



# Student Resource Guide

## 3. Medication Management



### 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 session.

# Student Resource Guide: SESSION 3

## Medication Management

### O U T C O M E S

When you finish this session you will be able to:

- Understand the benefits and risks of medications.
- Read and understand a medication information sheet.
- Describe ways to help individuals lower risks and obtain benefits from their medication.
- Identify common classifications of medication used by individuals.
- Read and understand prescription medication labels.
- Explain the Seven Rights of assisting an individual with self-administration of medication.

### K E Y W O R D S

Key Word	Meaning	In My Own Words
<b>Allergic Reaction</b>	A reaction caused by hypersensitivity to a medication. An individual may get hives, become nauseated and vomit, or in rare instances have shortness of breath and severe trouble breathing.	
<b>Anticonvulsant Medication</b>	Medications prescribed to control seizure activity in individuals with epilepsy.	
<b>Documentation</b>	The written recording of events, observations, and care provided.	
<b>Drug</b>	Substance or compound having a physiological effect when introduced into the body.	
<b>Generic Name</b>	The name given by the federal government to a drug.	
<b>Medications</b>	Substances taken into the body or applied to the body for the purpose of prevention, treatment, relief of symptoms, or cure.	
<b>Medication Error</b>	Any time the right medication is not administered as prescribed to the right person, in the right amount, at the right time, by the right route, for the right reason/condition, and right documentation.	
<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 other nutrients.	

## KEY WORDS (CONT.)

Key Word	Meaning	In My Own Words
<b>Over-the-Counter (OTC) Medications</b>	Medications, including aspirin, antihistamines, vitamin supplements, and herbal remedies, that may be obtained without a written prescription.	
<b>Pharmacy</b>	The practice of preparing and dispensing drugs. The physical building where drugs are dispensed is also referred to as the pharmacy or drugstore.	
<b>Pharmacist</b>	A licensed person who prepares and dispenses drugs and is knowledgeable about a drug's contents.	
<b>Physician</b>	A person licensed to practice medicine. For the purpose of prescribing medications only, the term includes health care professional authorized by law to prescribe drugs, i.e., physician/doctor, psychiatrist, dentist, dermatologist, etc.	
<b>NP/PA</b>	A nurse practitioner (NP) or physician's assistant (PA) can also prescribe medications 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, including a dentist, nurse practitioner, and physician assistant.	
<b>PRN (pro re nata) 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>Psychotropic Medication</b>	Central nervous system drugs, which effect a person's thinking or feeling.	
<b>Side Effects</b>	An extra and usually bad reaction or effect that a drug has in addition to treating an illness. Some side effects, such as a severe allergic reaction, can be deadly.	
<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 medication?

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

To be answered at the end of the session, during review:  
What **have you learned** about assisting individuals with medication?

## The Benefits and Risks of Medications

**A**lthough medications can make you feel better and help you get well, it is important to know that all medications, **prescription**, **over-the-counter**, and **PRNs** have risks as well as benefits.

The benefits of medicines are the helpful effects you get when you use them, such as controlling seizures, lowering blood pressure, curing infection, or relieving pain.

The risks of medicines include the chance that something unwanted or unexpected could happen to the person taking the medication. Following are several types of medication risks:

- The possibility of harmful **interactions** between the medicine and a food, beverage, vitamins and herbal supplements, or another medicine.
- The chance that the medicine may not work as expected and that it may cause additional problems or have a **side effect**.
- The possibility that there may be a medication error. **Medication errors** are preventable events that may cause or lead to inappropriate medication use or harm to the user.

The Food and Drug Administration evaluated nationwide reports of fatal medication errors that it received during a five year period and found that the most common types of errors involved administering an improper dose, giving the wrong drug, and using the wrong route of administration. Errors were caused by a lack of skill and/or knowledge and communication errors.

### Ways to Lower Risks and Help Individuals Get the Benefits of Medication

There are many things that you can do to lower the risks of medications for

the individuals you are assisting, including talking to the **doctor** and **pharmacist**, learning about the medication, reading the label and following the doctor's orders, being aware of and avoiding possible drug or food interactions, monitoring for side effects, and knowing and practicing medication safety when assisting with self-administration.

### Talk to the Doctor and Pharmacist

Before the doctor writes the order for a medication, make sure that he or she knows about other medications being taken by the individual and any allergies or sensitivities. Tell him or her about anything that could affect the person's ability to take medication; for example, difficulty swallowing.

Rather than simply letting the doctor write the order and send you and the individual on your way, ask questions and write down the answers. Find out what drug is being ordered and why. Find out how the drug should be taken and make sure you understand the directions. For example:

- Does three times a day mean eight hours apart or at meal times?
- Are there any medications, foods, or drinks that the individual should avoid?
- Are there any side effects that might occur and what should you do about them?

Ask the pharmacist all of the same questions. Check those answers against the ones you wrote down when you talked to the doctor. If anything is unclear, ask again. Ask the pharmacist for a copy of the medication information sheet and have him or her go over it with you (Appendix 3-I, Sample Medication Information Sheet). If you still have questions when you get home, call the doctor or pharmacist. It is best to be cautious if you are unsure about anything.

## The Benefits and Risks of Medications (cont.)

When talking to the doctor and the pharmacist, use the Medication Safety Questionnaire (Appendix 3-J) and make sure that you get all the questions answered. Write down the answers and keep the information in the individual's record.

### Know About Prescription, Over-the-Counter, and PRN Medications

Remember that in a licensed community care facility, all medications—including prescription, over-the-counter, and PRNs—must be ordered by a doctor.

Make sure you know:

- The brand name and the generic name of each medication.
- What the medication looks like.
- How to store the medication properly.
- When, how, and how long to use the medication.
- How and under what conditions you should stop using it.
- What to do if a dose is missed.
- What the medicine is supposed to do.
- Any side effects or interactions
- If any tests or monitoring are needed.

