• Train staff.
• Develop a plan to evaluate staff’s ability to comply with the facility’s medication procedures.
• Communicate with physicians, pharmacists, and appropriately skilled professionals.

• Develop a system to communicate changes in client/resident medications to staff and to the client/resident.
• Staff should be trained on standard precautions to prevent contamination and the spread of disease.
• Document.
• Know your clients/residents.
• Be careful.
Medication Safety Questionnaire

Name

Brand: _________________
Generic: _______________

Dose (e.g., mg) and form (e.g., tabs) | When to take each dose? | For how long?

1. What is the medication supposed to do (what condition does it treat)?

2. How long before I will know it is working or not working?

3. If the individual misses a dose, what should I do?

4. What is the expiration date?

**INTERACTIONS**

5. Should this medication be taken with food? ☐ Yes ☐ No
   At least one hour before or two hours after a meal? ☐ Yes ☐ No

6. Are there any foods, supplements (such as, herbs, vitamins, minerals), drinks (alcoholic, for example), or activities that should be avoided while taking this medication?
   ☐ Yes (Which ones?) ___________________________________________
   ☐ No  ______________________________________________________

7. Are there any other prescription or over-the-counter medications that should be avoided?
   Yes (Which ones?) ___________________________________________
   No  _______________________________________________________

**SIDE EFFECTS IF SO, RESPONSE?**

8. What are common side effects?

9. If there are any side effects, what should I do?

10. If the drug is being prescribed for a long period of time, are there any long-term effects?