



# Student Resource Guide

## 5. Medication Management: Part 2



### 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.

# Student Resource Guide: SESSION 5

## Medication Management: Part 2

### O U T C O M E S

When you finish this session, you will be able to:

- Describe Community Care Licensing requirements for storing medications.
  - Document medication-related information, including: self-administration, missed doses, errors, side effects, and drug interactions.
  - Identify medication side effects and drug interactions.
- Describe required reporting procedures in cases of medication side effects and drug interactions.
  - Identify appropriate responses to severe side effects that may be life threatening.
  - Identify procedures for destroying medication.
  - Describe procedures for packaging medication for self-administration away from the home.

### K E Y W O R D S

Key Word	Meaning	In My Own Words
<b>Allergic Reaction</b>	A physical reaction caused by an unusual sensitivity to a medication, (or insect sting or certain food.)	
<b>Medication</b>	Substance taken into the body or applied to the body for the purpose of prevention, treatment, relief of symptoms, or cure to prevent or treat an illness.	
<b>Medication Error</b>	Any time the right medication is not taken as prescribed.	
<b>Medication (Drug) Interactions</b>	The pharmacological result, either desirable or undesirable, of a mixture of drugs, foods, alcohol, or other substances, such as herbs or nutrients.	
<b>Ophthalmic</b>	Refers to the eyes.	
<b>Otic</b>	Refers to the ears.	
<b>PRN (<i>pro re nata</i>) Medication</b>	PRN is an abbreviation that means “as needed.” 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.	
<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.	

**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 handling and storing medications?

.....  
What do you **want to know** about handling and storing medications?

.....  
To be answered at the end of the session, during review:  
What **have you learned** about handling and storing medications?

## Handling Medications in Licensed Care Facilities

In this session you will learn about correct handling, ordering and storing of medications; recording and reporting medication errors; recording and problem-solving when an individual refuses a dose of medication; and assisting with self-administration of PRN medications. You will also learn more about observing, reporting, and recording medication side effects and drug interactions.

### Ordering Medications from the Pharmacist

It is essential that medications are ordered from the pharmacist on a regular basis so that the individual always has needed medication. It is a good idea to order refills a week before running out. New medications should be ordered immediately after being prescribed by the doctor.

### Storage

Community Care Licensing regulations require that all medications entering the home be logged in a Centrally Stored Medication and Destruction Log (Appendix 5-A). A record of centrally stored medications for each individual must be maintained for at least one year.

All medication in a licensed community care facility home must be centrally stored in locked cabinets or drawers, unless ordered otherwise. The medications must be stored as directed by the medication label instructions (refrigerated, or at room temperature, or out of direct sunlight, etc.).

If a centrally stored medication requires refrigeration, it must be in a locked container, separate from food items. It is recommended that you use a thermometer and keep the refrigerator in the 36–40 degree range.

If an individual takes medication without assistance, the medication must be locked in a secure place, such as a bedside drawer, in the individual's room.

### Destruction

Medications must be returned to the pharmacy or destroyed if:

- A medication is permanently discontinued by the doctor, or
- It is past the expiration date on the label, or
- An individual permanently leaves the home and does not take his or her medicine to their new residence.

The medication must be returned/destroyed by the facility administrator, or a designated substitute, and another employee. The County or City in which the facility is located may have additional requirements related to the destruction of medication.

Multidose packages must be returned to the pharmacy when a medication is discontinued. Document return or destruction of medications on the Medication Administration Log (MAR) and on the Centrally Stored Medication and Destruction Log required by Community Care Licensing.

Each facility should have a written procedure for the destruction of medication. You may also ask the pharmacist for information about the proper method of destruction of a specific medication.

## PRN Medications

**PRN medication** is taken “as needed” to treat a specific symptom. PRN medications include both prescription and over-the-counter medications. **PRN medications must always be ordered by a doctor.** Community Care Licensing has established specific requirements for staff to assist individuals with self-administration of PRN medications.

