



Trainer Resource Guide

4. Medication Management: Part 1



Cautionary Statement

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

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Materials

- LCD projector and computer
- Flash Drive

Skill Check Materials

- Work with your Service Hub administrator or a local pharmacist to gather necessary supplies including:
 - Properly labeled bubble packs and capsule or tablet containers for each student
 - Properly labeled liquid containers
 - Calibrated plastic cups or spoons
- Small cups for capsules and tablets
- Water
- Pens

Show Slide #1: Medication Management: Part 1



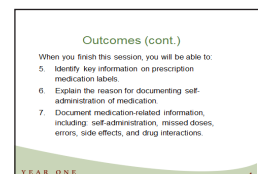
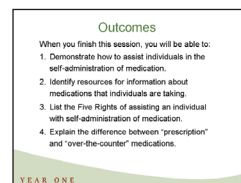
Show Slide #2: Practice and Share, Session 3

- Review the questions.
- Ask for volunteers who would like to share what they learned.
- Note to trainer: Confirm that students have the correct local contact information for agencies to whom special and unusual incidents should be reported. If necessary, provide the correct information.
- In the last session, you learned about managing risk and reporting unusual incidents.
- In this session, you will learn how to safely assist individuals with prescribed medications (Department of Social Services, Community Care Licensing - Title 22 § 87465).
- Ask students to share some of the skills they think are necessary to safely assist with medications.



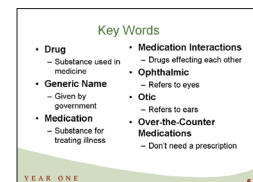
Show Slides #3 and #4: Outcomes

- Review outcomes for the session.



Show Slide #5: Keywords

- Review key words for the session.
- Give students 5 minutes to think about and rewrite definitions in their own words in the spaces provided.



Medication Management: Part 1

OUTCOMES

When you finish this session you will be able to:

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

KEY WORDS

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

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Key Words cont.

Show Slide #6: Keywords

- Review key words for the session.
- Give students 5 minutes to think about and rewrite definitions in their own words in the spaces provided.

Key Words (cont.)

• Pharmacist – Prepares and sells medication	• PRN Medication – Ordered by a doctor, but used on an "as needed" basis
• Physician/Doctor – Licensed to practice medicine	• Side Effects – Extra (bad) action of a drug
• Prescription Medications – Ordered by a doctor	• Topical – Goes on the skin
	• Trade Name/ Brand Name – Given by the drug company

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KEY WORDS (CONT.)		
Key Word	Meaning	In My Own Words
Pharmacist	Licensed person who prepares and sells medications and is knowledgeable about their contents. A pharmacist can not prescribe medications.	
Physician	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.	
NP/PA	A nurse practitioner (NP) or physician's assistant (PA) can also prescribe medications under the supervision of a physician.	
Prescription Medications	Medications that must be ordered by a physician or other licensed health care professional with authority to write prescriptions, such as a dentist or nurse practitioner.	
PRN (pro re nata) Medication	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.	
Side Effects	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.	
Topical	Put directly on the skin or a certain area of the body.	
Trade Name/ Brand Name	The name given by the company that made the medication.	

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Activity: What Do You Want to Know?

- Read directions aloud.
- Ask for student volunteers to share answers.
- Make note of student answers and link back to student knowledge and interests as appropriate as you review session content.
- At the end of this session, you will return to this activity to give students an opportunity to answer the third question.

ACTIVITY

What Do You Want to Know?

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

.....

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

.....

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

.....

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

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Overview

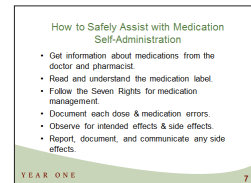
- Review statistics and key words as you go through this session.
- **Medications** are substances taken into the body (or applied to) for the purpose of prevention, treatment, relief of symptoms, or cure.

Show Slide #7: How to Safely Assist with Medication Self-Administration

- Briefly explain the Seven Rights, which will be covered in detail later in the session.

Show Slide #8: Key Health Care Professionals

- Briefly discuss information on page S-2 pertaining to health care professionals.
- Discuss with the students that as a DSP they can **ONLY** assist with the self-administration of medication. Whereas, licensed health care professionals can administer medication with a physician's order.



Outcome: Name health care professionals that are authorized to order medications.

The number of prescriptions written by health care professionals has steadily increased over the years. Failure of Americans to take their medication as instructed costs more than \$100 billion a year in increased hospital and nursing home admissions, lost worker productivity, and premature death.

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

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

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

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

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

- Get information about medications from the doctor and pharmacist.

- Read and understand the medication label.
- Follow the Seven Rights (fully discussed on pages S-14 and S-15 for medication management:
 - Right person
 - Right medication
 - Right dose
 - Right time
 - Right route
 - Right reason
 - Right documentation
- Document each dose of medication taken, as well as any medication errors.
- Observe the individual for both intended effects and unintended side effects.
- Report, document and communicate any side effects.

Key Health Care Professional

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

Requirements for Assisting with Medications

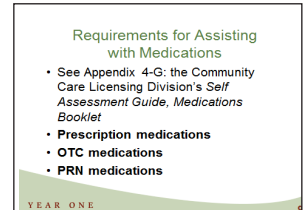
Show Slide #9: Requirements for Assisting with Medications

- Medication management represents an area of great responsibility. If not managed properly, medications intended to help an individual may place his or her health and safety at risk.
- In California, Community Care Licensing has oversight for Adult Residential Facilities or Small Family Homes. Refer students to Appendix 4-G: CCLD's Self-Assessment Guide on Medications, for an overview of state requirements for medications in community care facilities. Encourage students to read this information.
- Have the students look at the PRN section of CCLD regulations in Appendices 4-G pages S-37/38 #10, and review with them. There is additional information on CCL requirements for children that you will review with the students later in the session. **Discuss that the CCLD regulations for Adult Residential Facilities are in the process of being updated. New regulations have not been completed at the time of this printing.**
- DSPs can only assist individuals with self-administration of medications that have been ordered and prescribed by a doctor, dentist, or nurse practitioner.
- Inform students that the following information relates to an outcome and may be covered on the quiz.

Outcome: Explain the difference between "prescription", "over-the-counter", and "PRN" medications.

Outcome: Explain when a DSP may assist with the self-administration of a PRN.

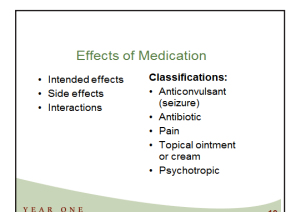
- Prescription medications** are those ordered by a doctor or other person with authority to write a prescription.
- Over-the-counter (OTC) medications** are those that can be bought without a doctor's prescription.
- PRNs** must be ordered by a doctor or other person with authority to write a prescription. These are given on an "as needed" basis only for a specific condition.



Effects of Medication

Show Slide #10: Effects of Medication

- Define "intended effects" of medications.
 - The reason medication is taken (For example, *to control seizures, lower blood pressure, relieve pain, etc.*).
- Define "side effects" of medications. Any reaction to or consequence of a medication or therapy.
 - Many drugs have other known actions besides the intended one. Many of the effects are predictable and some are not. Both prescription and OTC drugs have side effects.
- It is not uncommon for two or more medications to interact causing unwanted side effects.
- Medication classifications include:
 - Anticonvulsants
 - Antibiotics
 - Pain medications
 - Topical ointments or creams
 - Psychotropic medications



Requirements for Assisting with Medications

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

The DSP may only assist individuals with self-administration of medications that have been ordered and prescribed by a doctor, dentist, or nurse practitioner.

