



# Student Resource Guide



## 4. Medication Management: Part 1



### 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.



# Medication Management: Part 1

## OUTCOMES

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 Five Rights of assisting an individual with self-administration of medication.
- Explain the difference between “prescription” and “over-the-counter” 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, errors, side effects, and drug interactions.

## KEY WORDS

Key Word	Meaning	In My Own Words
<b>Drug</b>	Another word for medication; a substance used as a medicine.	
<b>Generic Name</b>	The name given by the federal government to a drug; not the brand name.	
<b>Medication</b>	Substance taken into the body or applied to the body for the purpose of prevention, treatment, relief of symptoms, or cure.	
<b>Medication (Drug) Interactions</b>	The result of drugs, foods, alcohol, or other substances, such as herbs or other nutrients, having an effect on each other.	
<b>Ophthalmic</b>	Refers to the eyes.	
<b>Otic</b>	Refers to the ears.	
<b>Over-the-Counter (OTC) Medications</b>	Medications, including aspirin, antihistamines, vitamin supplements, and herbal remedies, that may be obtained without a written prescription.	

**KEY WORDS (CONT.)**

Key Word	Meaning	In My Own Words
<b>Pharmacist</b>	Licensed person who prepares and sells medications and is knowledgeable about their contents.	
<b>Physician/ Doctor</b>	A person licensed to practice medicine. For the purpose of prescribing medications only, the term means any health care professional authorized by law to prescribe drugs: physician, dentist, optometrist, podiatrist, nurse practitioner, or physician's assistant. A nurse practitioner or physician's assistant who writes prescriptions is acting under the supervision of a physician.	
<b>Prescription Medications</b>	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.	
<b>Side Effects</b>	An extra and usually bad action or effect that a drug has in addition to treating an illness. Some side effects, such as a severe allergic reaction, can be deadly.	
<b>Topical</b>	Put directly on the skin or a certain area of the body.	
<b>Trade Name/ Brand Name</b>	The name given by the company that made the medication.	

## A C T I V I T Y

### 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?

## Overview

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 health of many individuals in licensed community care homes depends on the skills of the DSP in assisting them in taking medications. The DSP's role in assisting individuals to take the right medication, in the right dose, by the right route, at the right time is a very important function.

**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 serve.

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 physician/doctor and pharmacist.

- Read and understand the medication label.
- Follow the Five Rights (fully discussed on page 13) for medication management:
  - Right person
  - Right medication
  - Right dose
  - Right time
  - Right route
- 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 **physician/doctor** means any health care professional authorized by law to prescribe drugs: physician, dentist, optometrist, podiatrist, nurse practitioner, or physician's assistant. 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.

## Requirements for Assisting with Medications

In California, community care licensing regulations are very specific regarding requirements for assisting with medications. Some of the regulations are different based upon the age of individuals living in the home and the home's licensing category; for example, Adult Residential Facility or Small Family Home. Specific information on these regulatory requirements is included in the Community Care Licensing Division's *Self-Assessment Guide, Medications Booklet* published in September 2002, and found in Appendix 4-E.

The DSP may only assist individuals with self-administration of medications

that have been ordered and prescribed by a doctor, dentist, or nurse practitioner. This includes both prescription and over-the-counter medications. The doctor's signed, dated order or prescription provides instructions for preparing and using the medication.

**Prescription medications** are those that are always ordered by a doctor or other person with authority to write a prescription. **Over-the-counter (OTC) medications** are those that can be bought without a prescription and include vitamin supplements, herbal remedies, and commonly used medications such as Tylenol and Benadryl.

## 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 effects are predictable; however, some are not. Side effects may be desirable or undesirable, harmless or dangerous. Sometimes they can even be deadly. Both prescription and OTC drugs have side effects.

An example of a side effect is when the medication makes the individual feel nauseated, confused, dizzy, or anxious. 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.

### Common Categories of Medication

Drugs are classified into categories, or groups, with other medications that affect the body in similar ways. Thousands of medications are on the market. Many drugs with multiple uses can be found in more than one category. Some of the common categories of medications used by individuals with 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.