Again, using the Medication Safety Questionnaire will help you get answers to all of your questions (see Appendix 3-J). Other sources of information include a current Physician's Desk Reference (PDR), and nursing drug handbooks. You can also find information online at [www.drugs.com](http://www.drugs.com).

### Read the Label and Follow the Seven Rights

When preparing to assist with medication, there are several things the DSP should do to minimize medication risks:

- Always prepare medication in a clean and well lighted area.
- Allow plenty of time (to avoid rushing) and stay focused.

- Prepare and assist in a quiet place, to minimize distractions.

When assisting with self-administration of medication, make sure you:

- Understand the directions on the label.
- Check, double check, and triple check that you have the right person, right medication, right dose, right time, right route, right reason, and ensure right documentation (the "Seven Rights").
- Always keep medications in their original, labeled container.

*Only one DSP should be assisting an individual with medications at any given time and that DSP should be allowed to focus only on the medications.*

### Record Each Medication Dose

Record each dose at the time the medication is taken by the individual—not before and not hours later.

Use a Medication Administration Record (MAR) in Appendix 3-C to document the date and time, and to initial for each dose of medication the DSP assisted with including PRN medications. Also record any medication errors; for example, a missed dose (see Appendix 3-G).

The DSP can use the sample MAR provided in this Session (or ask the pharmacist to provide a medication administration record form). The MAR includes key information about the individual, including any known drug allergies, and information about the individual's medications, including the name of the medication, dose, times to take the medication, and how it should be taken. It is advised that pre-made pharmacy labels containing all of the medication information be placed on the MAR, along with pre-made warning labels. Whenever a prescription is changed, the Mar must be updated.

## The Benefits and Risks of Medications (cont.)

### Avoid Interactions

Before starting any new medications, find out if interactions are possible with other medications, vitamins, herbal supplements, drinks, or foods. It is common for two or more medications to interact causing 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. **Follow the doctor's instructions for use.**

It is a good idea to use the same pharmacy for all of your medication needs. In this way the pharmacist who fills each prescription will have a record of all medications prescribed for the individual and be able to more readily identify any possible drug interactions.

### Observe for Intended and Unintended Effects

Examples of unintended effects, often called side effects, are when a medication makes an individual feel nauseated, confused, dizzy, or anxious; causes a rash; or causes a change in a bodily function such as appetite, sleep pattern, or elimination.

Your responsibility is to know the medications; know the intended and unintended side effects of medication(s) each individual is taking. It is important 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.

Physical and behavioral changes that are due to possible side effects of a medication are often difficult to sort out. Deciding the meaning of an observed side effect is the responsibility of the individual's doctor.

### Know When to Get Help

Some individuals have severe, life-threatening allergies to medications, especially penicillin. The **allergic reaction** is sudden and severe and may cause difficulty breathing and a drop in blood pressure (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. When in doubt, always err on the side of caution and report the incident.

### Requirements for Assisting with Medication

In California, Community Care Licensing regulations are very specific regarding requirements for assisting with medications. Some regulations are different based on the age of people living in the home and the home's licensing category; for example, Adult Residential Facility or Small Family Home. Specific information on these requirements is included in the Community Care Licensing Division's *Self-Assessment Guide, Medications Booklet*, September 2002, found in Appendix 3-H.



## Medication Labels

The following information will help you to correctly read a medication label.

Medications have both a **generic name** and a **trade name**. A drug's generic name is given by the federal government. A medication's trade or brand name is given by the manufacturer. 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 show either name as well.

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

- Pharmacy/pharmacist name, address, and phone number
- 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
- Reason/Condition for which prescribed (most pharmacies include this information if it is on the doctor's order)

The following is an example of a typical medication label:

ABC Pharmacy	
1017 25th St. Sacramento, CA	
(123) 555-7890	
Dr. Diaz	
RX 10387	9/30/17
JACOB SMITH	
TAKE 1 TABLET ORALLY FOR	
SEIZURES (8 A.M)	
TEGRETOL 400 mg	
#30 TABLETS	
EXPIRES: 3/31/19	REFILLS: 2
MFG: MANY MEDICATIONS, INC	
FILLED BY: BRS	

### Label Warnings

Medication containers may also have separate warning labels put on by the pharmacist. For example, "Medication should be taken with plenty of water." Other warnings include:

- For external use only.
- Do not take dairy products, antacids, or iron preparations within one hour of this medication.
- Finish all medication unless otherwise directed by prescriber.
- May cause discoloration of the urine or feces.
- May cause drowsiness or dizziness.
- Take medication on an empty stomach one hour before or two 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.

Never "scratch out," write over, or change a drug label in any way. Instead, return to the pharmacy to have the container relabeled. Any change to a prescription requires a doctor's written order that must be filled by a pharmacist.



## Medication Labels (cont.)

### 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. The Institute for Safe Medication Practices (ISMP) recommends error prone abbreviations not be used. Where possible, write out the word. For example: instead of “D/C” write discontinue or discharge. (Source: <http://ismp.org/>)

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

## A C T I V I T Y

### Filling in a Medication Safety Questionnaire

**Directions:** Use the sample Tegretol® medication label below and the Medication Information Sheet in Appendix 3-1 on pages S-46 and S-47. Answer the questions on the Medication Safety Questionnaire on page S-10 as a class.

ABC Pharmacy  
1017 25th St, Sacramento, CA  
Phone: 123-555-7890  
Dr. Diaz  
Rx: 10387  
JACOB SMITH                      9/30/17  
TAKE ONE TABLET ORALLY FOR SEIZURES (8 A.M.)  
TEGRETOL 400 mg  
#30 TABLETS  
EXPIRES: 03/31/19              Refills: 2  
MFG: MANY MEDICATIONS, INC.  
Filled by: BRS

## Medication Safety Questionnaire

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

1. What is the medication supposed to do (what condition does it treat)?
2. How long before I will know it is working or not working?
3. If the individual misses a dose, what should I do?
4. What is the expiration date?