This includes both prescription and over-the-counter medications. The doctor's signed, dated order or prescription provides instructions for preparing and using the medication.

Prescription medications are those that are always ordered by a doctor or other person with authority to write a prescription. **Over-the-counter (OTC) medications** are those that can be bought without a prescription and include vitamin supplements, herbal remedies, and commonly used medications such as Tylenol and Benadryl. **PRNs** must be ordered by a doctor or other person with authority to write a prescription. These are given on an "as needed" basis only for a specific condition.

Effects of Medication

Intended Effects

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

Side Effects

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

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

Medication Interactions

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

Medication Classifications

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

Some of the common classifications of medications used by individuals with intellectual/developmental disabilities include anticonvulsants (seizure medications), antibiotics, pain medications, topical ointments or creams that are applied directly to the skin, and psychotropic medications that include antidepressants and antipsychotics for treating mood, psychotic, or anxiety disorders.

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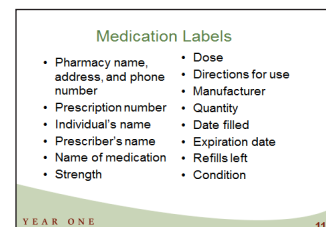
Reading and Understanding Medication Labels

Remember: DSPs can only assist individuals with self-administration of medications that have been ordered by or prescribed by a doctor, dentist, or nurse practitioner. This includes prescription, OTC, and PRN medications.

- Medications have both a generic and trade name listed.
 - **Generic name:** The name given by the federal government to a drug.
 - **Trade or brand name:** The name given by the manufacturer.
 - For example, *acetaminophen is the generic name given to Tylenol, which is the trade name.*
- Pharmacy labels may have either the generic or trade name.
- Prescription and PRN medication must be kept in the original container with the pharmacy label attached.

Show Slide #11: Medication Labels

- Review information that the pharmacy medication label includes using the bulleted information on page S-6. This information and the related activities relate to a session outcome and may be covered on the quiz.
Outcome: Identify key information on prescription medication labels.
- Highlight Pharmacy Abbreviations and Symbols on page S-6. Explain that there will be an activity on page S-7.
- 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.
- Follow ISMP recommendations, but students will continue to see the abbreviations throughout the training because they are still being used by health care professionals.



Reading and Understanding Medication Labels

Remember, the DSP can only assist individuals with self-administration of medications that have been ordered or prescribed by a doctor, dentist, or nurse practitioner. This includes both prescription and OTC medications. The pharmacist prepares the medication using the doctor's written order and places a label on the medication container that provides instructions for taking the medication.

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

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

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

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/>)

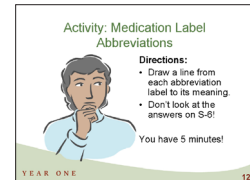
- RX = Prescription
- OTC = Over-the-Counter
- PRN = when necessary, or as needed
- Qty = quantity
- q (Q) = every
- qd = daily
- b.i.d. (BID) = twice daily
- t.i.d. (TID) = three times a day
- q.i.d. (QID) = four times a day
- h. = hour
- h.s. (HS) = hour of sleep (bedtime)
- tsp. = teaspoon (or 5 mL)
- 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

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Activity: Medication Label Abbreviations

Show Slide #12: Activity: Medication Label Abbreviations

- Groupings: individual or large group.
- Read the directions aloud and ask students to try to match the abbreviation and its meaning without looking at page S-6.
- Turn back to page S-6 to check and review answers as a large group.



Answers

q.i.d. (QID)	milliliter
Tab	morning
mL	microgram
Tbsp.	twice a day
b.i.d. (BID)	capsule
A.M.	milligram
t.i.d. (TID)	four times a day
cap	tablespoon
mg	tablet
mcg	three times a day

Reading and Understanding Medication Labels (cont.)

- Define “dose.”
 - Dose or strength is a term used to describe how much medication or how many units are to be taken at any time.
- Ask students to cover the right side of the page with their hand.
- Ask students to tell you the **single dosage** for each medication on the partial prescription labels on this page.
- Ask them to figure out the **daily dose** for each medication.

Answers:

- *Amoxicillin (capsules)*
 - Single dose = 500 mg
 - Daily dose = 1500 mg
- *Tegretol (tablets)*
 - Single dose = 400 mg
 - Daily dose = 1000 mg
- *Robitussin (liquid)*
 - Single dose = 10 mL
 - Daily dose = not to exceed 6 doses in a 24 hour period

ACTIVITY

Medication Dose Abbreviations

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

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

Reading and Understanding Medication Labels (cont.)

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

AMOXICILLIN 500 mg tabs orally for infection
Take 1 tabs 3 times daily x 10 days

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

TEGRETOL 200 mg tabs orally for seizures
2 tabs at 7 A.M., 2 tabs at 2 P.M.
and 1 tab at 9 P.M.

In this example the individual is taking a 400 mg single dose and a 1000 mg daily dose.

A liquid medication may be prescribed as:

ROBITUSSIN 10 mL
Give 10 mL orally every 4 hours as needed for cough x 3 days. Maximum 6 doses in a 24 hour period

In this example the individual is taking a 10 mL single dose and a maximum of 6 doses in a 24 hour period.

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Reading and Understanding Medication Labels (cont.)

- Review the medication label on page S-8.
- If the label doesn't contain that information, ask the doctor or pharmacist to add the needed information.
- You should never scratch out or write on the medication label.
- **The medication label can ONLY be changed by a pharmacist.**

Additional information for DSPs - some labels list specifically how many days it should be taken, for example the Amoxicillin is being taken for 10 days. Another way to determine the length of a medication or when it should be reviewed by the physician can be noted by looking at the how many refills remain.

Show Slide #13: Activity: Sample Medication Label Worksheet

- Groupings: individual, pairs, small group, large group.
- Read directions aloud.
- Review answers as a group.

Activity: Sample Medication Label Worksheet

ABC Pharmacy
Dr. Diaz

RX 10575 9/30/17

JORDAN BIRD

TAKE 1 CAPSULE 3X PER DAY ORALLY
FOR 10 DAYS FOR INFECTION
(2 A.M., 8 A.M., 4 P.M.)

AMOXICILLIN 250 mg
#30 CAPSULES

EXPIRES: 3/31/19 NO REFILLS

ABC PHARMACY, INC.
FILLING #12345

Directions:

- Look at the sample medication label on S-8.
- Answer the questions in your Student Guide.

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Answers:

- | | |
|---|--|
| — What is the RX number? | 10575 |
| — Who prescribed the medication? | Dr. Diaz |
| — What is the name of the medication? | Amoxicillin |
| — What is the single dose? | 250 mg |
| — When should it be taken? | 3x's a day at 12 A.M., 8 A.M., 4 P.M. |
| — For how long? | 10 days |
| — What is the diagnosis or condition that the medication is prescribed for? | Infection |
| — What date did the pharmacy fill the medication? | 9/30/17 |
| — Who is the medication prescribed for? | Jordan Bird |
| — How many refills? | No refills |
| — What is the expiration date? | 3/31/19 |
| — Is there any information missing? | Pharmacy phone number and address |
| — Who is the manufacturer? | Many Medications, Inc. |

Reading and Understanding Medication Labels (cont.)

Oral medications (capsules or tablets that are swallowed) are usually prescribed in mg (milligrams) or gm (grams).

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

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

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

ABC Pharmacy
1017 25th St., Sacramento CA
(123) 555-7890
Dr. Diaz

RX 10575 9/30/18

JORDAN BIRD
TAKE 1 TABLET 3X PER DAY ORALLY
FOR 10 DAYS FOR INFECTION
12 A.M., 8 A.M., 4 P.M.