## Reading and Understanding Medication Labels

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 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
- 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)

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### Pharmacy Abbreviations and Symbols

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.

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li>• Rx = Prescription</li> <li>• OTC = Over-the-Counter</li> <li>• p.r.n. = when necessary, or as needed</li> <li>• Qty = quantity</li> <li>• q (Q) = every</li> <li>• qd = daily</li> <li>• b.i.d. (BID) = twice a day</li> <li>• t.i.d. (TID) = three times a day</li> <li>• q.i.d. (QID) = four times a day</li> <li>• h. = hour</li> <li>• h.s. (HS) = hour of sleep (bedtime)</li> </ul> | <ul style="list-style-type: none"> <li>• tsp. = teaspoon (or 5 ml)</li> <li>• Tbsp. = tablespoon (3 tsps or 15 ml)</li> <li>• oz = ounce</li> <li>• gr = grains</li> <li>• mg = milligrams</li> <li>• GM, gm = grams (1,000 mg)</li> <li>• Cap = capsule</li> <li>• Tab = tablet</li> <li>• A.M. = morning</li> <li>• P.M. = afternoon/evening</li> <li>• D/C or d/c = discontinue</li> </ul> |
|--|---|

**A C T I V I T Y**

**Medication Label Abbreviations**

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

<b><u>Abbreviation</u></b>	<b><u>Meaning</u></b>
q.i.d (QID)	afternoon/evening
Tab	morning
P.M.	teaspoon
Tbsp.	twice a day
b.i.d (BID)	capsule
A.M.	ounce
t.i.d (TID)	four times a day
Cap	tablespoon
oz.	tablet
tsp.	three times a day

**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 500mg capsules  
Take 1 capsule 3 times daily

In this example the individual is taking a 500mg single dose and a 1500 mg daily dose.

TEGRETOL 200mg tabs  
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 400mg single dose and a 1000mg daily dose.

A liquid medication may be prescribed as:

ROBITUSSIN 250mg/5cc  
Give 5cc (5cc = 1 teaspoon) 4 times a day or  
QID

In this example the individual is taking a 5cc single dose and a 20cc daily dose.

## Reading and Understanding Medication Labels (cont.)

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), cc (cubic centimeters), 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.

ABC Pharmacy  
Dr. Diaz

RX 10575      9/30/16

JORDAN BIRD  
TAKE 1 TABLET 3X PER DAY ORALLY FOR  
10 DAYS FOR INFECTION  
12 a.m., 8 a.m., 4 p.m.

AMOXICILLIN 250MG  
#30 TABLETS

EXPIRES: 3/31/17                      NO REFILLS

MFG: MANY MEDICATIONS, INC  
FILLED BY: BRS

### ACTIVITY

#### 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 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? \_\_\_\_\_

## Reading and Understanding Medication Labels (cont.)

### 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." Some additional examples are listed below:

*For External Use Only.*

*Finish All of This Medication  
Unless Otherwise Directed  
by Prescriber.*

*May Cause Drowsiness  
or Dizziness.*

*May Cause Discoloration of the  
Urine or Feces.*

*Do Not Take With Dairy Products,  
Antacids, or Iron Preparations  
Within One Hour of This  
Medication.*

*Take Medication on an Empty  
Stomach 1 Hour Before or 2 Hours  
After a Meal Unless Otherwise  
Directed by Your Doctor.*

*It May Be Advisable to Drink a  
Full Glass of Orange Juice or  
Eat a Banana Daily.*

## 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?

- 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?

To obtain this information, talk to the prescribing doctor and the pharmacist who fills the doctor's order. Also ask the pharmacist for a copy of the medication information sheet and have him or her go over it with you. Other sources of information include medication reference books from your local library or bookstore. Websites such as [www.safemedication.com](http://www.safemedication.com) or [www.rxlist.com](http://www.rxlist.com) also provide medication information.

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-12a, 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-F for you to use with the individuals you assist.