.....

### *INTERACTIONS?*

5. Should this medication be taken with food?       Yes     No  
     At least one hour before or two hours after a meal?       Yes     No
6. Are there any foods, supplements (such as, herbs, vitamins, minerals), drinks (alcoholic, for example), or activities that should be avoided while taking this medication?  
 Yes (Which ones?) \_\_\_\_\_  
 No \_\_\_\_\_
7. Are there any other prescription or over-the-counter medications that should be avoided?  
 Yes (Which ones?) \_\_\_\_\_  
 No \_\_\_\_\_

.....

### *SIDE EFFECTS? IF SO, RESPONSE?*

8. What are common side effects?
9. If there are any side effects, what should I do?
10. If the drug is being prescribed for a long period of time, are there any long-term effects?

## Common Classifications of Medication

Drugs are divided into classifications or groups, with other medications that affect the body in similar ways. Many drugs with multiple uses can be found in more than one classification. Some common classifications of medications used by individuals with intellectual/developmental disabilities include:

- Anticonvulsants
- Antibiotics
- Pain medications
- Topical ointments or creams
- Psychotropic medications, which include antidepressants and antipsychotics

### **Anticonvulsants or Antiseizure Medications**

Seizures can be treated by medications. Medications prescribed to control seizure activity in individuals with epilepsy are often referred to as anticonvulsants.

The type of seizures an individual has determines which anticonvulsant the physician prescribes. It is very important for you to provide accurate information to the doctor on the symptoms of the individual's seizure so that the most appropriate medication can be prescribed.

Prior to the discovery of Dilantin in 1938, bromides and barbiturates, such as Phenobarbital, were about the only drugs available to treat seizures. Today many less sedating medications are used to treat epilepsy. Some of the more common anticonvulsants are Depakene, Tegretol, Neurontin, Lamictal, Topamax, and Keppra.

Many anticonvulsants, when taken with other drugs in the same or different classifications, interact; that is, affect the amount and usefulness or impact each other.

Some anticonvulsants deplete vitamins so the person may need a multi-vitamin supplement and extra folic acid. Be sure to ask the doctor or pharmacist. The doctor may not think about this nutritional issue unless you bring it up.

A number of prescription, OTC, and PRN medications, such as antipsychotics, Ibuprofen, as well as alcohol and illicit drugs such as cocaine and amphetamines, increase the likelihood of a seizure.

Most anticonvulsants have central nervous system effects including effects on thinking (especially Phenobarbital). Effects include dizziness, sedation, mood changes, nervousness, or fatigue.

## Common Classifications of Medication (cont.)

Common side effects of anticonvulsants or antiseizure medications include:

- Sleepiness, lethargy, cognitive impairment, altered gait, seizure breakthrough, and memory loss are typically related to the dosage.
- Stomach upset (especially with Tegretol and Depakote), diarrhea, gum growth and swelling (with Dilantin), weight gain, and hair loss or growth.
- Liver or kidney dysfunction, hyperactivity, aplastic anemia, allergic response.

To get information about side effects, talk to the prescribing doctor and the pharmacist who fills the prescription. Also ask the pharmacist for a copy of the medication information sheet and have him or her review it with you. A current Physician's Desk Reference (PDR) and nursing handbooks for valuable resources for learning about medication. Websites such as [www.drugs.com](http://www.drugs.com) can also a good resource.

### Psychotropic Medications and Psychiatric Disorders

Psychiatric disorders may involve serious impairments in mental or emotional functioning, which affect a person's ability to perform normal activities and to relate effectively to others.

Many individuals with intellectual/developmental disabilities who also have a psychiatric disorder are treated with psychotropic medications alongside other interventions.

**Psychotropic medications** are central nervous system drugs that affect a person's thinking or feeling. Following is information on three types of psychiatric disorders for which individuals might take medication.

### 1. Mood Disorders

Two main types of mood disorders are  
a. *Depression* (lasting two or more weeks), which can mean feelings of hopelessness or even self-destruction; for example, not wanting to eat or get out of bed in the morning.

Antidepressants are used to treat depression. Antidepressant medications include:

- Tofranil (*generic: imipramine*)
- Norpramin (*generic: desipramine*)
- Wellbutrin (*generic: bupropion*)
- SSRIs (selective serotonin reuptake inhibitors—a new class of medications) include:
  - Luvox (fluvoxamine)
  - Paxil (paroxetine)
  - Prozac (fluoxetine)
  - Zoloft (sertraline)

b. *Bipolar Disorder*, historically called Manic Depression, is often marked by extremes in mood, from elation to deep despair and/or manic periods consisting of excessive excitement, delusions of grandeur, or mood elevation.

Lithium is used to treat bipolar disorders. Taking this drug requires close monitoring with frequent blood tests.

### 2. Schizophrenia

Schizophrenia can mean hallucinations and sensory misperceptions; delusions (strange ideas or false beliefs, including paranoia); distorted misinterpretation and retreat from reality; ambivalence; inappropriate affect; and bizarre, withdrawn, or aggressive behavior.

## Common Classifications of Medication (cont.)

Major tranquilizers are used for schizophrenia, anxiety, and severe behavior problems.