AMOXICILLIN 250 mg
#90 TABLETS

EXPIRES: 3/31/20 NO REFILLS

MFG: MANY MEDICATIONS, INC
FILLED BY: BRS

A C T I V I T Y

Sample Medication Label Worksheet

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

What is the RX number? _____

Who prescribed the medication? _____

What is the name of the medication? _____

What is the individual dose? _____

When should it be taken? _____

For how long? _____

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

What date did the pharmacy fill the medication? _____

Who is the medication prescribed for? _____

How many refills? _____

What is the expiration or discard date? _____

Is there any information missing? _____

Who is the manufacturer? _____

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Reading and Understanding Medication Labels (cont.)

Label Warnings

- Some medication containers have warning labels that provide additional information.
- A black box warning is the strictest warning placed on the medication label or package insert of certain prescription drugs by the pharmaceutical company. A black box warning is required by the Food and Drug Administration (FDA) to indicate that the medication carries a significant risk of serious or even life-threatening adverse affects.
- Review examples on page S-9.

Reading and Understanding Medication Labels (cont.)

Label Warnings

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

Some additional examples are listed below:

Finish All of This Medication Unless Otherwise Directed by Prescriber.

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

May Cause Drowsiness or Dizziness.

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

For External Use Only.

May Cause Discoloration of the Urine or Feces.

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

PAXIL®
(paroxetine hydrochloride)
Tablets and Oral Suspension

PRESCRIBING INFORMATION

Suicidality and Antidepressant Drugs

Antidepressants increased the risk compared to placebo of suicidal thinking and behavior (suicidality) in children, adolescents, and young adults in short-term studies of major depressive disorder (MDD) and other psychiatric disorders. Anyone considering the use of PAXIL or any other antidepressant in a child, adolescent, or young adult must balance this risk with the clinical need. Short-term studies did not show an increase in the risk of suicidality with antidepressants compared to placebo in adults aged 65 and older. Depression and certain other psychiatric disorders are themselves associated with increases in the risk of suicide. Patients of all ages who are started on antidepressant therapy should be monitored appropriately and observed closely for clinical worsening, suicidality, or unusual changes in behavior. Families and caregivers should be advised of the need for close observation and communication with the prescriber. PAXIL is not approved for use in pediatric patients. (See WARNINGS: Clinical Worsening and Suicide Risk. PRECAUTIONS: Information for Patients, and PRECAUTIONS: Pediatric Use.

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Learning About Medications

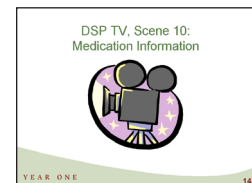
- The following information relates to a session outcome and may be covered on the quiz.

Outcome: Identify 3 resources for information about medications that individuals are taking.

- There are several things you need to know about the medications you are assisting individuals to take.
- Review bulleted questions on page S-10.
- You can obtain this information from the prescribing doctor and the pharmacist who fills the doctor's order.
- Review other places where DSPs can find information about medications.

Show Slide #14: DSP TV video

- Click on the icon to view Scene 10: Medication Information.
- Discuss and answer questions at the end of Scene 10.



Answers:

- Where did April and Darrell get medication information? *April got information from the medication information sheet that the pharmacist provided. Darrell got his information from April and from the medication information sheet.*
- How was the information helpful? *The people who support David are aware that he is taking a new medication that may cause side effects. With this information, they can use their Observation, Communication, Decision Making, and Documentation tools to ensure that David is not harmed by the medication. In other words, it helps April, Darrell, and other DSPs prevent or mitigate risks.*
- What could happen without that information? *David could become seriously ill or even die if unintended side effects go unnoticed.*

Activity: Medication Safety Questionnaire

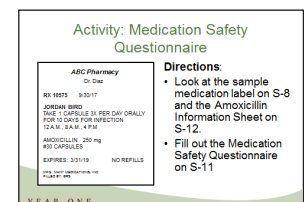
- The following information relates to a session outcome and may be covered on the quiz.

Outcome: Document medication-related information, including self-administration, late doses, side effects, and drug interactions.

- Medication errors and missed doses will be covered in Session 5.

Show Slide #15: Activity: Medication Safety Questionnaire

- Groupings: Individual, pairs, small groups, large groups.
- Read directions aloud and refer students to the Medication Safety Questionnaire on page S-11.
- Refer students to Amoxicillin Information Sheet on page S-12 for additional information necessary to fill out the Medication Safety Questionnaire.
- Have the student find the correct medication in the medication box that matches the label.



Learning About Medications

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

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

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

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

ACTIVITY

Medication Safety Questionnaire

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

ABC Pharmacy
1017 25th St., Sacramento, CA
(123) 555-7890
Dr. Diaz
RX 10575 9/30/18
JORDAN BIRD
TAKE 1 TABLET 3X PER DAY ORALLY FOR 10
DAYS FOR INFECTION
12 A.M., 8 A.M., 4 P.M.
AMOXICILLIN 250 mg
#90 TABLETS
EXPIRES: 3/31/20 NO REFILLS
MFG: MANY MEDICATIONS, INC
FILLED BY: BRS

Trainer Guide: SESSION 4

Activity: Medication Safety Questionnaire (cont.)

- Review the Medication Safety Questionnaire with the large group.
- Some of the answers to the questions on the Questionnaire were difficult to find. Advise students to consult with the pharmacist to get all questions answered clearly when assisting individuals with self-administration of new medications.

Answers:

Name: *Jordan Bird*

Brand: *Amoxil; Biomox; Polymox; Trimox; Wymox*

Generic: *Amoxicillin*

Dose and form: *mg and caps*

When to take each dose? *12 A.M., 8 A.M., 4 P.M.*

For how long? *10 days*

1. What is the medication supposed to do? *It is supposed to treat Jordan's infection.*
2. How long before I know it is working or not working? *After a few days if Jordan improves or worsens.*
3. If Jordan misses a dose, how should I assist her? *Have her take the missed dose as soon as you remember it, if it is within ordering time. Notify the doctor if it is outside the one hour time frame for further instructions. Do not have her take a double dose to make up for a missed one.*

Trainer Note: Review with the students that the Amoxicillin Information Sheet states that if a dose is missed, take it as soon as you remember. Let students know that they are to follow the ordering time it states on the prescription and not to make that judgement on their own.

4. What is the expiration date? *3/31/19*
5. Should the medication be taken with food? *Only if the doctor says so. The medication label does not state that.*
 - At least one hour before or two hours after a meal? *No.*
6. Are there any foods, supplements, drinks, or activities that should be avoided while taking this medication? *No.*
7. Are there any other prescription or over-the-counter medications that should be avoided? *Potentially. Tell the doctor if Jordan is taking other antibiotics, chloramphenicol, or probenecid.*
8. What are common side effects? *Some side effects include upset stomach, diarrhea, vomiting. More serious side effects include severe skin rash, hives, seizures, yellowing of the skin or eyes, unusual bleeding or bruising, pale skin, excessive tiredness, lack of energy.*
9. If there are any side effects, what should I do? How do I know whether to take the individual to emergency, call the doctor right away, or make an appointment to see the doctor? *Call the doctor if any of these symptoms are severe or do not go away: upset stomach, diarrhea, vomiting. Call the doctor immediately if the following symptoms are present: severe skin rash, hives, seizures, yellowing of the skin or eyes, unusual bleeding or bruising, pale skin, excessive tiredness, lack of energy.*
10. If the drug is being prescribed for a long period of time, are there any long-term effects? *None stated.*

ACTIVITY

Medication Safety Questionnaire

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

1. What is the medication supposed to do (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?

Trainer Guide: SESSION 4

Amoxicillin Information Sheet

Amoxicillin is the Generic name - brand names are listed below

Brand names: Amoxil; Biomox; Polymox; Trimox; Wymox

Amoxicillin Information Sheet

Brand name: Amoxil; Biomox; Polymox; Trimox; Wymox

Why is this medication prescribed?