PRN medication must have the following information on the prescription label:

- Individual's name
- Name of medication
- Condition/reason for use
- Dosage
- Number of hours between doses (for example every 4 hours)
- Minimum number of doses in a 24 hour period

As you learned in Session 4, documenting PRN medications on the MAR include the following information:

- Date taken
- Initial of DSP assisting with their self-administration of medication
- Hour taken
- Name of medication
- Dosage
- Reason
- Results
- Hour results were determined
- Initial and signature on the bottom of the MAR

### Additional Requirements for Assisting Adults with PRN Medication

In an adult residential facility:

1. The DSP may assist an individual with self administration of his or her prescription or over-the-counter PRN medication when the doctor has stated in writing the individual is able to determine and clearly communicate his or her need for the PRN medication.

The doctor's signed, dated statement must be kept in the individual's record.

2. The DSP may assist an individual with self administration of his or her over-the-counter PRN medication when the doctor had stated in writing that the individual is unable to determine his or her need for the over-the-counter medication, but is able to clearly communicate the symptoms. The doctor's signed, dated statement must be kept in the individual's record.
  - The doctor's written order must also provide instructions regarding when the medication should be stopped, and instructions for when the doctor should be contacted for reevaluation.
  - 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.
3. DSPs designated by the administrator may assist an individual with self-administration of his or her prescription or over-the-counter PRN medication when the individual is unable to clearly communicate his or her symptoms.
  - Before assisting with each dose, the DSP must contact the individual's doctor, describe the symptoms and receive permission for assisting the individual.
  - The DSP must write the date and time of each contact with the doctor, the doctor's directions, and maintain this information in the individual's record.
  - 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.

## Refusal of Medications

An individual has the right to refuse his or her medication. It is the DSP's responsibility to work with and support the individual in taking his or her medicine. If an individual refuses to take the medication, ask "Why?" Do not try to crush or hide the medication in the individual's food to get him or her to take the medicine.

### Reasons for Medication Refusal and Possible Helpful Suggestions

The following is a list of some common reasons an individual might refuse to take his or her medication and suggestions on how to provide assistance.

#### Unpleasant Taste

- Give the individual ice chips to suck on just before taking the medication. This will often help mask the bad taste.
- Ask the doctor or pharmacist if the medication can be diluted to cover a bad taste. Ask the physician or pharmacist if there is a juice compatible with the medication that can be used (for example, apple juice). A note to this effect should be on the prescription label.
- Ask the doctor or pharmacist if crackers or juices may be provided afterwards to help cover up the bad taste.
- Ask the doctor or pharmacist if the medication can come in a different form (i.e., capsule instead of tablet).

#### Unpleasant Side Effect - Drowsiness

Report the unpleasant side effect and ask the prescribing doctor if the individual can take the medication at a different time such as before bedtime. Also, ask about changing the medication or treating the side effect.

#### Lack of Understanding

Provide simple reminders on what the name of the medication is and what the medication does. For example, "This is Depekene medication that stops your seizures."

#### Denial of Need for Medication

Discuss the need for the medication, but do not argue. It may help to show the individual a statement written by the doctor; for example, "Alma, you take your heart medication everyday."

#### Documenting and Reporting



Medication refusal must be documented on the medication record. Contact the prescribing doctor immediately. Refusal of medication may indicate changes in the individual that require the doctor to reevaluate the individual's needs. The doctor may be able to accommodate an individual's medication preference or special health consideration. Any unused dose should be set aside and documented, then destroyed as per facility procedures.

Even though it is not required, it is a good idea to send a Special Incident Report (SIR) to the regional center when an individual that you support refuses their medication.

## Packaging of Medications for Dose Away from Home

The DSP may package a single dose of each medication needed for no more than a day to be taken at work, a day program, or elsewhere, such as on a home visit. With the doctor's written approval, the medication can be carried by the individual who will take it. Otherwise, the medication is to be given to a responsible party in an envelope or similar container labeled with:

- The facility's name, address, and phone number.