These include:

- Haldol (haloperidol)
- Mellaril (thioridazine)
- Proloxin (fluphenazine)
- Risperdal (risperidone)
- Serentil (mesoridazine)
- Thorazine (chlorpromazine)

### 3. Anxiety Disorders

Anxiety disorders are typified by tension, fear, apprehension, discomfort, and distress. Two main types of anxiety disorders are:

- a. Generalized Anxiety Disorder
- b. Obsessive-Compulsive Disorder

Anti-anxiety medications are used to treat anxiety disorders and include:

- Buspar (buspirone)
- Librium (chlordiazepoxide)
- Valium (diazepam)
- Xanax (alprazolam)

## Common Side Effects Associated with Psychotropic Medications

<i>Medication</i>	<i>Examples</i>	<i>Side Effects</i>
SSRIs (selective serotonin reuptake inhibitors)	Prozac, Paxil, Zoloft, Luvox, Celexa	Stomach upset, sleeping problems, behavioral problems
Tricyclic antidepressants	Anafranil, Elavil, Tofranil, and Norpramin	Constipation, dry mouth, dizziness
Other antidepressants	Desyrel, Serzone, Remeron	Sleepiness, dizziness, dry mouth
Stimulants	Ritalin, Dexedrine, Cylert	Insomnia, loss of appetite, mood changes
Neuroleptics/antipsychotics	Haldol, Risperdal, Mellaril	Sedation, weight gain, movement problems, restlessness
Mood Stabilizers	Lithium	Memory problems, thirstiness, shakiness, abnormal kidney function
Anxiolytics (anxiety treatment)	Valium, Xanax, Ativan	Sedation, unsteadiness, disinhibition

Source: *Complete Guide to Prescription & Nonprescription Drugs*, 2011. H. Winter Griffith. Updated by Stephen W. Moore, MD

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

The Seven Rights are the basic information needed to assure that medication is being taken safely. The DSP needs to be sure he or she has the:

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

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

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

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



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

### Label Checks vs. the MAR

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

- ✓ **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.



# Seven Rights of Assisting with the Self-Administration of Medications

## The Seven Rights

### 1. Right Person

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

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

### 2. Right Medication

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

### 3. Right Dose

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

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

### 4. Right Time

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

You need to know:

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

### 5. Right Route

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

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

## Seven Rights of Assisting with the Self-Administration of Medications

### 6. Right Reason for PRN and Routine Medications

Every medication has a condition/ reason for why it is prescribed. Most medication labels have the condition/ reason printed on the label. It is the physician's responsibility to write the correct information on the prescription for the pharmacy; whether it be a medication that is routine or a PRN. For PRN medications, there must also be a PRN Authorization Letter from the prescribing physician (see sample PRN Authorization Letter in Appendix 4-F). A PRN medication label must indicate that is taken on a "as needed" basis. DSPs must review the MAR to identify when the last PRN dose was taken and count the hour to make sure when the next dose may be safely taken. For example: the PRN is Tylenol and it is prescribed for headaches. It can be taken every 4 hours for pain **as needed. This does not mean every 4 hours during the day.** If an individual tells you they have a condition other than a headache, this medication **cannot** be taken.

- If there is any doubt about when the PRN is taken, check with your administrator.
- Once the PRN was taken what were the results?
- Did the PRN relieve the condition?

### 7. Right Documentation

Documentation must be completed on the individual's MAR every time a medication is taken.

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

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





## Documentation for PRN Medication

### PRN Documentation

Medication labels for PRN medications contain more information than labels for routine medication. The prescription from the doctor will have all the same pertinent information as a routine medication label. In addition, with PRN medications, the physician must clarify the medication “as needed”, the specific condition/reason which indicates the need for the use of the medication, the maximum dosage, the minimum number of hours between doses, and the maximum number of doses allowed in each 24 hour period. This simply means that the PRN medication is not taken routinely, just as needed and for specific conditions/reasons. Refer to the PRN Medication Label to the right to see the information that is included. There is typically a PRN Authorization Letter from the prescribing physician (see Appendix 3-F for a sample letter).

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

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

<b>ABC Pharmacy</b>	
1017 25th St., Sacramento, CA	
Phone: (123) 555-7890	
Dr. Diaz	
<b>RX 10484</b>	9/30/17
<b>JORDAN BIRD</b>	
TAKE 10 mL ORALLY EVERY 4 HOURS AS NEEDED FOR COUGH X 5 DAYS MAXIMUM DOSES FOR A 24 HOUR PERIOD ARE 6 DOSES	
ROBITUSSIN 10 mL	
QTY: 100 mL	
DISCARD BY: 3/31/19	NO REFILLS
MTG.: MANY MEDICATIONS	LIQUID

### Additional Requirements for Assisting Children With PRN Medications

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

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

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

## Documentation for PRN Medication (cont.)

### ACTIVITY

#### Scenario for Jordan Bird's PRN

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

Answer the following questions:

What condition does Jordan say she is experiencing? \_\_\_\_\_

How is the DSP informed about the PRN medication? \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

#### Medication Administration Record (MAR) for PRNs

Name: *Jordan Bird*

Physician: *Dr. Diaz*

Month/Year: *9/17*

Date	Initial	Hour	Medication	Dosage	Reason	Results	Hour
9/17/2017	SL	11 A.M.	Robitussin	10 mL	Cough	No more coughing	Noon

Instructions	Initials	Signature
Write the date the medication was taken.	1 SL	<i>Susan Lyons</i>
Write your initials in the Initial column at the time the medication is taken.	2	
Write the hour the medication was taken.	3	
Write the medication that was taken.	4	
Write the dosage that was taken.	5	
Write the reason the medication was taken (make sure it is the reason stated on the medication label).	6	
	7	
Write what the results were after medication was taken.	8	
Write the time you determined the results.	9	



## Steps for Assisting with Medication

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

1. Get the MAR for the individual you are assisting.

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

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

3. Wash hands.
  - Help the individual whom you are assisting to wash his or her hands.
  - Wash your hands.

Handwashing reduces the risk of contamination.