<b>ABC Pharmacy</b>	
Dr. Diaz	
<b>RX 10575</b>	9/30/16
<b>JORDAN BIRD</b>	
TAKE 1 TABLET 3X PER DAY	
ORALLY FOR 10 DAYS FOR	
INFECTION	
12 a.m., 8 a.m., 4 p.m.	
AMOXICILLIN 250MG	
#30 CAPSULES	
EXPIRES: 3/31/17	NO REFILLS
MFG: MANY MEDICATIONS, INC	
FILLED BY: BRS	

**A C T I V I T Y**

**Medication Safety Questionnaire**

Name _____			
Brand: _____	Dose (e.g., mg) and form (e.g., tabs)	When to take each dose?	For how long?
Generic: _____			

1. What is the medication supposed to do?
2. How long before I will know it is working or not working?
3. What about lab work to check the response to the medication? What type? How often? Where? Standing order?
4. If the individual misses a dose, what should I do?

**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 also is 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.

### 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 special precautions should I follow?

Before taking amoxicillin,

- tell your doctor and pharmacist if you are allergic to amoxicillin, penicillin, cephalosporins, or any other medications.
- tell your doctor and pharmacist what prescription and nonprescription medications, vitamins, nutritional supplements, and herbal remedies you are taking. Be sure to mention any of the following: chloramphenicol (Chormycetin), other antibiotics, and probenecid (Benemid). Your doctor may need to change the doses of your medications or monitor you carefully for side effects.
- tell your doctor if you have or have ever had kidney disease, allergies, asthma, hay fever, hives or phenylketonuria.
- 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.

### What special dietary instructions should I follow?

Unless your doctor tells you otherwise, continue your normal diet.

### What should I do if I forget a dose?

Take the missed dose as soon as you remember it. However, if it is almost time for the next dose, skip the missed dose and continue your regular dosing schedule. Do not take a double dose to make up for a missed one.

### What side effects can this medication cause?

Amoxicillin may cause side effects. Tell your doctor if any of these symptoms are severe or do not go away:

- upset stomach
- vomiting
- diarrhea

The following symptoms are uncommon, but if you experience any of them, call your doctor immediately:

- severe skin rash
- hives
- seizures
- yellowing of the skin or eyes
- unusual bleeding or bruising
- pale skin
- excessive tiredness
- lack of energy

Amoxicillin may cause other side effects. Call your doctor if you have any unusual problems while taking this medication. If you experience a serious side effect, you or your doctor may send a report to the Food and Drug Administration's (FDA) MedWatch Adverse Event Reporting program online [at <http://www.fda.gov/MedWatch/report.htm>] or by phone [1-800-332-1088].

### 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 preferably 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.

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# Documentation

## Medication Log

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

The use of a Medication Log (also known as a Medication Administration Record) increases medication safety and reduces the risk of errors. The log 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 Medication Log 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 way the medication is to be taken.

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

To document that a medication has been taken, 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, not before and not hours later.**

Molina Family Home			123 Main Street, Any City, CA 90000		(123) 456-7890																												
Facility Name			Address		Phone Number																												
Name: <b>Jordan Bird</b>			Insurance: <input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare		Insurance No. <b>000111</b>																												
Drug/Strength/Form/Dose	Hour	Month & Year (MM/YY)																															
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7890  Rx: 10387 Dr. Diaz Patient: Jordan Bird 9/30/16 TEGRETOL 400mg #60 tablets TAKE 2 TABLETS ORALLY EVERY AM AND PM FOR SEIZURES (8:00 a.m., 4:00 p.m.)  Expires: 3/31/17 Filled by: BRS Mfg: Many Medications Refills: 0	8am	SL	SL	SL	SL	SL	SL	SL																									
	4pm																																
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7890  Rx: 10387 Dr. Diaz Patient: Jordan Bird 9/30/16 AMOXICILLIN 250mg #30 tablets TAKE 1 TABLET 3X PER DAY ORALLY FOR 10 DAYS FOR INFECTION (12:00 AM, 8:00 PM, 4:00 PM)  Expires: 3/31/17 Filled by: BRS Mfg: Many Medications Refills: 0	12am																																
	8pm																																
XYZ Pharmacy 4321 Road Lane, Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7890  Rx: 10484 Dr. Smith Patient: Jordan Bird 10/1/16 ROBITUSSIN: TAKE SCC ORALLY EVERY 4 HOURS FOR COUGH (12 AM, 4 AM, 8 AM, 12 PM, 4 PM, 8 PM, 12 AM)  Discard by: 8/30/17 Filled by: BRS QTY: 100cc Refills: 0 Mfg: Many Medica Liquid	12am																																
	4am																																
	8am																																
	12pm																																
	4pm																																
	8pm																																
Primary Care Physician: <b>Dr. Diaz</b>			Pharmacy: <b>ABC Pharmacy</b>																														
Staff Signatures & Initials: <b>SL</b> for <b>Susan Lyons</b>			for _____		for _____																												
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			Allergies: <b>None</b>																														