- The individual's name.
- Name of the medication(s).
- Instructions for assisting with self-administration of the dose.

If an individual is regularly taking a dose of medication at school or at a day program, tell the doctor and pharmacist. The doctor may order a separate prescription for a particular dose of medication.

## Medication Errors

Every **medication error** is serious and could be life threatening. The DSP's job is to safely assist individuals to receive the benefits of medications. Preventing medication errors is a priority. In this training you have learned the best way to help individuals take medication safely and to reduce the risk of errors. But even in the best of situations, errors may occur. When they do, you need to know what to do.

A medication error has occurred when:

- The **wrong person** took the medication.
- The **wrong medication** was given.
- The **wrong dosage** was taken.
- Medication was taken at the **wrong time**.
- Medication was taken by the **wrong route**.
- Medication was taken for the **wrong reason**.
- Medication was **not** taken.

**Every medication error is serious and could be life threatening.**

If an error does occur, it must be reported immediately to the prescribing doctor. Follow the doctor's instructions. The error must be recorded either in the MAR or other document specific to your home. The record should include the date, time, medication involved, description of what happened, who was notified, doctor's name, instructions given, and action taken.

Any medication error is a Special Incident that must be reported to Community Care Licensing and the regional center. Follow the procedures for Special Incident reporting outlined in Session 3 and for the home where you work.

### **Remember, Prevention Is the Number One Priority.**

You can prevent errors by:

- Staying alert.
- Following the **Seven Rights**.
- Avoiding distractions.
- Knowing the individual and his or her medications.
- Asking the administrator for help if you are unsure about any step in preparing, assisting, or documenting medications.



## ACTIVITY

### Documenting Medication Errors

**Directions:** Read each scenario and identify the error. Describe what action the DSP should take and what actions can prevent this in the future.

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#### Scenario #1

You are working as a DSP on the evening shift. All six individuals living in the home are present. This morning, Ruth Ann Jones, age 55, moved into the home. Ruth Ann is diagnosed with intellectual disabilities. You are assisting with the evening medications, and this is the first time you are assisting Ruth Ann. When you look at the MAR, you notice that Ruth Ann takes many medications. These include:

- Prilosec 20 mg daily (8 a.m.)
- Prozac 20 mg twice daily (8 a.m. and 12 p.m.)
- Haldol 2 mg 3 times a day (8 a.m., 12 p.m., and 5 p.m.)
- Inderal 40 mg 3 times a day (8 a.m., 12 p.m., and 5 p.m.)
- Peri-Colace 2 capsules at bedtime

You prepare the medications and assist Ruth Ann in taking them. When you sit down to document the medications given, you notice that only two, Haldol and Inderal, were to be given at 5 p.m. You gave the four medications ordered for earlier in the day, which included Prilosec and Prozac, as well as Haldol and Inderal.

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**What was the error?**

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**What should you do?**

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**What can the DSP do to prevent this from happening again?**

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*Continued*

**A C T I V I T Y****Documenting Medication Errors (cont.)****Scenario #2**

You are a DSP working in a small family home for children under the age of 18. There are six children in your home under the age of 8. You have prepared the medications for Sarah, who is 2 years old. The medications include:

- Proventil syrup 2 mg/5 mL  
Take 5 mL daily in the morning
- Tegretol 100 mg/5 mL  
Take 5 mL twice daily
- Cisapride 1 mg/1 mL  
Take 3 mL four times a day, before meals and before sleep

It is 8 a.m. You help Sarah take 5 mL of each medication. When you document on the MAR, you notice the Cisapride was ordered 3 mL four times a day.

***What was the error?***

***What should you do?***

***What can the DSP do to prevent this from happening again?***

**Scenario #3**

You have prepared morning medications for Guy. Jack calls from another room and wants assistance. You get up and go to the other room. When you return, you see Mike, Guy's roommate, finishing Guy's medication.