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

### 5. Verification Check

As you take each medication container from the individual's storage unit, read the medication label and compare it to the MAR for the Seven Rights:

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

Check the time on your watch or clock →

- Right route
- Right reason
- Right documentation (completed after medication is taken)

### 6. Preparation Check

Before pouring the medication, read the medication label and compare it to the MAR for the Seven Rights:

- Right person
  - Right medication
  - Right dose
  - Right time
- Check the time on your watch or clock
- Right route
  - Right reason
  - Right documentation (completed after medication is taken)

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

- Pour the correct dose into the bottle cap and then into a small paper cup or other container used for holding tablets or capsules before the individual takes them. Pouring a tablet or capsule into the bottle cap first reduces the risk of contamination. If too many pills pour out, return the pills from the bottle cap into the container.
- It is a good idea to use a separate disposable paper cup for each medication. Pouring all the medications in one paper cup increases the risk of medication errors.

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-14 (Verification, Preparation and Presentation).

## Steps for Assisting with Medication (cont.)

7. For bubble packs, push the tablets/capsules from the bubble pack into a small cup. Match tablets/capsules in bubble pack with correct day of the month.
8. For liquid medication, pour the correct dose into the calibrated measuring cup or spoon, or oral syringe, held at eye level.
  - Locate the marking for the dose.
  - View the medication in the cup on a flat surface. Hold the spoon or syringe at eye level.
  - Fill to correct dosage marking.
  - Pour away from the medication label to avoid spills.
  - Wipe off any spills.

Additional tips for liquid medication:

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

Again, just before putting the medication within the individual's reach, read the medication label and compare to the MAR for the Seven Rights:

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

Again, check the time on your watch or clock.

  - Right route
  - Right reason
  - Right documentation
11. Place the medication within the individual's reach.
12. Offer a glass of water (at least four ounces).
  - It is a good idea to suggest to the individual that he tilt his head forward slightly and take a small sip of water before placing the pill in the mouth. Wetting the mouth may make swallowing easier and tilting the head slightly forward (as opposed to backward) may decrease the risk of choking. If pills are not taken with liquids they can irritate the throat and intestinal tract and they may not be correctly absorbed.
  - Some medications must be taken **with food**, and there may be other special instructions. Make sure that you have read any warning labels and are familiar with any special instructions for taking the medication.



## Steps for Assisting with Medication (cont.)

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

- Stay with the individual until you are sure that he or she has swallowed the medication.
- If the individual has difficulty drinking an adequate amount of water or swallowing liquids, the DSP can ask the doctor about the individual taking the medication with:
  - Jell-O that is semi-liquid or jellied.
  - Apple sauce, apple juice or other “medication-compatible” juice thickened with cornstarch or other thickening agent.

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

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

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

**Key point:**

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

When assisting an individual with other types of medications such as topical creams and ointments, ear drops, nose drops, and eye drops, consult with the prescribing doctor and the pharmacist for specific procedures for self-administration of the medication. Also, refer to additional material in Appendices 3-A that describe the process for assisting with these types of medications.

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

**PRACTICE AND SHARE**

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

**Session 3 Quiz****Medication Management**

- 1. What is one thing the DSP should do before the doctor writes the order for a medication?**
  - A) Write the medication in the individual's MAR
  - B) Check that the doctor is licensed to prescribe medications
  - C) Ask the doctor about the possible side effects of the medication
  - D) Tell the doctor about other medications being taken by the individual
- 2. What is one way to help avoid interactions between multiple medications the individual is taking?**
  - A) Use the same pharmacy for all of the individual's medication needs
  - B) Ask the individual to make a list of all his/her medications
  - C) Read about the side effects of the medications
  - D) Observe for possible medication side effects
- 3. What should the DSP do if he/she thinks an individual is experiencing a severe allergic reaction soon after taking medication?**
  - A) Observe the individual closely for the next 24 hours
  - B) Call 911 to get emergency medical care
  - C) Reread the medication information sheet
  - D) Call the individual's parents
- 4. When should a medication dose be recorded in an individual's MAR?**
  - A) At the time the medication is taken by the individual
  - B) When the individual has a serious side effects
  - C) Within 24 hours of when the individual takes the medication
  - D) An hour before the individual takes the medication
- 5. Which of the following is NOT included on a medication label?**
  - A) The name of the medication
  - B) The individual's name
  - C) A list of other medications the individual is taking
  - D) The expiration or discard date
- 6. Which of the following information could you get from a medication information sheet?**
  - A) The number of refills remaining
  - B) Other medications the individual is taking
  - C) The date the prescription was filled
  - D) The possible side effects of the medication
- 7. Which classification of medications is used to treat epilepsy?**
  - A) Tranquilizers
  - B) Antibiotics
  - C) Psychotropics
  - D) Anticonvulsants

## Session 3 Quiz (cont.)

8. Which of the following disorders may be treated with psychotropic medications?
- A) Epilepsy
  - B) Schizophrenia
  - C) Diabetes
  - D) Heart disease
9. One of the Seven Rights the DSP must follow to ensure medication safety is:
- A) The right dose
  - B) The right to vote
  - C) The right thing to wear
  - D) The right to choose
10. What must the DSP do to ensure they are giving the right medication to the right person?
- A) Read the medication information sheet until they understand it
  - B) Read and compare the information on the medication label and the information on the MAR three times
  - C) Ask the individual if they take the medication
  - D) Make sure the medication is not expired

## 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.
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 3-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 trainer to complete the Trainer 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.
- **Review** Self-Administration Guidelines (see page S-20)

#### **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.

*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 3-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.*