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

How should this medicine be used?

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

Shake the liquid and pediatric drops well before each use to mix the medication evenly. Use the bottle dropper to measure the dose of pediatric drops. The pediatric drops and liquid may be placed on a child's tongue or added to formula, milk, fruit juice, water, ginger ale, or other cold liquid and taken immediately.

The chewable tablets should be crushed or chewed thoroughly before they are swallowed. The tablets and capsules should be swallowed whole and taken with a full glass of water. Take amoxicillin until you finish the prescription, even if you feel better. Stopping amoxicillin too soon may cause bacteria to become resistant to antibiotics.

What special precautions should I follow?

Before taking amoxicillin,

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

What special dietary instructions should I follow?

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

What should I do if I forget a dose?

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

What side effects can this medication cause?

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

- upset stomach
- vomiting
- diarrhea

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

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

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

What storage conditions are needed for this medicine?

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

In case of emergency/overdose

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

What other information should I know?

Keep all appointments with your doctor and the laboratory. Your doctor will order certain lab tests to check your response to amoxicillin.

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

Do not let anyone else take your medication. Your prescription is probably not refillable. If you still have symptoms of infection after you finish the amoxicillin, call your doctor.

Last Revised - 07/01/2003

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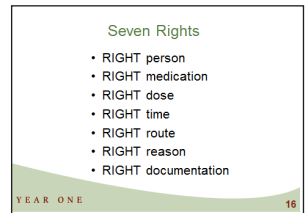
Trainer Guide: SESSION 4

Seven Rights of Assisting with Self-Administration of Medication

- The Seven Rights relate to a session outcome and may be covered on the quiz.
Outcome: List the Seven Rights of assisting an individual with self-administration of medication.

Show Slide #16: Seven Rights

- Briefly review each right.
- Following the Seven Rights is the best way to prevent medication errors.



Show Slide #17: VERY IMPORTANT!

- Read aloud the paragraph marked by the Decision Making icon on page S-13.
- Review when the DSP should check the Rights using the box at the bottom of page S-13.



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.

Trainer Guide: SESSION 4

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

Show Slide #18: Seven Rights (with media link)

- Review the details of the Seven Rights with the students. Explain to the students that there are now seven rights, but this video only talks about 5. The additional 2 rights are Right Reason and Right Documentation (see following page for definitions).
- Remind them that they will have to pass a skill check demonstrating that they can assist with self-administration of medication using the Seven Rights (this includes right reason and right documentation). The additional 2 rights are explained in detail on page T/S-15).



1. **Right Person:**

- Read the name of the individual on the label and compare it to the MAR.
- Know the individuals that you assist with self-administration of medication using 2 identifiers (ask the individual, ask another staff, check any records that would have photo identification in the home, DOB).
- If you are uncertain of their name or identity consult with a staff member who knows them.

2. **Right Medication:**

- Read the name of the medication on the label (3 times) and compare it to the MAR.
- Compare the name of the medication on the label to the information on the individual's MAR. Ask the individual, "Do you know why you are taking this medication?" If the individual is not able to respond to this type of question, explain why the individual is taking the medication.

3. **Right Dose:**

- Read the medication label for the correct dosage and compare it to the MAR.
- Be alert to changes in dosage.
- Question the use of multiple tablets for a single dose of medication.
- Question any change in the color, size, or form of medication.
- Question sudden large increases in medication dosages.

4. **Right Time:**

- Read the medication label for directions about when and how often the medication should be taken and compare it to the MAR.
- Medication must be taken at a specific time of day. Verify the time by checking your watch; checking your watch is only necessary once per "medication check."
- Stay with the individual until you are certain they have taken the medication.
- It is a good practice to check with the individual's doctor if medications can be taken an hour before or after the ordering time.

5. **Right Route:**

- Read the medication label for the appropriate route or way to take the medication and compare it to the MAR.
- Routes include:
 - Oral
 - Oral inhalers
 - Nasal sprays
 - Topical – includes dermal patches or ointments to be applied to the skin
 - Eye drops
 - Ear drops
- More intrusive routes are only to be administered by a licensed health care professional.

Additional information about assisting with self-administration of medication safely:

- Only one DSP should be assisting an individual with the self-administration of medication at any given time.
- The DSP should assist with the entire process from beginning to end
- The DSP should never hand a medication to one person to pass to another.
- The DSP should always prepare medication in a clean, well-lit, and quiet area.
- The DSP should allow plenty of time for the individual to self-administer medication and stay focused on assisting him or her.

- **Click on the media link to show the Five* Rights for Assisting with the Self-Administration of Medication video.** Remind the students that two additional rights have been added and we will discuss and clarify what the students will need to know in addition to the five rights for the medication skill check. Tell the students to pay close attention. This video demonstrates the steps they will need to pass the skill check.

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.

Trainer Guide: SESSION 4

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

6. Right Reason (for PRN and Routine medication):

- Read what the right reason means in terms of a PRN.
- Review the label to confirm what the medication is prescribed for and compare it to the MAR.
- Review the MAR to identify when the last PRN dose was taken.
- Count the hour to make sure when the next dose may be safely taken.
- If there is any doubt about when the PRN is to be taken, check with your administrator.
- Understand the difference between a routine medication and a PRN and how that information is written on the medication label.
- Ensure the individual is stating the right condition/reason for the PRN.

7. Right Documentation

- Explain the reason for documenting self-administration of medication.
 - Refer students to Sample Medication Administration Record (MAR) in Appendix 4-C.
 - Refer students to the PRN Authorization Letter; this must accompany ANY PRN medication (see sample letter in Appendix 4-F S-34). The PRN Authorization Letter may look differently at the facility where the DSPs work; this is only a sample.
 - Document medication related information, including self-administration, missed doses, errors, side effects, drug reactions, refusals, PRN medication, and whether off site.
 - Initial the right time/date the medication was taken.
 - Sign the MAR as soon as the medication is taken.
 - What were the results after the PRN medication was taken?
 - Did the PRN medication relieved the condition.
 - The information on the MAR must match the information on the prescription label.
 - Advise the students that the MAR in the Student Guide is only a sample and may look differently than the MAR in their facility.
 - 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).
- **Teacher Note: The medication label for the Amoxicillin prescription depicted in the video is unusual; it does not give an end date or a number of days for administering the medication. Additionally it indicates that there are 90 capsules in the container, implying that the prescription is to be taken for 30 days. If a student asks about this medication label, acknowledge the student's observation skills. Ask the students what they would do if they saw a medication label like this one. Advise the students to contact the prescribing physician or the pharmacist whenever they have questions about a prescription or if a prescription seems unusual.**

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

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.

Trainer Guide: SESSION 4

Documentation

- The following information relates to a learning outcome and may be covered on the quiz.

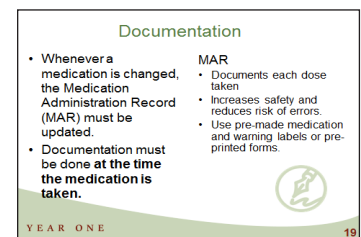
Outcome: Explain how and when to document medication taken or refused by the individual.