## Five Rights of Assisting with Self-Administration of Medication

The Five 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

Following the Five 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!**

When assisting an individual, you must read and compare the information on the medication label to the information on the Medication Log 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 and dose at the right time and in the right route (way). **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** person, 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. 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.

**Check the Five Rights three times by reading the medication label information and comparing it to the Medication Log as follows:**

- ✓ **First Check – Verification**  
When you remove the medication from the storage area.
- ✓ **Second Check – Preparation**  
When you prepare the medication in individual doses from the original labeled container.
- ✓ **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.

## Five Rights of Assisting with Self-Administration of Medication (cont.)

### The Five Rights

#### 1. Right Person

When assisting an individual with any medication, it is essential that you identify the right person. First, read the name of the individual on the pharmacy label for whom the medication is prescribed.

- 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?"
- Best Practice: Confirm identity by placing a current photo of the individual on the Medication Log 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 Medication Log.

#### 3. Right Dose

Read the medication label for the correct dosage. 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.

**Taking simple steps such as following the Five Rights and keeping careful medication logs can help ensure the safety and comfort of the individual you support.**

#### 4. Right Time

Read the medication label for directions as to when and how often the medication should be taken. 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 given 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. 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 (otic) drops.

*Note: Other more intrusive routes, such as injections; suppositories; or enemas are only to be administered by a licensed health care professional.*

## 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 Medication Log for the individual you are assisting.

Double check that you have the Medication Log for the right person. 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. As you take each medication container from the individual's storage unit, read the medication label and compare to the Medication Log for the Five Rights:

- Right person
- Right medication
- Right dose
- Right time

Check the time on your watch or clock

- Right route

6. 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.

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).

## Steps for Assisting with Medication (cont.)

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, cc) 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. Again, just before putting the medication within the individual's reach, read the medication label and compare to the Medication Log for the Five Rights:
- Right person
  - Right medication
  - Right dose
  - Right time
- Again, check the time on your watch or clock.
- Right route
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 or
    - 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.

## Steps for Assisting with Medication (cont.)

- 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 Medication Log.
- 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 physician and the pharmacist for specific procedures for self-administration of the medication. Also, refer to additional material in Appendices 4-A and 4-B 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 physician or other licensed health care professional
  - 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
  - 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 OTC medications, like vitamin supplements or Tylenol, as long as:**
  - A) It is not too costly
  - B) There is an order and instructions from a doctor, dentist, or nurse practitioner
  - 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 dose
  
8. **Which of these is one of the "Five Rights" of Medication Administration?**
  - A) Right DSP
  - B) Right Doctor
  - C) Right Time
  - D) Right Facility
  
9. **If at any time you see that one of the Five 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 Medication Log must be:**
  - A) Thrown out and started on a new sheet
  - B) Left unchanged
  - C) Updated to record the change
  - D) Initialed

# Appendices



### 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 Five Rights by reading the Medication Label and comparing to the Medication Log 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.**

**ASK! ASK! ASK!  
CHECK! CHECK!  
CHECK!**

## Appendix 4-B

### 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 **Five Rights three times** by reading the medication label and comparing it to the Medication Log.
- 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.