<b>STEPS</b>	Teacher Check			
	Partner Check	Attempt #1 Date	Attempt #2 Date	Attempt #3 Date
1. Get the MAR (PRN MAR should be on the back) for the individual you are assisting.				
2. Gather supplies: <ul style="list-style-type: none"> <li>• Cups for tablets and capsules, plastic calibrated measuring cup, or medication spoon for liquid</li> <li>• Glass of water</li> <li>• Pen</li> </ul>				
3. If necessary, help the individual whom you are assisting to wash his or her hands. <ul style="list-style-type: none"> <li>• Wash your hands.</li> </ul>				
4. Take medications out of the locked storage unit, container, or area.				
5. As you take each medication container from the individual's storage unit, read the medication label and compare to the MAR for the: <ul style="list-style-type: none"> <li>• Right person</li> <li>• Right medication</li> <li>• Right dose</li> <li>• Right time (check the time on your watch/clock)</li> <li>• Right route</li> <li>• Right reason for routine and PRN medications</li> </ul>				



## Appendix 3-B (cont.)

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

*Please initial each step  
when completed correctly.*

#### STEPS

6. Again, as you prepare the medications, read the medication label and compare to the MAR for the:

- Right person
- Right medication
- Right dose
- Right time (check the time on your watch/clock)
- Right route
- Right reason for routine and PRN medications

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.

	Partner Check	Teacher Check		
		Attempt #1: Date	Attempt #2: Date	Attempt #3: Date

## Appendix 3-B (cont.)

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

*Please initial each step  
when completed correctly.*

STEPS	Teacher Check			
	Partner 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 MAR for the:				
• Right person				
• Right medication				
• Right dose				
• Right time (check the time on your watch/clock)				
• Right route				
• Right reason for routine and PRN medications				
12. Place the medication within the individual's reach.				
13. Offer a glass of water.				
14. Make sure that the individual takes the medication and drinks water.				
15. Document that the individual took his or her medication by initialing the date and time in the proper box on the MARs.				
• Right documentation for PRN includes initial and signature. Complete the MAR by filling in all the areas (date/hour taken, medication and dosage, reason for PRN, the results of the PRN, and the hour when the PRN results were determined).				
16. Return the medication containers and bubble pack to the individual's storage unit. As you do so, read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.				

# Certification



*This is to certify that*

\_\_\_\_\_  
(Name of student)

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

\_\_\_\_\_  
Teacher Signature

\_\_\_\_\_  
Date

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# **When Assisting with Self-Administration of Medications, You Must Ensure That...**

- **The Right person...**
- **Receives the Right medication...**
- **In the Right dose...**
- **At the Right time...**
- **By the Right route...**
- **For the Right reason...**
- **With the Right documentation.**

Medication Administration Record (MAR) Without Signatures

MEDICATION ADMINISTRATION RECORD (MAR)

Molina Family Home

123 Main Street, Any City, CA 90000  
Address

(123) 456-7890  
Phone Number

Name: Jordan Bird

Insurance:

Medi-Cal

Medicare

Insurance No. 000111

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 9/30/17 TEGRETOL 400 mg #60 tablets TAKE 2 TABLETS ORALLY EVERY AM AND PM FOR SEIZURES (8:00 AM, 4:00 PM) Expires: 3/31/19 Filled by: BRS Mfg. Many Medications Refills: 0	8:00 AM																																		
	4:00 PM																																		
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7890 Rx: 10387 Dr. Diaz Patient: Jordan Bird 9/30/17 AMOXICILLIN 250 mg #30 capsules TAKE 1 CAPSULE 3X PER DAY ORALLY FOR 10 DAYS FOR INFECTION (12:00 AM, 8:00 AM, 4:00 PM) Expires: 3/31/19 Filled by: BRS Mfg. Many Medications Refills: 0	12:00 AM																																		
	8:00 AM																																		
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7890 Rx: 10484 Dr. Smith Patient: Jordan Bird 9/30/17 ROBITUSSIN: TAKE 10 mL ORALLY EVERY 4 HOURS AS NEEDED FOR COUGH x 5 DAYS. MAXIMUM DOSES FOR A 24 HOUR PERIOD ARE 6 DOSES Discard by: 3/31/19 Filled by: BRS QTY: 100 mL Refills: 0 Mfg. Many Medications Refills: 0	P																																		
	R																																		
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7890 Rx: 10484 Dr. Smith Patient: Jordan Bird 9/30/17 ROBITUSSIN: TAKE 10 mL ORALLY EVERY 4 HOURS AS NEEDED FOR COUGH x 5 DAYS. MAXIMUM DOSES FOR A 24 HOUR PERIOD ARE 6 DOSES Discard by: 3/31/19 Filled by: BRS QTY: 100 mL Refills: 0 Mfg. Many Medications Refills: 0	N																																		

Primary Care Physician: \_\_\_\_\_ Pharmacy: ABC Pharmacy

Staff Signatures & Initials: \_\_\_\_\_ 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:  
None

Medication Administration Record (MAR) With Signatures

**MEDICATION ADMINISTRATION RECORD (MAR)**

**Medina Family Home**      **123 Main Street, Any City, CA 90000**      **(123) 456-7890**  
 Facility Name      Address      Phone Number  
 Name: **Jordan Bird**      Insurance:  Medi-Cal     Medicare    Insurance No. **000111**