***What was the error?***

***What should you do?***

***What can the DSP do to prevent this from happening again?***

## Monitoring the Effects of Medication

Unintended extra actions of medication, called **side effects**, can occur at any time. Some mild side effects may disappear after a short time. Others may continue the entire time the medication is taken and sometimes beyond. Some side effects are mild while others are life-threatening.

In the home where you work, it is important to learn about the medications each individual is taking. It's also important to know what possible side effects may occur.

The pharmacist is a good source for information about the effects of medication. Medication information sheets should come with every new medication. Pharmacists should talk with each individual receiving a new medication (or change in dose), but you may have to ask questions and request written material. Also, be sure to ask the individual's doctor what kind of reactions should be brought immediately to his or her attention. It is helpful to write possible side effects in the individual's MAR and attach the medication information sheet to the individual's record.

Physical and behavioral changes that are due to the effect of a medication are often difficult to identify. There may be many different reasons for the same sign or symptom. A change in behavior may be due to a medication change or a change in the person's environment. A sore throat may be one of the first symptoms of a cold or may be a side effect of a medication.



Your responsibility is to consistently and accurately observe, report, and record any change in the normal daily routine, behavior, ways of communicating, appearance, physical health, and general manner or mood of the individual you support. Interpretation (deciding the meaning) of an observed side effect is the responsibility of the individual's doctor.



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### Monitoring for the Effects of Medication

- For each individual you support, know the intended and unintended effects of each medication he or she takes.
- Observe for intended and unintended effects of the medication.
- Document what you observe.
- Report observations to the doctor.
- Follow the doctor's directions to continue, change, or discontinue the medication.
- Monitor the individual closely for side effects when a new medication has been prescribed or the dosage has changed.

## Monitoring the Effects of Medication (cont.)

### Common Side Effects of Medication that You Should Report to the Doctor

#### Include:

- Skin rash
- Increased heart rate or feeling like the heart is racing
- Changes in sleep
- Decreased energy
- Excessive sleepiness
- Changes in weight or eating patterns
- Tremors, shakiness
- Balance problems
- Shuffling when walking
- Confusion
- Changes in ability to concentrate
- Hyperactivity
- Abnormal movements (face, tongue, or body)
- Muscle pain
- Stooped posture
- Blank facial expression
- Feeling dizzy or light-headed
- Dry mouth

- Constipation
- Blurred vision
- Diarrhea
- Nausea
- Vomiting
- Increased risk of sunburn

### Tardive Dyskinesia

Tardive dyskinesia (TD) is a potential long-term side effect of anti-psychotic medications such as Mellaril, Thorazine, Risperdal, and Zyprexa. Symptoms include involuntary, repetitive, persistent movements, such as rapid eye blinking, puckering, chewing motions, or facial grimacing. Symptoms may worsen if the medication is not reduced or discontinued. TD can become permanent. Discuss this risk with the psychiatrist or doctor before starting antipsychotic medications. Monitor individuals for these serious side effects on a regular basis. If any possible side effects are observed, contact the health care provider immediately.

## Medication Interactions

**Medication interactions** may occur between two or more drugs and between drugs and food and drink. Medication interactions may cause unwanted side effects.

Drug interactions may be between:

- Two or more drugs
- Drugs and food
- Drugs and drink

Alcohol, a common drug, in combination with any of the following medications is especially dangerous:

- Antianxiety drugs, such as Librium, Valium, or Xanax
- Antidepressants
- Antiseizure medicines
- Antihistamines
- Ulcer and heartburn drugs such as Zantac® and Tagamet®
- Some heart and blood pressure medicines

## Guidelines for Reporting a Suspected Adverse Reaction to Medication

When you suspect that the individual is having a bad reaction to a medication, urgent medical care may be needed. Report the suspected reaction to the doctor and follow the doctor's advice. When you talk to the doctor, be prepared to give the following information:

- A list of the individual's current medications.
- Description of how the individual looks (pale, flushed, tearful, strange facial expression, covered in red spots).
- Description of any changes in individual's behavior or level of activity.
- Description of what the individual says is wrong or is hurting.
- When the symptoms of a reaction first started.
- Description of any changes in bodily function.
- Is the individual eating or drinking? Does he or she have a good appetite or no appetite? Any nausea, vomiting, diarrhea, constipation, problems urinating?
- Description of any recent history of similar symptoms, any recent injury or illness, or any chronic health problem.
- Description of any known allergies to food or medication.