Medication Administration Record (MAR)

- Refer students to Sample MAR in Appendix 4-D. (Larger view of MAR that is on S-16)
- The following information relates to a learning outcome and may be covered on the quiz.
- Outcome: Document medication related information, including self-administration, late doses, side effects, and drug reactions.*
- Medication errors and missed doses will be covered in Session 5.*

Show Slide #19: Documentation

- Review content on page S-16.
- Whenever a prescription is changed, the MAR must be updated.
- Documentation must be done at the time the medication is taken by the individual, not before and not hours later.
- Advise the students that the MAR in the Student Guide are only samples and may look slightly different from the form used in their work setting. However, a MAR should contain all of the key information indicated in the illustrations.
- Advise students that it is preferable to place stickers provided with prescriptions on the MAR. Transcribing (transferring information in handwriting) from the medication label to the MAR is more likely to result in errors.





Medication Administration Record (MAR)

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

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

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

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

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

MOLINA FAMILY HOME			123 Main Street, Any City, CA 90000			(123) 456-7890																											
Facility Name			Address			Phone Number																											
Name: <u>Jordan Bird</u>			Insurance: <input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare			Insurance No. <u>000111</u>																											
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) 555-7891 Rx: 10387 Dr. Diaz Patient: Jordan Bird 9/30/18 TEGRETOL 400 mg #60 tablets TAKE 2 TABLETS ORALLY EVERY AM AND PM FOR SEIZURES (8:00 A.M., 4:00 P.M.) Expires: 3/31/20 Filled by: BRS Mfg: Many Medications Refills: 0	8:00 AM	9/30	SL																														
	4:00 PM	9/30																															
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7891 Rx: 10575 Dr. Diaz Patient: Jordan Bird 9/30/18 AMOXICILLIN 250 mg #90 capsules TAKE 1 TABLET 3X PER DAY ORALLY FOR 10 DAYS FOR INFECTION (12:00 AM, 8:00 AM, 4:00 PM) Expires: 3/31/20 Filled by: BRS Mfg: Many Medications Refills: 0	12:00 AM	9/30																															
	8:00 AM	9/30	SL																														
	4:00 PM	9/30																															
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax: (123) 555-7891 Rx: 10484 Dr. Smith Patient: Jordan Bird 9/30/18 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: 3/31/20 Filled by: BRS QTY: 100 mL Refills: 0 Mfg: Many Medications Liquid	P	9/30	SL																														
	R	9/30																															
	N	9/30																															

Primary Care Physician: _____ Pharmacy: ABC Pharmacy

Staff Signatures & Initials: _____ for _____ 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

Trainer Guide: SESSION 4

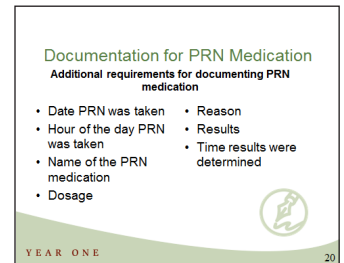
Documentation for PRN Medication

- The following information relates to a session outcome and may be covered on the quiz.

Outcome: Identify how PRN medications are documented.

Show Slide #20: Documentation for PRN Medication

- Review content on page S-17.
- PRN labels require the same information as routine medication**
- Refer students to the sample MAR for PRNs on page S-18 (a larger view of the MAR is in Appendix 4-E).
- There is typically a PRN Authorization Letter from the prescribing physician (see Appendix 4-F for a sample letter).
- There are several things DSPs need to know about PRN medications when assisting individuals.
- Review bullets on page S-17 and the information on the MAR for PRNs.
- Discuss with the students that PRN documentation is part of the skill check and they will need to fill in all the answers on the MAR for PRNs during the skill check.

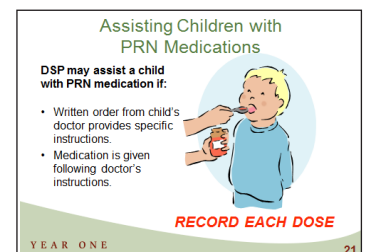


***Please note that the PRN medication also needs to be initialed on the front of the MAR, with follow up documentation on the PRN MAR on the back.**

Additional Requirements for Assisting Children with PRN Medications

Show Slide #21: Assisting Children with PRN Medications

- Review the instructions that DSPs must follow to assist children with PRN medications using the bulleted information in the Student Guide.





PRN Documentation

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

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

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

ABC Pharmacy
1017 25th St., Sacramento, CA
Phone: (123) 555-7890
Dr. Diaz
RX 10484 9/30/18
JORDAN BIRD
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: 3/31/20 NO REFILLS
MTG.: MANY MEDICATIONS LIQUID
FILLED BY: BRS

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.

Trainer Guide: SESSION 4

Documentation for PRN Medication (cont.)

Activity: Scenario for Jordan Bird's PRN

- Groupings: small groups
- Have the students read the scenario on page S-18.
- In their groups they will answer the following questions regarding assisting Jordan with the self-administration of her PRN.
 - What condition does Jordan say she is experiencing? *A cough.*
 - How is the DSP informed about the PRN medication? *Jordan told the DSP she had a PRN for Robitussin.*
 - What should the DSP do when Jordan states she has a cough? *The DSP should check to see that there is written documentation from the doctor meeting the CCL requirements for PRN medication. The DSP should check when the last dose was taken. If it is 4 hours or more since the last dose was taken, then the DSP should gather all supplies and prepare to assist Jordan in the self-administration of medication.*
 - List the steps to assisting Jordan with the self-administration of her PRN (refer students to the prescription label for the PRN on page S-17 for needed information).
 1. *Obtain the medication from the medication storage area and check the prescription for the condition/reason the medication is taken.*
 2. *Check the MAR to see when the last PRN dose was taken.*
 3. *Write in the date the PRN was taken.*
 4. *Write your initials in the Initial column at the time the medication is taken.*
 5. *Write the hour the medication was taken.*
 6. *Write in the medication name and dosage that was taken.*
 7. *Write in the reason the PRN was taken (make sure it is the reason stated on the medication label).*
 8. *Write what the results were after the medication was taken? Did Jordan stop coughing?*
 9. *When were the results determined (time of day).*
 10. *Sign and initial the MAR for the PRN at the bottom of the page.*

Trainer Note: When comparing documentation of routine and PRN medications that the individual has taken: 1) Both medications should be initialed in the date column in front of the MAR after the medications were taken; 2) Ensure they have initialed and signed the bottom; and 3) PRN medication would require other information documented on the back of the PRN MAR.

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: *9/18*

Date	Initial	Hour	Medication	Dosage	Reason	Results	Hour
9/17/2018	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	
Write what the results were after medication was taken.					7	
Write the time you determined the results.					8	
					9	

Trainer Guide: SESSION 4

Steps for Assisting with Medication

- Review information on pages S-19 through S-21 with students.
- Refer to Appendix 4-B for the Medication Skill Check.
- Refer to Appendix 4-C through 4-E for the MARs.

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 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, 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 before the individual takes them. Pouring a tablet into the bottle cap first reduces the risk of contamination. If too many pills pour out, return the pills from the bottle cap into the container.
- It is a good idea to use a separate disposable paper cup for each medication. Pouring all the medications in one paper cup increases the risk of medication errors.

7. For bubble packs, push the tablets from the bubble pack into a small cup. Match tablets/capsules in bubble pack with correct day of the month.

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

Trainer Guide: SESSION 4

Steps for Assisting with Medication (cont.)

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

Additional tips for liquid medication:

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

10. Presentation Check

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

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

Again, check the time on your watch or clock.