Drug/Strength/Dose/Day	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				
<b>ABC Pharmacy</b> 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7890 Rx: 10367 Dr. Diaz Patient: Jordan Bird      9/30/17 TRIBUTYL-400 mg #50 tablets TAKE 2 TABLETS ORALLY EVERY AM AND PM FOR SEIZURES (8:00 AM, 4:00 PM) Expires: 3/31/19      Filled by: BRS Qty: Many Medications      Refills: 0	8:00 AM	1																																		
	4:00 PM																																			
<b>ABC Pharmacy</b> 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7890 Rx: 10367 Dr. Diaz Patient: Jordan Bird      9/30/17 AMOXICILIN 250 mg #30 tablets TAKE 1 CAPSULE 3X PER DAY ORALLY FOR 10 DAYS FOR INFECTION (12:00 AM, 6:00 AM, 4:00 PM) Expires: 3/31/19      Filled by: BRS Qty: Many Medications      Refills: 0	12:00 AM																																			
	6:00 AM																																			
<b>ABC Pharmacy</b> 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7890 Rx: 10484 Dr. Smith Patient: Jordan Bird      9/30/17 ROBITUSSIN-TABE 10 mL ORALLY EVERY 4 HOURS AS NEEDED FOR COUGH 15 DAYS. MAXIMUM DOSES FOR A 24 HOUR PERIOD IS 8 DOSES Decided by: 281198      Filled by: BRS Qty: 100 mL      Refills: 0 Qty: Many Medications      Liquid	P																																			
	N																																			

Primary Care Physician: **Dr. Diaz**      Signature: \_\_\_\_\_ for \_\_\_\_\_  
 Staff Signatures & Initials: **SL** by **Susan Lyons**      Pharmacy: **ABC Pharmacy**

Notes: • Staff initials date and time medication is taken  
 • If medication is taken at another time, use \_\_\_\_\_  
 D = Day Program    R = Relative or Family Home      E = Emergent

Medication Administration Record (MAR) for PRNs							
Name: <i>Jordan Bird</i>		Physician: <i>Dr. Diaz</i>			Month/Year: <i>9/17</i>		
Date	Initial	Hour	Medication	Dosage	Reason	Results	Hour
<p style="text-align: center;"><b>Instructions</b></p> <p>Write the date the medication was taken.</p> <p>Write your initials in the Initial column at the time the medication is taken.</p> <p>Write the hour the medication was taken.</p> <p>Write the medication that was taken.</p> <p>Write the dosage that was taken.</p> <p>Write the reason the medication was taken (make sure it is the reason stated on the medication label).</p> <p>Write what the results were after medication was taken.</p> <p>Write the time you determined the results.</p>					Initials	Signature	
					1		
					2		
					3		
					4		
					5		
					6		
					7		
					8		
9							

Medication Administration Record (MAR) for PRNs



PRN Authorization Letter

PRN Authorization Letter

Date: \_\_\_\_\_

Dear Dr. \_\_\_\_\_

Re: Your Patient: \_\_\_\_\_

A Client of : \_\_\_\_\_

To receive nonprescription and prescription PRN medications, state licensing requires that either:

1. Your patient be capable of determining his/her own need for medication, or
2. For nonprescription medication only, be able to clearly communicate his/her symptoms. If your patient cannot determine his/her need for a medication, or clearly communicate the symptoms for a nonprescription medication, then you, the physician, must be contacted before the PRN medication can be given.

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

Thank you for your assistance

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Facility Telephone No.: \_\_\_\_\_ Facility Fax No.: \_\_\_\_\_

Please check which circumstance describes your patient:

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

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

Drug	Dosage	Frequency	Reason for Use	Symptoms	Maximum dosage in 24 hr

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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:

## 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.
2. *Medication is refilled:*
  - Discuss medications with the client/resident or the responsible person/authorized representative.
  - Store medications in a locked compartment.
  - 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.

\*At the time of this printing, the new CCLD regulations for Adult Residential Facilities has not been completed.

## Appendix 3-H (cont.)

- 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 ("dc") and/or placed on hold:*
- Medications temporarily discontinued by the physician may be held by the facility.
  - Discuss the change with client/resident and/or responsible person/authorized representative.
  - Obtain a written order from the physician to HOLD the medication, or document in the client's/resident's file the date, time, and name of person talked to regarding the HOLD order.
  - Have a facility procedure (i.e., card file/cardex, notebook, and/or a flagging system) to alert staff to the discontinuation and restart date.
  - Without altering the label, mark or identify in a consistent manner medication containers that have HOLD orders.
  - Be sure to contact the physician after the discontinuation/hold order expires to receive new instructions regarding the use of the medication.
6. *Medication reaches expiration date:*
- Check containers regularly for expiration dates.
  - Communicate with physician and pharmacy promptly if a medication expires.
  - Do not use expired medications. Obtain a refill as soon as possible if needed.
  - Over-the-counter medications and ointments also have expiration dates (for ointments the expiration date is usually at the bottom of the tube).
  - Destroy expired medications according to regulations.
  - Log/record the destruction of prescription medications as required. The LIC 622 may be used for this purpose.
7. *Client/resident transfers, dies, or leaves medication behind:*
- All medications, including over-the-counter, 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 3 years (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.

## Appendix 3-H (cont.)

### 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.



## Appendix 3-H (cont.)

- 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.

## Appendix 3-H (cont.)

- 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 section 80075 (m) for CCFs and section 87575 (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



## Appendix 3-H (cont.)

Residential Care Facility for the Elderly and 1 year in a Community Care Facility (Group Homes, Adult Residential Facilities, etc.).

- A record of centrally stored medications for each client/resident must be maintained for at least 1 year.

### 17. Medications are prepackaged:

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

### 18. Sample medications are used:

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

### 19. Transferring medications for home visits, outings, etc.

- When a client/resident leaves the facility for a short period of time during which *only one dose of medication* is needed, the facility may give the medications to a responsible person/authorized representative in an envelope (or similar container) labeled with the facility's name and address, client's/resident's name, name of medication(s), and instructions for administering the dose.

- If client/resident is to be gone for *more than one dosage period*, the facility may:
  - a. Give the full prescription container to the client/resident, or responsible person/authorized representative, or
  - b. Have the pharmacy either fill a separate prescription or separate the existing prescription into two bottles, or
  - c. Have the client's/resident's family obtain a separate supply of the medication for use when the client/resident visits the family.
- If it is not safe to give the medications to the client/resident, the medications must be entrusted to the person who is escorting the client/resident off the facility premises.
- If medications are being sent with the client/resident off the facility premises, check the Physician's Report (LIC 602 or 602a) to ensure that they are given only to clients/residents whose doctors have indicated that they may control their own medications.
- Always have the person entrusted with the medications sign a receipt which identifies the number and type of medications sent out and returned.

### 20. House medications/stock supplies of over-the-counter medications are used:

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

## Appendix 3-H (cont.)

### 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 (RCF-CI) 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.

## Appendix 3-H (cont.)

- 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 universal 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 universal precautions to prevent contamination and the spread of disease.
- Document.
- Know your clients/residents.
- Be careful.

## Appendix 3-1

### Tegretol (Carbamazepin) Information Sheet

#### *What is carbamazepine?*

- Carbamazepine is a drug that affects the nerves and brain. It works by decreasing impulses in nerves that cause seizures and pain.
- Carbamazepine is used to treat seizures and nerve pain such as trigeminal neuralgia and diabetic neuropathy.
- Carbamazepine may also be used for purposes other than those listed in this medication guide.

#### *Who should not take carbamazepine?*

- Do not take carbamazepine without first talking to your doctor if you have ever had an allergic reaction to a tricyclic antidepressant; have taken a monoamine oxidase (MAO) inhibitor in the past 14 days; or have a bone marrow disease or a history of bone marrow suppression.

#### *Before taking carbamazepine, tell your doctor if you have:*

- kidney disease;
- liver disease;
- heart disease;
- a low level of red blood cells in your body (anemia); or
- glaucoma.

You may not be able to take carbamazepine, or you may require a dosage adjustment or special monitoring during treatment if you have any of the conditions listed above.

- Do not take this medication without first talking to your doctor if you are pregnant or breast-feeding a baby.

#### *How should I take carbamazepine?*

- Take carbamazepine exactly as directed by your doctor.
- Take each dose with a full glass of water.

- The Tegretol, Tegretol XR, and Epitol brands of carbamazepine should be taken with food.
- Do not crush, break, or chew any extended-release (Tegretol XR) formulations of carbamazepine. Swallow them whole. They are specially formulated to release slowly in the body.
- The tablet coating of the Tegretol XR formulation is not absorbed in the body and may be found in the stool.
- Your doctor may want you to have blood tests during treatment with carbamazepine. It is important for your doctor to know how much carbamazepine is in your blood and how well your liver is working. A complete blood count (CBC) and liver function (SGOT) should be checked 1-2 months after Tegretol is started. Thereafter levels should be checked every six months or so.
- It may take a few weeks or longer before you feel the full benefit of carbamazepine.
- Carry or wear a medical identification tag to let others know that you are taking this medicine in the case of an emergency.
- Do not stop taking carbamazepine even if you feel better. It is important to continue taking carbamazepine to prevent your seizures from recurring.
- Grapefruit and grapefruit juice may interact with carbamazepine. The interaction could lead to potentially adverse effects. You should discuss the use of grapefruit and grapefruit juice with your doctor. Do not increase or decrease the amount of grapefruit products in your diet without first talking to your doctor.

## Appendix 3-I (cont.)

- Avoid prolonged exposure to sunlight. Use sunscreen and wear protective clothing
- Store carbamazepine at room temperature away from moisture and heat.

### *What happens if I miss a dose?*

Take the missed dose as soon as you remember. However, if it is almost time for the next dose, skip the missed dose and take only the next regularly scheduled dose. Do not take a double dose of this medication.

### *What happens if I overdose?*

- Seek emergency medical treatment.
- Symptoms of a carbamazepine overdose include irregular or decreased breathing, muscle twitches, restlessness, seizures, tremors, slurred speech, staggering walk, dizziness, large pupils, back-and-forth motion of the eyes, nausea, vomiting, and decreased urine production.

### *What are the possible side effects of carbamazepine?*

If you experience any of the following serious side effects, contact your doctor immediately or seek emergency medical attention:

- an allergic reaction (difficulty breathing; closing of your throat; swelling of your lips, tongue, or face; or hives);
- liver damage (yellowing of the skin or eyes, nausea, abdominal pain or discomfort, severe fatigue);
- chest pain, high blood pressure (headache, flushing), or congestive heart failure (shortness of breath, swelling of ankles);
- numbness or tingling in the hands, feet, arms, or legs;
- body or muscle jerks;
- confusion, slurred speech, or fainting;

- continuing headache, hallucinations, or depression;
- severe nausea or vomiting;
- back- and- forth movements of the eyes;
- blurred or double vision; or
- decreased urination.
- Rarely, carbamazepine may cause serious blood problems. Notify your doctor immediately if you develop any of the following symptoms, which may be early signs of potential blood problems: fever, sore throat, rash, sores in the mouth, easy bruising, or red or purple bruising.

Other, less serious side effects may be more likely to occur. Continue to take carbamazepine and talk to your doctor if you experience

- mild nausea, vomiting, diarrhea, constipation, or decreased appetite;
- dry mouth;
- impotence; or
- joint or muscle aches or pains.

Side effects other than those listed here may also occur. Talk to your doctor about any side effect that seem unusual or are especially bothersome.

### *What other drugs will affect carbamazepine?*

- Carbamazepine can interact with many other medicines and many medications may affect your condition. Do not take any other prescription or over-the-counter medicines or herbal products without first talking to your doctor or pharmacist.

### *Where can I get more information?*

Your pharmacist has additional information about carbamazepine written for health professionals that you may read.

(c) Cerner Multum 2000. Version: 5.03.  
Revision date: 7 / 31 / 02.



## Appendix 3-J

### Medication Safety Questionnaire

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

1. What is the medication supposed to do?
2. How long before I will know it is working or not working?
3. What about serum (blood) levels? Other laboratory work? 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?