### Anaphylaxis: Severe, Life-threatening Allergic Reaction

Some individuals have a severe sensitivity, or allergic reaction, to medications, especially penicillin. The allergic reaction is sudden and severe and may cause difficulty breathing and a drop in blood pressure is called anaphylactic shock. If an individual has had a severe allergic reaction to a medication or insect stings or food, he or she should wear an identification bracelet that will tell health professionals about the allergy.

Call 911 immediately to get emergency medical care if signs of a severe allergic reaction develop, especially soon after taking a medication. Signs of an allergic reaction include:

- Wheezing or difficulty breathing
- Swelling around the lips, tongue, or face
- Skin rash, itching, feeling of warmth, or hives

Some individuals have a severe allergy to insect stings or certain foods. If an individual shows any of these same signs of a severe allergic reaction soon after eating a food or being stung by an insect, call 911 immediately to get emergency medical care.

## Following Doctor's Orders for Tests

Some medications such as Tylenol®, Lithium or Depakene can be toxic and cause damage, especially if taken for a long period of time. Some individuals respond differently to medications; that is, some use and break down medications in their body slower or faster than others. For this reason, physicians sometimes start a new medication at low doses and increase it in response to signs of a desired effect, such as fewer seizures or better sleep patterns.

Blood tests that analyze the levels of medications in an individual's blood can be important. Physician's orders for lab tests and follow-up appointments must be followed. Blood tests help the physician determine the effectiveness of the medication and the future course of treatment.

**PRACTICE AND SHARE**

Think about the individuals you support and the medications they take.  
Pick one medication. Learn about the possible side effects for that medication.

**Session 5 Quiz****Medication Management, Part 2**

- 1. Which is the “best practice” standard of medication management for the DSP?**
  - A) Record every medication dose and every medication error
  - B) Record only the first and last medication doses of each day
  - C) Record medication errors that occur twice or more in a 24-hour period
  - D) Record any medication doses
- 2. Which choice below is the best source of information on the side effects of medication?**
  - A) An individual's parents or family
  - B) A medication information sheet from the pharmacy or a doctor
  - C) Television advertisements about the medications
  - D) The facility administrator and other DSPs
- 3. A PRN medication:**
  - A) Is administered whenever the DSP decides
  - B) Must be ordered by a doctor
  - C) Is only over-the-counter medication
  - D) Does not have to be recorded in the individual's MAR
- 4. When a medication error occurs:**
  - A) The error requires special incident reporting only if it is life-threatening
  - B) Both 911 and the individual's doctor must be informed
  - C) The error must be reported to the regional center as a Special Incident.
  - D) The facility administrator decides whether a Special Incident Report is needed
- 5. The MAR must be updated:**
  - A) As soon as a new DSP comes on duty
  - B) As indicated by directions on the medication label
  - C) Whenever a prescription is changed
  - D) At least one hour before each medication
- 6. Community Care Licensing regulations require that all drugs in the home must be:**
  - A) Bought at a local pharmacy
  - B) Located near the individual for whom they are prescribed
  - C) Logged in a medication record
  - D) Carried by the DSP responsible for their administration