- Right route
- Right reason
- Right documentation

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

Trainer Guide: SESSION 4

Steps for Assisting with Medication (cont.)

Once you have finished reviewing the steps for assisting with medication, begin the skill check.

- This activity relates to a learning outcome.

Outcome: Demonstrate how to assist individuals in the self-administration of medication including PRN medication.

Skill Check #1 (Appendix 4-B)

Show Slide #22: Skill Check #1

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

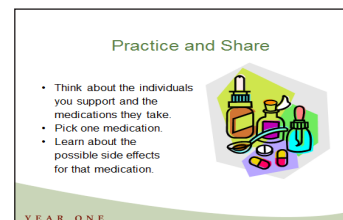
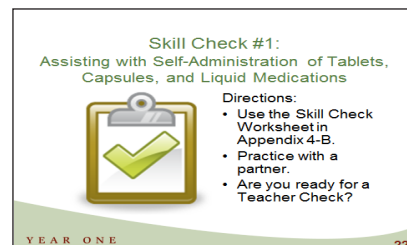
- All students must pass the skill check for assisting with self-administration of medication.
- Assure students that they will have time to practice the skill check with other students until they are comfortable demonstrating the skill, and that you are available to help them if they need it.
- Refer students to Appendix 4-B, the Skill Check Worksheet.
- Read the directions aloud and assist students in finding partners.
- Demonstrate the process for assisting with self-administration using the materials supplied and the Skill Check Worksheet.
- Hand out materials to students to practice the skill check and instruct them to begin practicing. There are routine medications and a PRN medication on the MAR. Documentation of a PRN medication will be completed on the back of the MAR.
- Walk around the room to observe the partners and provide assistance if needed.
- Schedule times for students to complete the skill check before the end of the Year 1 training.
- When students indicate they are ready for the Teacher Check, check off each step that is correctly completed, and fill out the Certification for those who pass the skill check.

Summary

- Ask students to turn back to the “What Do You Want To Know?” activity at the beginning of the session. Give students 5 minutes to think about

Show Slide #23: Practice and Share

- Direct students to the Practice and Share directions.
- Read the directions and make sure students understand the assignment.



Steps for Assisting with Medication (cont.)

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

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

14. Record that the individual took his or her medication by entering your initials in the box that matches the date and time on the MAR.
15. Return the medication containers and/or bubble pack to the individual's storage unit. As you do so, read the labels to check that the individual's name on the medication container label is the same as the name on the storage unit.

Key point:

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

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

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

PRACTICE AND SHARE

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

Trainer Guide: SESSION 4

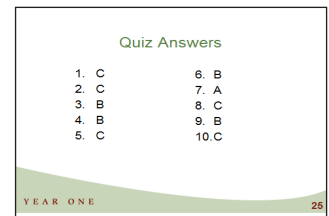
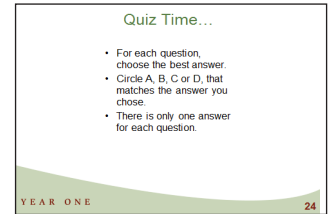
QUIZ: Medication Management, Part 1

Show Slide #24: Quiz Time

- Give students 20 minutes to take the quiz.

Show Slide #25: Quiz Answers

- Discuss questions and answers as a class. Remind students to mark the correct answers so they can use the corrected quizzes as a study guide for the test after training.



Answers:

1. C
2. C
3. B
4. B
5. C
6. B
7. A
8. C
9. B
10. C

End of Session 4

Medication Management, Part 1

1. **Community Care Licensing regulations say that a DSP may only assist with self-administration of medications that have been ordered or prescribed by a doctor, dentist or a:**
 - A) DSP with two-years of required training
 - B) Facility administrator
 - C) Nurse practitioner
 - D) Parent or other close family member
2. **Prescription medications are those that:**
 - A) Are very expensive and require careful monitoring
 - B) May be purchased in a store without a doctor's order
 - C) Must be ordered by a doctor, dentist or nurse practitioner or other licensed health care professional who is authorized to prescribe medication
 - D) Have serious side effects
3. **Over-the-counter medications are those that:**
 - A) Are very expensive and require careful monitoring
 - B) May be purchased in a store without a doctor's order, but in the CCL homes, a physician's order is required.
 - C) Must be ordered by a physician or other licensed health care professional.
 - D) Have serious side effects.
4. **A DSP may assist an individual with self-administration of a PRN medication, as long as:**
 - A) It is not too costly
 - B) It is ordered by a doctor for a specific condition, and meets all CCF requirements.
 - C) It will help the individual have better health or comfort
 - D) The individual asks for the medication by name
5. **When the right dose of medication is taken, the individual receives the correct:**
 - A) Brand name of medication
 - B) Category of medication
 - C) Amount of medication
 - D) Side effects of medication
6. **Documenting self-administration of medication:**
 - A) Isn't necessary
 - B) Increases medication safety and reduces risk of medication errors
 - C) Saves time during doctor visits
 - D) Reduces the amount of time needed for administration of medication
7. **One good way to learn more about a prescription drug is to:**
 - A) Get a copy of the medication information sheet from the pharmacist
 - B) Talk with the person taking the medication to find out what they think about it
 - C) Watch the drug company's advertisements on television
 - D) Talk with other people who have used the medication to learn more about what it does
8. **Which of these is one of the "Seven Rights" of Assisting with Self-Administration of Medication?**
 - A) Right DSP
 - B) Right Doctor
 - C) Right Time
 - D) Right Facility
9. **If at any time you see that one of the Seven Rights does not match, you should:**
 - A) Go on to the next Right
 - B) Stop and get help from another DSP, your supervisor, the doctor or the pharmacist
 - C) Change the Right
 - D) Stop and try to assist a different individual instead
10. **When an individual's medication dosage has increased, the MAR must be:**
 - A) Thrown out and started on a new sheet
 - B) Left unchanged
 - C) Updated to record the change
 - D) Initialed

Appendices



Guidelines for Assisting with Self-Administration of Medication

1. There must be a written, dated, and signed **physician's order** in the individual's record **before a DSP can assist** the individual with self-administration of any medication, prescription, or **over-the-counter medication**.
2. **Only one DSP** should assist an individual with medications at any given time. That DSP should complete the entire process. Never hand a medication to one individual to pass on to another.
3. **Always wash your hands** before assisting an individual with self-administration of medication.
4. The DSP should **always prepare medication in a clean, well-lit, quiet area**. Allow plenty of time, avoid rushing, and stay focused. Check the Seven Rights by reading the Medication Label and comparing to the MAR three times before the individual takes the medication.
5. **To avoid errors, it is recommended that the medications be set up immediately before assisting an individual with self-administration of medications.** While Community Care Licensing regulations permit the set up of medications up to 24 hours in advance, there are many potential problems with this practice, including the possibility of the wrong individual taking the wrong medication and wrong dose at the wrong time.
6. **DSPs should ask for help from the prescribing doctor or pharmacist** if he or she is unsure about any step in the preparation of, assistance with, or documentation of medications.
7. **Medication should never be disguised** by putting it in food or liquid.
8. **The DSP should always ask the physician (and pharmacist) to give the medicine in the proper form for the individual based on the individual's needs and preferences.** For example, one individual may have difficulty swallowing capsules and prefer liquid medication, while another may prefer capsules.
9. **Tablets should never be crushed** unless the prescribing physician has given specific directions to do so. **Capsules should not be opened** and their contents emptied out. Controlled release tablets can deliver dangerous immediate doses if they are crushed. Altering the form of capsules or tablets may have an impact on their effectiveness by changing the way an individual's body absorbs them.
10. **Read the medicine warning label if any. It will give you important information about how the medication should be taken.**
11. **Check for allergies prior to assisting with the self-administration of medication.**
12. The DSP should know and follow the policy and procedures for the facility where they work.