---

 TEACHER

---

 STUDENT

---

 DATE

## Appendix 4-B (cont.)

### 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	Partner Check	Teacher Check		
		Attempt #1 Date	Attempt #2 Date	Attempt #3 Date
1. Get the Medication Log 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 Medication Log for the:				
• Right person				
• Right medication				
• Right dose				
• Right time (check the time on your watch/clock)				
• Right route				

## Appendix 4-B (cont.)

### Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

*Please initial each step when completed correctly.*

STEPS	Partner Check	Teacher Check		
		Attempt #1 Date	Attempt #2 Date	Attempt #3 Date
6. Again, as you prepare the medications, read the medication label and compare to the Medication Log for the:				
• Right person				
• Right medication				
• Right dose				
• Right time (check the time on your watch/clock)				
• Right route				
7. For tablets or capsules, pour the correct dose into the lid of the container and then into a small paper cup.				
8. For bubble packs, push tablets/capsules from the bubble pack into a small paper cup.				
9. 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 the correct dosage marking				
• Pour away from the medication label to avoid spills				
• Wipe off any spills				

## Appendix 4-B (cont.)

### Assisting Individuals with Self-Administration of Tablets, Capsules, and Liquid Medications

*Please initial each step  
when completed correctly.*

<b>STEPS</b>	Partner Check	Teacher Check		
		Attempt #1 Date	Attempt #2 Date	Attempt #3 Date
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 Medication Log for the:				
• Right person				
• Right medication				
• Right dose				
• Right time (check the time on your watch/clock)				
• Right route				
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. Record that the individual took his or her medication by initialing the date and time in the proper box on the Medication Log.				
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.				

# 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.**





**Errors and Omissions**

Date	Time	Medication Involved	Description of what happened (How discovered, effect upon person, sequence of events and individuals)	Who was notified, e.g. Doctor, Administrator, Emergency Services, etc.	Initials

Primary Care Physician: \_\_\_\_\_ Pharmacy: \_\_\_\_\_  
 Staff Signatures & Initials: \_\_\_\_\_ for \_\_\_\_\_ for \_\_\_\_\_

notes: • Staff initials date and time medication is taken  
 • If medication is taken at another location, use:  
 D= Day Program R= Relative or friend's home E= Elsewhere  
 Allergies: **None**

**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.

**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 ("d/c") 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 labels display this information.
- 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.
  - 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 **prescription or nonprescription** PRN medication if the client/resident cannot determine his/her need for a prescription or nonprescription PRN medication, and cannot communicate his/her symptoms when:
    - 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, and content of the physician contact made to obtain the required information is documented and maintained in the child’s file.
  - 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.

- Insulin and other injectable medications must be kept in the original containers until the prescribed single dose is measured into a syringe for immediate injection.
- Insulin or other injectable medications may be packaged in pre-measured doses in individual syringes prepared by a pharmacist or the manufacturer.
- Syringes may be pre-filled under the following circumstances:
  - Clients of Adult Residential, Social Rehabilitation, Adult Day and Adult Day Support Centers can self-administer pre-filled syringes prepared by a registered nurse, pharmacist or drug manufacturer.
  - Residential Care Facilities for the Elderly, Group Homes, and Small Family Homes must obtain exceptions from the licensing office for clients/residents to use pre-filled syringes prepared by a registered nurse.
  - The registered nurse (R.N.) must not set up insulin syringes for more than seven days in advance.
- Injectable medications that require refrigeration must be kept locked.

**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.

**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.
- 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 (RCFE) 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 page S-35).
- 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: _____	Dose (e.g., mg) and form (e.g., tabs)	When to take each dose?	For how long?
Generic: _____			

1. What is the medication supposed to do?
2. How long before I will know it is working or not working?
3. What about lab work to check the response to the medication? What type? How often? Where? Standing order?
4. If the individual misses a dose, what should I do?

*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?