## Session 5 Quiz (cont.)

7. **When an individual's medication is discontinued:**
- A) It should be stored in a locked cabinet
  - B) It may be given to another individual
  - C) The facility must follow the CCL regulations for medication destruction
  - D) It may not be returned to the pharmacy
8. **If a medication error results in a life threatening situation, the DSP should:**
- A) Call 911 for assistance immediately
  - B) Speak to the individual's doctor before taking any action
  - C) Wait until the individual has difficulty breathing before calling 911
  - D) Speak with the facility administrator before taking any action
9. **Medication taken away from the care facility must be packaged:**
- A) In a box with the pharmacy's name and phone number
  - B) With a label of the facility's name, address and phone number and the individual's name, name of medication and instructions
  - C) With instructions for administration
  - D) With the name and phone number of the DSP and a copy of the medication information sheet
10. **Drug interactions can occur between:**
- A) Two or more drugs
  - B) Two different people
  - C) Drugs and water
  - D) Alcohol and food

# Appendices





## Appendix 5-B

### Common Medication Classifications

Drugs are divided into classifications with other medications that affect the body in similar ways. Thousands of medications are on the market in many classifications. Here is a list of medication classifications and examples as categorized by the U.S. Food and Drug Administration\*:

- Anesthetic: Topical, ophthalmic, etc.
- Antidotes: Antitoxins, anaphylaxis treatment
- Antimicrobial: Antibiotics, antifungals
- Hematologic: Anticoagulants, blood substitutes
- Cardiovascular-renal: Antihypertensives, diuretics
- Central nervous system: Sedatives, antianxiety, antipsychotic and antidepressant medications
- Gastrointestinal: Antidiarrheals, laxatives, antacids
- Hormones: Estrogen, thyroid medication, contraceptives
- Immunologics: Vaccines
- Metabolic/nutrients: Vitamins, supplements
- Mucous membrane/skin: Disinfectant, antiperspirant, Sunscreen, acne products
- Neurologic: Anticonvulsants
- Oncolytics: Antibiotics, antimetabolites
- Ophthalmics: Decongestants, antiallergy medication, contact lens products
- Otologics: ear drops, motion sickness medication
- Relief of pain: Analgesics, antimigraine and antiarthritic medications
- Antiparasitics: Scabicides
- Respiratory tract: Antiasthmatics, bronchodilators, cold sore and canker medication
- Homeopathic products

Many drugs, because of their multiple uses, can be found in more than one classification. For example, Benadryl® is an antihistamine, which relieves allergy symptoms. It's also a sedative to promote sleep.

\* The FDA plans to review the current classification scheme because it has not been updated recently and many new molecular entities are not included. Information accessed February 2010 at <http://www.fda.gov/Drugs/InformationOnDrugs/ucm142438.htm>

### Community Care Licensing Incidental Medical Services

#### Requirements for Health Related Services

By law, CCFs provide non-medical, residential services. Over the years, however, legislative and regulatory changes have permitted certain health-related services to be delivered in CCFs. These changes include:

- Hospice care homes for the elderly
- Certain specialized health care services for medically fragile children
- Incidental medical care for adults

It is unlawful for CCFs to accept (or retain) individuals who have certain health care needs that require nursing services.

Individuals with restricted health conditions—for example, who have the need for oxygen or insulin-dependent diabetes—can be served in CCFs if the following standards are met:

- Willingness of the licensee to provide needed care
- The condition is stable or, if not, temporary and expected to become stable
- The individual is under the care of a licensed professional
- A licensed health professional provides training and supervision to unlicensed staff assisting with special or incidental medical care

Services and support to children and adults with special or incidental medical care needs are beyond what is covered in this module and will not be discussed further. Staff working in homes that provide special or incidental medical care must be trained and supervised by a licensed health care professional and follow an individual Health Care Plan.