ASK! ASK! ASK!
CHECK! CHECK!
CHECK!

Appendix 4-B

Assisting Individuals with Self-Administration of Tablets and Liquid Medications

SKILL CHECK #1

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

Reminders for Assisting with Self-Administration

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

HELPFUL HINT

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

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

TEACHER

STUDENT

DATE

Assisting Individuals with Self-Administration of Tablets and Liquid Medications

Scenario: The time is 8:00 a.m. The date is the day of the class. You are assisting Jordan Bird with the self-administration of medication. Jordan tells you she has a cough and needs to take her PRN medication. The last time Jordan took her PRN medication for her cough was 4 a.m.

Please initial each step when completed correctly.

STEPS	Partner Check	Teacher 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:				
• Cups for tablets, plastic calibrated measuring cup, or medication spoon for liquid				
• Glass of water				
• Pen				
3. If necessary, help the individual whom you are assisting to wash his or her hands.				
• Wash your hands.				
4. Take medications out of the locked storage unit, container, or area.				
5. As you take each medication container from the individual's storage unit, read the medication label and compare to the MAR for the:				
• Right person				
• Right medication				
• Right dose				
• Right time (check the time on your watch/clock)				
• Right route				
• Right reason for routine and PRN medications				

Assisting Individuals with Self-Administration of Tablets 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, pour the correct dose into the lid of the container and then into a small paper cup.
8. For bubble packs, push the tablet(s) 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

Assisting Individuals with Self-Administration of Tablets and Liquid Medications

Please initial each step when completed correctly.

STEPS	Partner Check	Teacher Check		
		Attempt #1 Date	Attempt #2 Date	Attempt #3 Date
10. Talk with the individual you are assisting about what you are doing and about why he or she is taking each medication.				
11. Again, just before putting the medication within the individual's reach, read the medication label and compare to the 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 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.**

Appendix 4-C

Medication Administration Record (MAR) Without Signatures

Molina Family Home Facility Name		123 Main Street, Any City, CA 90000 Address		(123) 456-7890 Phone Number																													
Name: Jordan Bird		Insurance: <input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare		Insurance No. 000111																													
Drug/Strength/Form/Dose		Month & Year (MM/YY):		Hour																													
		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) 555-7891 Rx: 10387 Dr. Diaz Patient: Jordan Bird 9/30/18 TEGRETOL 400 mg #60 tablets TAKE 2 TABLETS ORALLY EVERY AM AND PM FOR SEIZURES (8:00 AM, 4:00 PM) Expires: 3/31/20 Filled by: BRS Qty: Many Medications Refills: 0	8:00 AM																																
	4:00 PM																																
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax (123) 555-7891 Rx: 10575 Dr. Diaz Patient: Jordan Bird 9/30/18 AMOXICILLIN 250 mg #90 tablets TAKE 1 TABLET 3X PER DAY ORALLY FOR 10 DAYS FOR INFECTION (12:00 AM, 8:00 AM, 4:00 PM) Expires: 3/31/20 Filled by: BRS Qty: Many Medications Refills: 0	12:00 AM																																
	8:00 AM																																
	4:00 PM																																
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax (123) 555-7891 Rx: 10484 Dr. Smith Patient: Jordan Bird 9/30/18 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: 3/31/20 Filled by: BRS QTY: 100 mL Refills: 0 Qty: Many Medications Liquid	P																																
	R																																
	N																																

Primary Care Physician: _____ Pharmacy: ABC Pharmacy

Staff Signatures & Initials: _____ 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

Appendix 4-D

Medication Administration Record (MAR) With Signatures

Molina Family Home		MEDICATION ADMINISTRATION RECORD (MAR)																															
Facility Name	123 Main Street, Any City, CA 90000	(123) 456-7890																															
Name: Jordan Bird	Address	Phone Number																															
	Insurance: <input checked="" type="checkbox"/> Medi-Cal <input type="checkbox"/> Medicare	Insurance No. 000111																															
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax (123) 555-7891 Rx: 10387 Dr. Diaz Patient: Jordan Bird TEGRETOL 400 mg #60 tablets TAKE 2 TABLETS ORALLY EVERY AM AND PM FOR SEIZURES (8:00 AM, 4:00 P.M.) Expires: 3/31/20 Filled by: BRS Qty: Many Medications Refills: 0	Hour 8:00 AM 4:00 PM	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) 555-7891 Rx: 10575 Dr. Diaz Patient: Jordan Bird AMOXICILIN 250 mg #90 tablets TAKE 1 TABLET 3X PER DAY ORALLY FOR 10 DAYS FOR INFECTION (12:00 AM, 8:00 AM, 4:00 PM) Expires: 3/31/20 Filled by: BRS Qty: Many Medications Refills: 0	12:00 AM 8:00 AM 4:00 PM																																
ABC Pharmacy 1017 25th St., Sacramento, CA Phone: (123) 555-7890 Fax (123) 555-7891 Rx: 10484 Dr. Smith Patient: Jordan Bird 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 Dispensed by: 3/31/20 Qty: 100 mL Filled by: BRS Refills: 0 Qty: Many Medications Liquor	P R N SL																																

Primary Care Physician: _____ for _____ Pharmacy: ABC Pharmacy

Staff Signatures & initials: SL for Susan Lyons

Notes: * Start 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

Appendix 4-E

Medication Administration Record (MAR) for PRNs

Medication Administration Record (MAR) for PRNs							
Name: <i>Jordan Bird</i>		Physician: <i>Dr. Diaz</i>		Month/Year: <i>9/18</i>			
Date	Initial	Hour	Medication	Dosage	Reason	Results	Hour
Instructions Write the date the medication was taken. Write your initials in the Initial column at the time the medication is taken. Write the hour the medication was taken. Write the medication that was taken. Write the dosage that was taken. Write the reason the medication was taken (make sure it is the reason stated on the medication label). Write what the results were after medication was taken. Write the time you determined the results.					Initials	Signature	
				2			
				3			
				4			
				5			
				6			
				7			
				8			
				9			

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: _____

Appendix 4-G

COMMUNITY CARE LICENSING DIVISION

“Promoting Healthy, Safe, and Supportive Community Care”

Self-Assessment Guide*

MEDICATIONS

TECHNICAL SUPPORT PROGRAM

MEDICATIONS

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

WHAT YOU (CARE PROVIDERS) SHOULD DO WHEN:

1. *Client/resident arrives with medication:*

- Contact the physician(s) to ensure that they are aware of all medications currently taken by the client/resident.
- Verify medications that are currently taken by the client/resident and dispensing instructions.
- Inspect containers to ensure the labeling is accurate.
- Log medications accurately on forms for client/resident records. The Centrally Stored Medication and Destruction Record (LIC 622) is available for this purpose.

- Discuss medications with the client/resident or the responsible person/authorized representative.
- Store medications in a locked compartment.

2. *Medication is refilled:*

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

3. *A dosage is changed between refills:*

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

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

4. Medication is permanently discontinued:

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

5. Medications are temporarily discontinued ("dc") and/or placed on hold:

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

6. Medication reaches expiration date:

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

7. Client/resident transfers, dies, or leaves medication behind:

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

8. Client/resident missed or refused medications:

- No client/resident can be forced to take any medication.
- Missed/refused medications must be documented in the client's/resident's medication record and the prescribing physician contacted immediately.
- Notify the responsible person/authorized representative.
- Refusal of medications may indicate changes in the client/resident that require a reassessment of his/her needs. Continued refusal of medications may require the client's/resident's relocation from the facility.

9. Medications need to be crushed or altered:

- Medications may be crushed or altered to enhance swallowing or taste, but never to disguise or “slip” them to a client/resident without his or her knowledge.
- The following written documentation must be in the client’s/resident’s file if the medication is to be crushed or altered:
 1. A physician’s order specifying the name and dosage of the medication to be crushed;
 2. Verification of consultation with a pharmacist or physician that the medication can be safely crushed, identification of foods and liquids that can be mixed with the medications, and instructions for crushing or mixing medications;
 3. A form consenting to crushing the medication signed by the client/resident. If the client/resident has a conservator with authority over his/her medical decisions, the consent form must be signed by that conservator.

10. Medications are PRN or “as needed:”

- Facility staff may assist the client/resident with self-administration of his/her **prescription and nonprescription** PRN medication, when:
 - The client’s/resident’s physician has stated in writing that the client/resident *can determine and clearly communicate* his/her need for a prescription or nonprescription PRN medication.
 - The physician provides a signed, dated, written order for the medication on a prescription blank or the physician’s business stationery which is maintained in the client’s/resident’s file.
 - The physician’s order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period. Most nonprescription labels display this information.
- Facility staff may also assist the client/resident with self-administration of his/her **nonprescription** PRN medication

if the client/resident cannot determine his/her need for a nonprescription PRN medication, but can communicate his/her symptoms clearly, when:

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

- The physician provides a signed, dated, written order on a prescription blank or the physician's business stationery which is maintained in the client's/resident's file.
- The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses to be given in a 24-hour period.
- A record of each dose is maintained in the client's/resident's records and includes the date, time, and dosage taken, and the client's/resident's response.
- **SMALL FAMILY HOMES AND CERTIFIED FAMILY HOMES**
Small Family Home staff may assist a child with **prescription or nonprescription** PRN medication without contacting the child's physician before each dose if the child cannot determine and/or communicate his/her need for a prescription or nonprescription PRN medication when Title 22 § 83075 (d)):
 - The child's physician has recommended or prescribed the medication and provided written instructions for its use on a prescription blank or the physician's letterhead stationery.
 - Written instructions include the name of the child, the name of the PRN medication, instructions regarding when the medication should be stopped, and an indication when the physician should be contacted for re-evaluation.
 - The physician's order and the PRN medication label identify the specific symptoms that indicate the need for use of the medication, exact dosage, minimum hours between doses, and maximum doses allowed in a 24-hour period. Most nonprescription medication labels display this information.
 - The date, time, and content of the physician contact made to obtain the required information is documented and maintained in the child's file.

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

11. Medications are injectables:

- Injections can **ONLY** be administered by the client/resident or by a licensed medical professional. Licensed medical professional includes Doctors of Medicine (M.D.), Registered Nurses (R.N.), and Licensed Vocational Nurses (L.V.N.) or a Psychiatric Technician (P.T.). P.T.s can only administer subcutaneous and intramuscular injections to clients/residents with developmental or mental disabilities and in accordance with a physician's order.
- Family members are not allowed to draw up or administer injections in CCFs or RCFEs unless they are licensed medical professionals.
- Facility personnel who are not licensed medical professionals *cannot* draw up or administer injections in CCFs or RCFEs.
- Licensed medical professionals may not administer medications/insulin injections that have been pre-drawn by another licensed medical professional.
- Injections administered by a licensed medical professional must be provided in accordance with the physician's orders.
- The physician's medical assessment must contain documentation of the need for injected medication.
- If the client/resident does administer his/her own injections, physician verification of the client's/resident's ability to do so must be in the file.
- Sufficient amounts of medications, test equipment, syringes, needles, and other supplies must be maintained in the facility and stored properly.
- Syringes and needles should be disposed of in a "container for sharps," and the container must be kept inaccessible to clients/residents (locked).
- Only the client/resident or the licensed medical professional can mix medications to be injected or fill the syringe with the prescribed dose.

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

12. Over-the-counter (OTC) medications, including herbal remedies, are present:

- OTC medications (e.g., aspirin, cold medications, etc.) can be dangerous.
- They must be centrally stored to the same extent that prescription medications are centrally stored (see criteria for central storage in Title 22 § 80075 (k) for CCFs and Title 22 § 87465 (h) for RCFEs).
- Over-the-counter medication(s) that are given on a PRN basis must meet all PRN requirements. (See section #10)
- Physicians must approve the use of all OTC medications that are or may be taken by the client/resident on a regular basis (e.g., aspirin for heart condition, vitamins, etc.) as well as those used on a PRN basis. Have documentation.
- Client's/resident's name should be on the over-the-counter medication container when: (1) it is purchased for that individual's sole use; (2) it is purchased by client's/resident's family or (3) the client's/resident's personal funds were used to purchase the medication.

13. You “set up” or “pour” medications:

- Have clean, sanitary conditions (i.e., containers, counting trays, pill cutters, pill crushers, and storage/setup areas).
- Pour medications from the bottle to the individual client's/resident's cup/utensil to avoid touching or contaminating medication.
- Medications must be stored in their original containers and not transferred between containers.
- The name of the client/resident should be on each cup/utensil used in the distribution of medications.
- Have written procedures for situations such as spillage, contamination, assisting with liquid medication, interactions of medications, etc.
- Have written procedures for facility staff regarding assisting with administration of medication, required documentation, and destruction procedures.

14. Assisting with medications (passing):

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

15. You designate staff to handle medications:

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

16. Medications are received or destroyed:

- Every prescription medication that is centrally stored or destroyed in the facility must be logged.

- A record of prescription medications that are disposed of in the facility must be maintained for at least 3 years in a Residential Care Facility for the Elderly and 1 year in a Community Care Facility (Group Homes, Adult Residential Facilities, etc.).
- A record of centrally stored medications for each client/resident must be maintained for at least 1 year.

17. Medications are prepackaged:

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

18. Sample medications are used:

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

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

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

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

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

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

21. Clients/residents use emergency medication(s) (e.g., nitroglycerin, inhaler, etc.):

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

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

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

22. Blood pressure and pulse readings are taken:

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

- The client/resident when his/her physician has stated in writing that the client/resident is physically and mentally capable of performing the procedure.
- A physician or registered nurse.
- A licensed vocational nurse under the direction of a registered nurse or physician.
- A psychiatric technician under the direction of a physician, surgeon, psychiatrist, or registered nurse. Psych Techs may take blood pressure and pulse readings of

clients/residents in any community care licensed facility. The Psych Tech injection restrictions noted in section #11 do not apply to taking vital signs.

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

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

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

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

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

This training must be completed prior to providing the service, must include hands-on instruction in general and client/resident specific procedures, and must be reviewed and updated by the licensed professional at least annually or more often if the condition changes.

- Staff must be trained by a licensed professional to recognize objective symptoms observable by a lay person and to respond to the client's/resident's health problem.
- Staff must be trained in and follow standard precautions and any other procedures recommended by the licensed professional.
- Written documentation outlining the procedures to be used in assisting the client/resident with the drops and all aspects of care to be performed by the licensed professional and facility staff must be maintained in the client's/resident's file.

Prior to providing ongoing client/resident assistance with drops, facility staff should consider the use of assistive devices, such as an eye cup, which would enable the client/resident to self-administer the drops.

24. Medications need to be stored:

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

25. Miscellaneous:

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

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

Appendix 4-H

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?