#### Incidental Medical Services

Prohibited Health Conditions:

Individuals who require health services or have the following health conditions cannot be served in community care licensed Adult Residential Facilities (ARFs):

- Naso-gastric and naso-duodenal tubes
- Active, communicable tuberculosis (TB)
- Conditions that require 24-hour nursing care and or monitoring
- Stage 3 and 4 dermal ulcers
- Any other condition or care requirements which would require the facility to be licensed as a health facility

Restricted Health Conditions:

Individuals with the following conditions may be served in an ARF if the requirements for restricted health conditions are met:

- Use of inhalation-assistive devices
- Colostomy or ileostomy
- Requirement for fecal impaction removal, enemas, suppositories
- Use of catheters
- Staph or other serious, communicable infections
- Insulin-dependent diabetes
- Stage 1 or 2 dermal ulcers
- Wounds
- Gastrostomies
- Tracheostomies

## Appendix 5-D

### Eye Drops and Eye Ointment

Ophthalmic medications are those put into an individual's eyes. They may be in eye drop or ointment form.

1. Wash hands.
2. Explain procedure to individual and position him or her, either sitting with head tilted back or lying down.
3. Have a clean separate tissue, gauze, or cotton ball available for each eye.
4. Wipe the lid and eyelashes clean before instillation of the eye drop. Always wipe from inside to outside. Always use fresh gauze or tissue to clean each eyelid.
5. If an eyedropper is used, draw up only the amount of solution needed for administration.
6. Hold the applicator close to the eye, but do not touch eyelids or lashes. This will keep the applicator clean and free from bacteria.
7. Instruct the individual to look up. Place index finger on cheekbone and gently pull lower lid of the eye down to form a pocket.
8. For eye drops, instill (drip) the prescribed number of medication drops into the pocket formed by the lower lid. For eye ointment, put a thin line of ointment in the pocket. Avoid dropping medication on the cornea, as this may cause tissue damage and discomfort.
9. Release lower lid and let individual blink to distribute medication.
10. Wipe excess liquid with gauze or clean tissue and make comfortable. Observe. Eye ointment can cause some temporary blurring of vision.
11. Instruct the individual to keep eye closed for one to two minutes after application to allow for absorption of the medication. Caution the individual not to rub his or her eyes.
12. Recap medication and store bottle away from heat and light in locked medication storage area.
13. Document Treatment.

### Ear Drops

Otic medications are those put into an individual's ears. Typically, otic medications are in liquid drop form.

1. Wash hands.
2. Explain to the individual what you are going to do as you warm the drops to body temperature by holding the bottle in your hand for a few minutes before applying.
3. Have the individual lie on his or her side with the ear to be treated facing upward.
4. For adults, gently pull the ear lobe away from their neck. Hold the dropper over the ear opening and allow the prescribed number of drops to fall into the ear.

Caution: Never use an ear wick or "Q-Tip" to administer drops into the ear. The individual's doctor will provide special instructions if ear wicks and ear packs are to be used.

5. For children under 3 years of age, pull the external part of the ear down and back. Hold the dropper over the ear opening and allow the drops to fall into the ear. Take care not to contaminate the dropper by touching the external ear.
6. Have the individual remain on his or her side for a few minutes after administering to allow medication to spread into the ear canal and be absorbed.
7. If both ears require medication, leave individual on his or her side for a few minutes and then repeat procedure in the other ear.
8. Give individual a tissue to wipe away excess liquid. Observe.
9. Recap medication and store bottle away from heat and light in locked medication storage area.
10. Document Treatment.

### Topical Medications

Topical medications are those applied directly to the skin or to certain areas of the body. Topical medications are usually lotions or creams.

1. Wash hands and put on gloves. Frequently, when an individual requires application of a liquid, cream or ointment, there may be breaks or sores on the skins surface.
2. Explain to the individual what you are going to do.
3. Being mindful of privacy, assist the individual to expose the area where the topical medication is to be applied. Make sure clothing and bedding are protected.
4. Open the container and remove the prescribed amount of the product to be applied.
5. Gently apply the lotion or cream, following the instructions on the medication label.
6. Remove gloves carefully and dispose of using standard precautions.
7. Wash your hands.
8. Recap container and return to locked storage area.
9. Document Treatment.



# Appendix 5-G

## 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 \_\_\_\_\_ 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: