

Medication Administration

December 2022 Update

Course Objectives

- ✓ To provide caregivers without a nursing or medical license, the knowledge to be able to safely and competently give medications to a person they are caring for
- ✓ To provide caregivers a basic understanding about medications including classifications, names, storage and proper handling of medications
- ✓ To provide caregivers an understanding of how to protect the privacy of the people they are caring for
- ✓ The help caregivers understand when to ask for help and when to report problems

What to know, Part 1

- ❖ Why is a medication being used?
- ❖ What is the intended effect?
- ❖ What are the likely unintended side effects?
- ❖ Is the medication compatible with other medications being taken (medication interactions)?
- ❖ Categories of medications
- ❖ Families of medications
- ❖ Names of medications
- ❖ Proper medication storage

What to know, Part 2

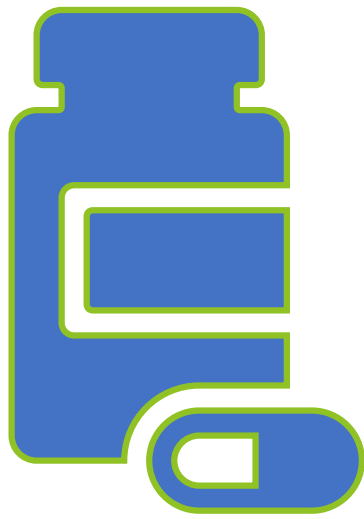
- ❖ How to give (administer) medications
- ❖ How to record the medications given (documentation)
- ❖ Alaska Assisted Living Homes Resident Bill of Rights
- ❖ What to do when mistakes are made (medication errors)
- ❖ How to protect privacy (confidentiality)

Competency Required

- ▶ To ensure safety in administering medicines, all caregivers should be competent in the following areas:
 - ✓ Medication Administration
 - ✓ Maintaining accurate medication records
 - ✓ The safe storage of all medications
 - ✓ Knowing who to call if there are questions or concerns

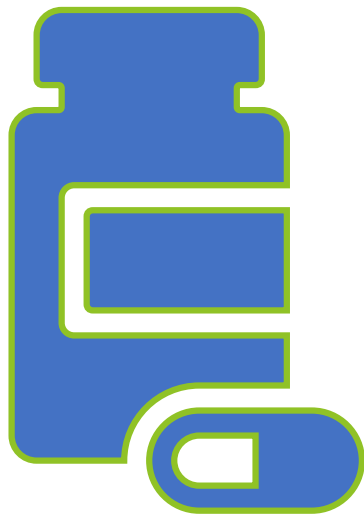
- Why medications are given
- How medications work
- Categories of medications
- Names of medications
- Proper storage of medications
- How to give medications (administration)
- Recording given medications (documentation)
- What to do when mistakes are made (medication errors)
- How to protect privacy (confidentiality)

**Topics you
will know
(content)**



Why medications are given

- ▶ The human body does not always function perfectly
- ▶ Medications are given in hopes of improving function



How medications work

- ▶ Expected or desired effects
- ▶ Correct medication levels
- ▶ Factors that affect medication levels
- ▶ Taking medications with or without food
- ▶ Side effects of medications
 - ▶ Minor
 - ▶ Severe
 - ▶ How to respond
- ▶ Interactions with other medications
- ▶ Toxicity

Expected or desired effects:

Prevent, Eliminate, Reduce, or Replace

▶ Preventing illness

- ▶ Polio and Tetanus vaccines PREVENT illness

▶ Eliminate a disease

- ▶ Antibiotics such as penicillin, ELIMINATE infections

▶ Reduce symptoms related to illness or injuries

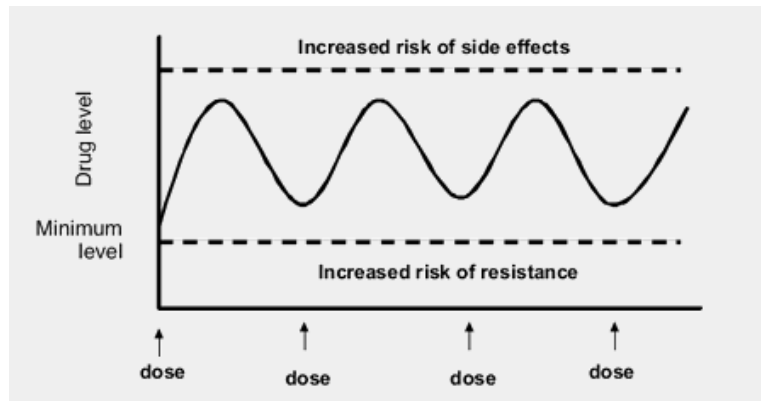
- ▶ Cold remedies REDUCE symptoms

▶ Replace something the body is lacking

- ▶ Insulin provides fuel (glucose) control
- ▶ Thyroid controls temperature, growth, etc.

Correct (therapeutic) levels

- ▶ Medications provide the desired effect only at certain levels in the blood
- ▶ If the medication level is too high, harm can occur
- ▶ If the level is too low, the medication is not effective



Medications need to be given as ordered

- ▶ Studies have shown the timing for when a medication should be given to obtain/maintain a helpful (therapeutic) level in the body.
- ▶ If medication is not given on time, the level may be too low or too high and can be dangerous
- ▶ Examples:
 - ▶ people with seizure disorders may have seizures if their medications are not given on time
 - ▶ People with diabetes can have blood sugar levels too high or low if insulin is given at the wrong time

How do medications give the desired effects?

- ▶ Most medications need to be absorbed in the body to take effect
- ▶ Medications are absorbed by many parts of the body:
 - ▶ Skin (topical)
 - ▶ Lungs (inhaled)
 - ▶ Digestive system (swallowed, under tongue, rectum)

Factors that affect medication levels

- ▶ Many factors change how well a medication is absorbed for a particular person:
 - ▶ Age
 - ▶ Sex
 - ▶ Genetic factors
 - ▶ Illnesses
 - ▶ Body weight / size
 - ▶ Pregnancy & breastfeeding
 - ▶ Psychological factors
 - ▶ Allergies
- ▶ Always be aware of the person's response to a medication and always report **ANY** changes in their condition.

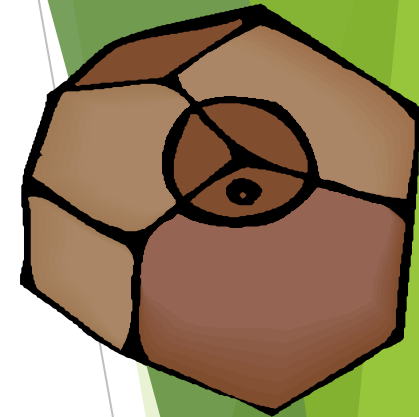
Factors: younger people

- ▶ Children differ from adults in how they take in and process drugs in several ways:
 - ▶ In infants, many systems are not fully developed to handle medications
 - ▶ Blood-brain barrier isn't fully developed
 - ▶ The liver isn't fully developed, so they cannot break down medications as effectively
 - ▶ Kidneys are immature so medications are excreted slowly
 - ▶ Children typically have higher concentrations of body water and lower concentrations of body fat

Factors: older people

- ▶ Age: as a person ages...
 - ▶ Absorption:
 - ▶ Decreased acid in the stomach
 - ▶ Decreased absorption in intestines
 - ▶ Distribution in the Body:
 - ▶ Decreased circulation
 - ▶ Decreased water in cells
 - ▶ Decreased protein in the blood
 - ▶ Increased body fat

Factors: older people (*cont*)



Liver Cell

Additional Factors for older adults

- ▶ Metabolism (breaking down):
 - ▶ Decreased blood flow & fewer liver cells
 - ▶ Decreased ability of liver to break down medications
 - ▶ A dose a person has taken for many years may become harmful when it builds up
- ▶ Excretion (removing) by liver and kidneys:
 - ▶ Kidney cells do not function as well
 - ▶ Decreased blood flow
 - ▶ So...medications are removed from the body at a slower rate

Factors: Genetics and Illness

- ▶ Because of genetics, diseases, or injuries a person who is one age may have a body that responds like someone older or younger
- ▶ Diseases of the stomach, intestines, kidneys, liver & circulatory system will affect medication levels in the body due to changes in absorption, metabolism, and excretion
- ▶ A person with heart, kidney, or liver disease may respond like someone older. *For example, a 35-year-old with kidney disease may process medications as if they were 70 years old.*

Factors: physical abilities, size, sex

- ▶ Is the patient able to swallow the medication as prescribed?
- ▶ Is the patient vomiting so they cannot keep meds in their system long enough for absorption?
- ▶ The larger the person, the more body tissue there is and may affect how much medication they need.
- ▶ Sex differences between men & women (hormones, body fat, muscle mass, fluids) affect how meds are absorbed and used in the body.

Factors: Pregnancy & Breastfeeding

- ▶ Pregnancy & Breastfeeding
 - ▶ Medications taken by a pregnant woman can cross the placenta and affect the developing fetus. Some medications are harmful to a baby before it is born.
 - ▶ Medications taken by a breastfeeding mother can be in the breast milk and absorbed by a baby.

- ▶ Make sure the patient's healthcare provider knows the patient is pregnant or breastfeeding.

Factors: genetics and psychological

▶ Genetic Factors

- ▶ People who have Down syndrome age prematurely. A 40-year-old has a body that acts like a 60-year-old.
- ▶ Some genetic factors cannot be seen on the outside because they determine how cells on the inside process medications.

▶ Psychological Factors

- ▶ Emotional factors, such as stress, affect how the body responds to medications.

Taking Medication with or without food

- ▶ Absorption of medications can be affected by food
- ▶ Some medicines **must be given with food (ibuprofen)**
- ▶ Some medicines **must NOT be given with food (thyroid)**
- ▶ **Most medications are not affected by food**

- ▶ Read ALL labels and handouts for each medication
- ▶ A printout from the pharmacy or other source on each medication is needed. If one is lost or unreadable, get a new one
- ▶ Call the pharmacy to get new handouts, if needed

Side (unintended) effects of medications

- ▶ headache
- ▶ nausea
- ▶ diarrhea
- ▶ constipation
- ▶ weight loss or gain
- ▶ sleepiness
- ▶ dizziness
- ▶ rash
- ▶ and many others

Side Effects

- ❖ Watch for side effects when starting a new medication or an increased dose, especially during the first few days
- ❖ Report any physical or behavioral changes to the healthcare provider
- ❖ Document: 1) the changes seen 2) who you reported the changes to 3) when you reported the changes
- ❖ Some medications (e.g. anti-depressants) might take days or weeks before side effects occur

Side effects

- ▶ Most side effects are due to medications changing the way our bodies work. These changes improve the function that was deficient but often negatively affects other functions as well. Those unintended effects are not necessarily allergies.
- ▶ Medication allergies are one kind of side effect. The immune system mistakenly recognizes a medication as if it were a bacteria or other harmful organism and tries to destroy it.
- ▶ Medication allergies usually involve the skin (rash, itching, hives) or digestive system (nausea, diarrhea).

Allergies

- ▶ Check for medication allergies before giving medications
- ▶ Individuals can develop allergies to medications at any time
- ▶ Rarely, allergies can be severe and life-threatening



Anaphylaxis - severe allergic reaction

❖ Points to Remember:

1. Anaphylaxis can be caused by medications, insect stings, or food.
2. These reactions can be life-threatening without immediate medical attention.
3. Some people with allergies like bee stings or peanuts, have a device (**Epipen**) prescribed by their health care provider.
 - If the person you support uses one of these devices, you will need to receive additional training to help them use it!

Know the symptoms of Anaphylaxis! It could save a life

▶ Skin

- ▶ itching
- ▶ hives
- ▶ redness
- ▶ sweaty
- ▶ pale

▶ Respiratory

- ▶ runny or itchy nose
- ▶ coughing
- ▶ sneezing
- ▶ wheezing
- ▶ shallow or fast breathing
- ▶ swelling of throat
- ▶ hoarse voice

▶ Cardiovascular

- ▶ swelling of lips, tongue, or throat
- ▶ feeling dizzy or lightheaded
- ▶ passing out
- ▶ fast heart rate

▶ Neurologic

- ▶ confusion
- ▶ anxiety
- ▶ feeling impending doom

▶ Digestive

- ▶ nausea
- ▶ vomiting
- ▶ diarrhea
- ▶ abdominal pain

Responding to Anaphylaxis

- ▶ If you suspect anaphylaxis:
 - ▶ Do NOT wait to see if symptoms improve
 - ▶ **Call 911 or other emergency number**
 - ▶ If in doubt, CALL!

Toxicity

- ▶ A high dose of medication can be poisonous or harmful to the patient
- ▶ Serious signs (observable) and symptoms (reported) can include:
 - Blurred or double vision
 - Convulsions/seizures
 - Muscle weakness
 - Confusion
 - Shortness of breath
 - Unusually sleepy or groggy
 - Vomiting
- ▶ If you notice any symptoms of the above symptoms, contact a nurse or other healthcare professional!
- ▶ If the reaction seems to be **life-threatening, call 9-1-1**

Extrapyramidal symptoms (EPS)

- ▶ EPS are involuntary or uncontrolled movements, tremors, or muscle contractions of the face, mouth, neck, or limbs
- ▶ These can be caused by **long-term use of antipsychotic** and certain other medications
- ▶ If you notice any of these movements, contact the healthcare provider who prescribes the medications for that person

Medication (drug-drug) Interactions

- ✓ Medication Interactions are desired or an undesired effects due to combination of medications; most effects are undesired.
- ✓ The chances of drug interactions increases as the number of medications a person is taking increases
- ✓ Primary care providers (PCPs) should always be aware of all medications someone takes including OTC's such as vitamins, cold meds, laxatives, or pain relievers
- ✓ Always obtain a specific order from the PCP for each medication
- ✓ If a PCP *discontinues* a medication, make sure they write it down
- ✓ If a PCP *adds* a new medication, this may affect the levels of other medications
- ✓ Interactions may **increase or decrease the effects** of one or more meds. For example, antacids taken with an antibiotic may prevent the antibiotic from being absorbed in stomach. So, there would be less or no effect on the bacteria.

Neuroleptic Malignant Syndrome

❖ Another possible life-threatening emergency is associated with the use of antipsychotic medications such as haloperidol.

❖ Symptoms include:

sudden fever

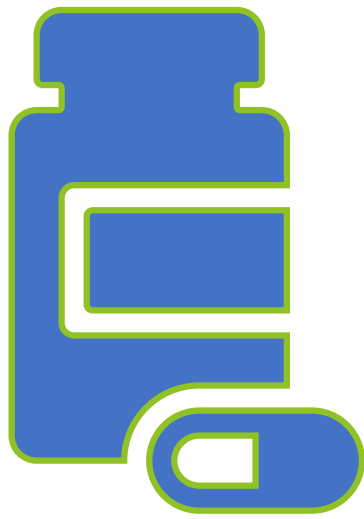
rigidity or
stiffness

shaking

rapid pulse

red sweaty skin

❖ Call **9-1-1** immediately if you suspect this



Categories of Medications

- ▶ Prescription (Rx)
- ▶ Controlled Substances
- ▶ Over-the-counter (OTC)
- ▶ Nutritional supplements
- ▶ Herbal remedies

Prescription (Rx) medications

- ▶ **Require an order from a healthcare provider**
 - ▶ Physician (MD, DO)
 - ▶ Physician assistant
 - ▶ Nurse practitioner/Advanced Practice Registered Nurse
 - ▶ Optometrist/Ophthalmologist
 - ▶ Podiatrist
 - ▶ Dentist
- ▶ **Must be obtained from a pharmacy**

Controlled Substances

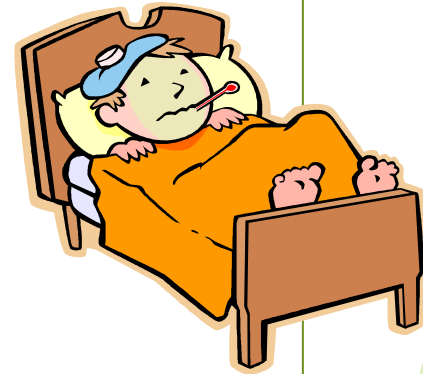
- ▶ **Special category of prescription medications**
 - ▶ Due to the higher risk for harm and abuse
 - ▶ Controlled by the DEA (Drug Enforcement Agency, federal level)
 - ▶ Includes:
 - ▶ Opioid pain medications like oxycodone
 - ▶ Benzodiazepines like lorazepam
 - ▶ ADHD Medications including amphetamines
 - ▶ Have special policies for handling (counting, disposing, etc.)
 - ▶ PRN Controlled substances **CANNOT** be delegated to non-licensed staff. Only licensed nurses can give them.

OTC's: Over the Counter

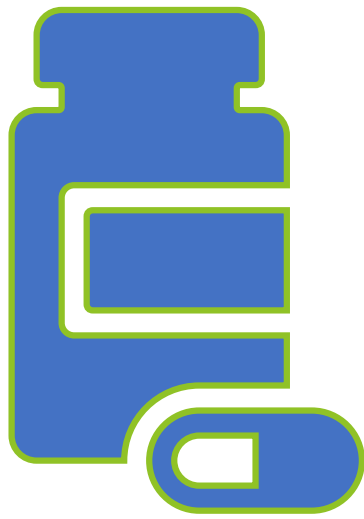
- ▶ Can buy without a prescription
- ▶ Unlicensed caregivers must have an order from parent or guardian on file BEFORE giving the medication to children
- ▶ OTC medications can be **dangerous**. Examples include:
 - ▶ Iron, aspirin, and Tylenol (acetaminophen) can be toxic in large doses
 - ▶ Cold medicines can change the way blood pressure medications work
 - ▶ Benadryl (diphenhydramine) can cause confusion and falls in elders

Nutritional & Herbal

- ▶ Additional types of Over-the-Counter products:
 - ▶ Nutritional supplements (FDA approved)
 - ▶ Herbal remedies (not regulated)



- ▶ Must be pre-approved by the healthcare provider (MD, DO, NP, PA, etc.)
- ▶ Must be documented each time administered



Families of Medications

- ▶ Anti-infectives
- ▶ Analgesics/anti-inflammatories
- ▶ Cardiovascular
- ▶ Endocrine
- ▶ Gastrointestinal
- ▶ Genitourinary
- ▶ Hematologic
- ▶ Otic
- ▶ Psychotropic
- ▶ Respiratory

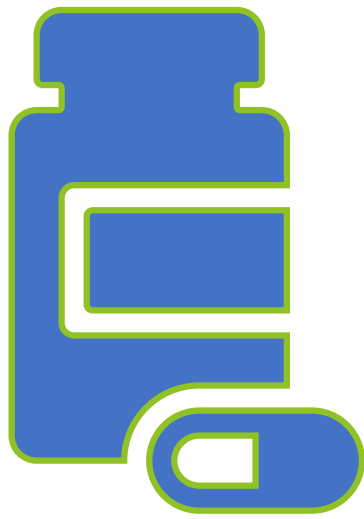
Families of medications

- ▶ Medications are grouped in categories based on the type of illness or problem that it addresses
 - **Antibiotics** - bacteria inhibitors or killers
 - **Anti-Virals** - virus inhibitors or killers
 - **Anti-Fungal** - yeast/fungi inhibitors or killers
 - **Cardiovascular Drugs** - heart rhythm or high blood pressure
- ▶ **Central nervous system medications:**
 - **Antiepileptic/anticonvulsants** - prevents seizures, can regulate mood
 - **Sedatives** - calms people
 - **Antipsychotics** - prevents or reduces hallucinations and/or delusions
 - **Antidepressants** - improves or eliminates depression
 - **Stimulants** - decreases weight, improves concentration for ADD/ADHD

Laughter is the best medicine...
except for
treating diarrhea..



your  cards
someecards.com



Names of Medications

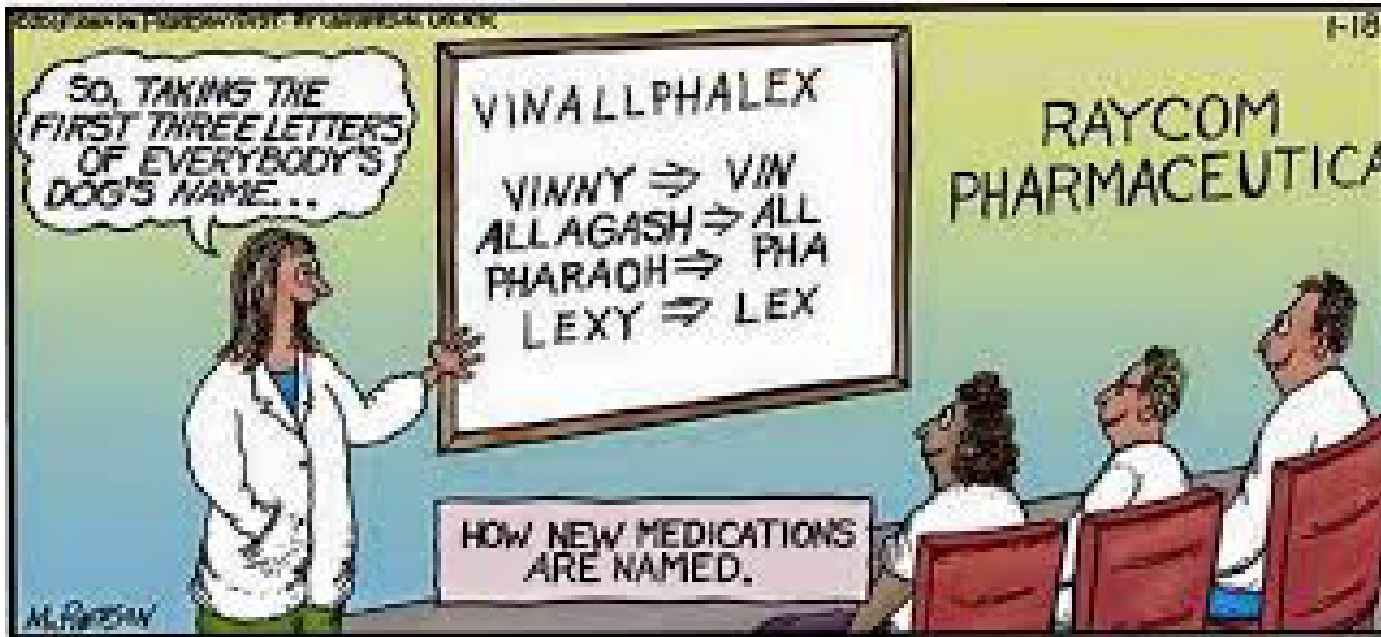
- ▶ Brand vs generic
- ▶ MANY different prescription medications in the US

Names of medications

- ▶ How are medications named?
 - ▶ All medications have two names
 - ▶ brand (trade) name: chosen by the drug manufacturer & picked to be simple or memorable. Brand names are Capitalized
 - ▶ generic name: generally derived from the chemical structure of the drug. The generic name is lower case
 - ▶ Two VERY different medications can have very similar generic names (fluoxetine & fluvoxamine is one example) -
 - ▶ Read carefully!

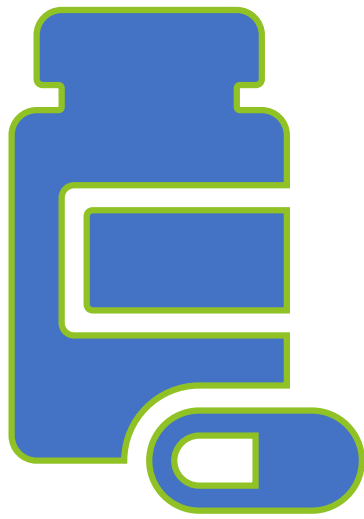
CLOSE TO HOME

BY JOHN McPHERSON



Names of medications

- ▶ **There are over 20,000 prescription medications approved by the Food and Drug Administration (FDA) in the US**
- ▶ There can be more than one brand name of a given medication
- ▶ It is beyond the scope of this course to teach more than the very basics about medications you may encounter
- ▶ **Read or ask about medications that are new to you to learn why they are given, what side effects are common, and more**

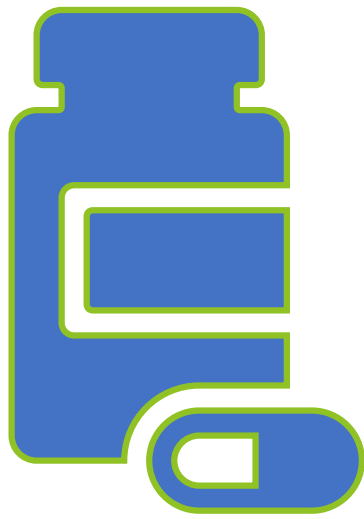


Proper medication storage

- ▶ Securely
- ▶ Safely

Medication Storage

- ✓ Medications should be secured so they cannot be tampered with or accidentally eaten
- ✓ Refrigerated medications should have safeguards, such as locked boxes or drawers
- ✓ Medications should be kept in the original container (or med pack) with original labeling
- ✓ Topical medications should be stored separately from other medications
- ✓ Each person should have his/her own compartment, bin, or area for their own medications
- ✓ Are to be used ONLY by the person for whom they are prescribed
- ✓ Are not be used after the expiration date
- ✓ Dispose of medications according to your agency's policy



How to give medications (administration)

- ▶ Universal Precautions
- ▶ Medical abbreviations
- ▶ Measurements
- ▶ 6 Rights of Administration

"We combined all your medications
into ONE convenient dose."



Universal precautions



- ▶ Wash hands with soap and water or use hand sanitizer before and after giving patient medications
- ▶ Wear gloves when handling medications
- ▶ Wipe down the area you use to prepare medications with a cleaner or disinfectant before use
- ▶ Cough into your elbow
- ▶ Throw away medications that fall on the floor or other unclean surface and ask a nurse or supervisor how to get a replacement

Abbreviations

- ▶ Commonly used abbreviations for prescriptions:
 - AM = morning
 - cc = cubic centimeter = ml
 - ml = milliliter
 - h or hr = hour
 - Hs or HS = at bedtime
 - PM = afternoon; evening
 - po = by mouth
 - PRN = when needed
 - sup or supp = suppository
 - tab = tablet
 - Tbsp = tablespoonful
 - tsp = teaspoonful
 - mg = milligram
 - ▶ BID = two times a day
 - ▶ TID = three times a day
 - ▶ QID = four times a day

Measurement

- ▶ Common metric measurements you should know:
 - Most capsules and tablets are in milligrams (mg)
 - 1000 mg = 1 gram
 - 500 mg = 0.5 grams
 - 250 mg = 0.25 grams
 - 100 mg = 0.1 grams

Measurement, *cont...*

► Quantities given

1. You have Dilantin 100 mg capsules. John needs 400mg to be taken at bedtime.

Give John four 100 mg capsules = 400 mg

2. You need a dose of 1 gram of Tylenol. You only have 500 mg (0.5 gram) tablets

Give two 500 mg tables = 1000 mg = 1 gram

Liquid Medication

- ▶ When preparing an oral liquid dose of medication, caregiver holds the measure at eye level, with thumbnail resting on the line that marks the level to which liquid should be poured.
- ▶ Note: injected medications (e.g. insulin) are ONLY allowed to be given by licensed nurses and CANNOT be delegated.
- ▶ Liquid Measurement (volume)
 - ▶ 1 ml = 1 cc
 - ▶ 2 ½ ml = ½ teaspoon (tsp)
 - ▶ 5 ml = 1 teaspoon (tsp)
 - ▶ 15 ml = 3 teaspoons (tsp)
 - ▶ 15 ml = 1 Tablespoon (Tbsp)
 - ▶ 30 ml = 1 fluid ounce (oz)



Liquid Measures


- ▶ Most liquids are measured in milliliters (ml) or liters (L)
- ▶ 5ml = 5cc = 1 teaspoonful (tsp)
- ▶ 15ml = 15cc = 1 tablespoon (Tbsp)
- ▶ 30ml = 30cc = 1 ounce (oz)
- ▶ 240ml = 240cc = 8 ounces (oz) = 1 cup (c)

- ▶ One ml is $1/1000^{\text{th}}$ of a liter, and a cc is one cubic centimeter. Both are equivalent measures of volume

Strength of Liquid Meds

- ▶ The strength of liquid medicine is measured in mg/ml
- ▶ Medications often are available in multiple strengths. For example, amoxicillin comes in 125 mg, 200 mg, 250 mg, or 400mg per 5 ml of liquid suspension
- ▶ Sometimes medications are the same strength but different numbers.
- ▶ For example, both orders below are the same strength.
 - ▶ Order #1 - amoxicillin 500 mg per 10 ml of suspension
 - ▶ Order #2 - give 10ml of amoxicillin 250 mg per 5 ml
- ▶ Read carefully and double check!

Strength of Liquid Meds, cont..

- ▶ **Example:**
 - ▶ Your directions say to give 1 Tablespoon of cough syrup, every 4 hours, as needed for cough
 - ▶ Do NOT use an eating utensil like a soup spoon to measure medications. They are not accurate
 - ▶ Use a metric measuring device
- 
- The image shows three clear plastic measuring cups of different sizes, each with metric markings in milliliters (ml). The cups are arranged in a row on a light-colored surface. The cup on the left is the smallest, the middle one is medium-sized, and the one on the right is the largest. All three cups have markings for 10, 20, and 30 ml.
- ▶ You would give 15 ml because this equals 1 tablespoonful

Using Drops or Ointments

1. Wash hands thoroughly with soap & water
2. Put on clean, new, non-latex gloves
3. Check dropper top to make sure it is not chipped or cracked
4. Avoid touching the dropper on the eyelid or eye lashes or anything else—eye droppers and tubes must be kept clean
5. While tilting head back, pull down lower lid of eye with an index finger to form a pocket
6. If possible, have the client pull down their eyelid

Using Drops or Ointments, *cont...*

7. With the other hand, hold dropper tip as close to the eye as possible without touching it
8. Brace the remaining fingers of the hand against the face
9. Gently squeeze the dropper so that the correct number of drops fall into the pocket made by the lower eyelid
10. Close the eye for 2 minutes. Wipe away any excess with tissue
11. Replace and tighten the cap right away. Do not wipe or rinse the dropper tip
12. Remove gloves and wash hands

6 Rights of Administration

Important: 6 Rights of Medication Administration

1. **The Right Person**
2. **The Right Medication**
3. **The Right Dose**
4. **The Right Route**
5. **The Right Time**
6. **The Right Documentation**

The Rights...

➤ The Right **Person**:

- ✓ Always look on the medication label & Medication Administration Record (MAR) to make sure the name matches the person
- ✓ Medications are to be used ONLY for the person whose name is on the label

➤ The Right **Medication**:

- ✓ The medication must be the one prescribed by the person's healthcare provider
- ✓ Many medication names sound alike but are VERY different
- ✓ There can be several names for the same medication; generic, trade

➤ The Right **Dose**:

- ✓ The correct dose will be documented on the prescription label
- ✓ Multiple tablets or measuring liquids may need to happen to give the correct dose
- ✓ Abbreviations & measurements may be used & will be discussed later

Careful when taking medications early in the morning. I almost took an allergy pill...



The Rights...

➤ The Right **Route**:

- ✓ This is the method with which it is given: oral (swallowed), ophthalmic (eye), otic (ear), inhaled, rectal, vaginal, or topical (patches, cream, ointment)

➤ The Right **Time**:

- ✓ Medications & Treatments must be given within 1 hour before, or 1 hour after the scheduled time
- ✓ Some medications are given at multiple times during the day
- ✓ Some medications are ordered for once a day or on different days of the week
- ✓ Most medications are ordered on a specific time schedule
- ✓ Some medications are ordered to be given “as needed” or “PRN”
- ✓ Before giving a “PRN” medication you must:

Have written instructions which includes the **dosage**, **how often**, and **how long (or how many times)** and when to contact the Nurse

The Rights...

➤ The Right **Documentation:**

- ✓ The Medication Administration Record (MAR) is used to document the administration of all medications
- ✓ After the medication is given, your initials are written in the correct box to note the time it was given. You might enter that information in the software on your computer, tablet, or phone
- ✓ If the medication is NOT given, circle your initials and document in the record why it was not given
- ✓ Whatever system is used, the purpose of documentation is to accurately and completely record the care given to individuals
- ✓ **Documentation is CRUCIAL.** It is a permanent record and a legal one.
- ✓ A familiar phrase in healthcare is “If it wasn’t documented, it wasn’t done.”
- ✓ Documentation must be complete and legible
- ✓ Draw a single line through an erroneous entry to identify it as an error

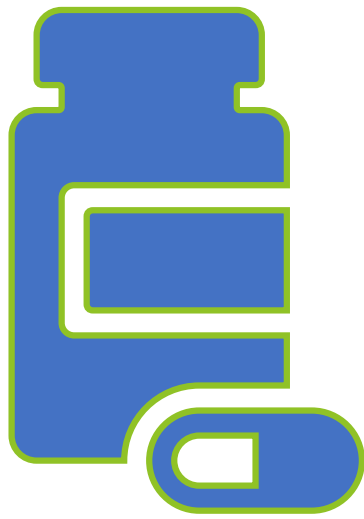
The Rights...

Note: when a medication comes into the home, make sure it is the **SAME** strength as the order! If it is different, contact the pharmacy

Medication Don'ts

▶ The “Don'ts” of Medication Administration

- ▶ Don't administer medications that aren't filled by a pharmacy or a healthcare provider with an original label
- ▶ Don't administer one person's medication to another person
- ▶ Don't double up on a missed dose unless instructed to by the primary care provider
- ▶ Don't cut or crush an un-scored pill without orders from a pharmacist or healthcare provider
- ▶ Don't document until you give the medication
- ▶ Don't try to hide your mistakes
- ▶ Don't ask another person to perform the task you are responsible for doing
- ▶ Medication administration is a serious responsibility and may not be transferred



Recording given medications (documentation)

Documentation

- ▶ ALL prescription and non-prescription (over-the-counter) medications, including vitamins or herbs, must be approved by the healthcare provider
- ▶ Each medication must be on the Medication Administration Record (MAR) with complete instructions for how to give them. If information is missing, contact the healthcare provider for clarification
- ▶ This includes:
 - ▶ name of the medication (or supplement)
 - ▶ strength of the medication
 - ▶ quantity of the medication
 - ▶ how to give the medication (by mouth, rub on skin, etc.)
 - ▶ when to give the medication

Packaging & Delivery

► Med packs or sets

- May come in blister packs, rolls, or sachets
- Contain medications for an entire week or month
- Clear plastic on the front of the package to allow for inspection of the medications by the caregiver without opening first



Packaging, *cont...*

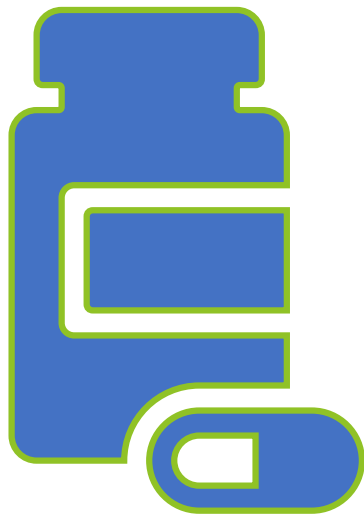
- ▶ **Pharmacy bottles**
 - ▶ Contains one type of medication
 - ▶ Enough for 1 to 3 months
 - ▶ May be liquid, tablet, capsule
- ▶ **Pharmacy bottle labels**
 - ▶ Individual's name
 - ▶ Name and strength of medication
 - ▶ Directions
 - ▶ Number of capsules/tablets
 - ▶ Number of refills
 - ▶ Prescription number
 - ▶ Name of prescriber

Where Can I Get More Information?

Attention

- ❖ Medication manufacturer's medication insert
- ❖ The agency nurse or nurse practitioner
- ❖ The pharmacist
- ❖ The healthcare provider prescribing the med

Warning: this is a general medication administration training module. Each caregiver must be trained by the nurse who is delegating you to administer medications on each individual's medications before administering medications.



Alaska Assisted Living Homes Resident Bill of Rights

<http://dhss.alaska.gov/dhcs/Documents/Residential-Licensing-Background/Sample-Forms/Notice-of-Resident%27s-Rights.pdf>

Residents of Alaska Assisted Living Homes Rights

- ▶ a. live in a safe and sanitary environment;
- ▶ b. be treated with consideration and respect for personal dignity, individuality, and the need for privacy, including privacy in
 - ▶ 1. medical examination or health-related consultation;
 - ▶ 2. the resident's room or portion of a room;
 - ▶ 3. bathing and toileting, except for any assistance in those activities that are specified in the resident's assisted living plan; and
 - ▶ 4. the maintenance of personal possessions and the right to keep at least one cabinet or drawer locked;
- ▶ c. possess and use personal clothing and other personal property, unless the home can demonstrate that the possession or use of certain personal property would be unsafe or an infringement of the rights of other residents;

Residents of Alaska Assisted Living Homes Rights...

- ▶ d. engage in private communications, including
 - ▶ 1. receiving and sending unopened correspondence;
 - ▶ 2. having access to a telephone, or having a private telephone at the resident's own expense; and
 - ▶ 3. visiting with persons of the resident's choice, subject to the visiting hours established by the home;

- ▶ e. close the door of the resident's room at any time, including during visits in the room guests or other residents;

- ▶ f. at the resident's own expense unless otherwise provided in the residential services, participate in and benefit from community services and activities to achieve the highest possible level of independence, autonomy, and interaction with the community;

- ▶ g. manage the resident's own money;

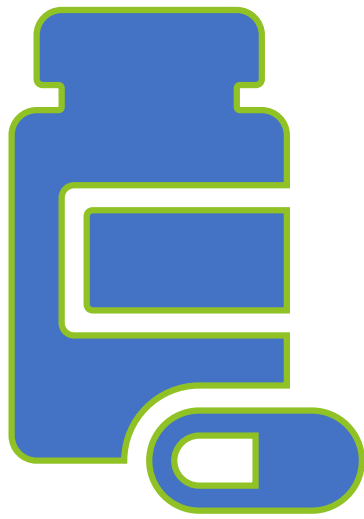
- ▶ h. participate in the development of the resident's assisted living plan;

Residents of Alaska Assisted Living Homes Rights...

- ▶ i. share a room with a spouse if both are residents of the home;
- ▶ j. have a reasonable opportunity to exercise and to go outdoors at regular and frequent intervals when weather permits;
- ▶ k. exercise civil and religious beliefs;
- ▶ l. have access to adequate and appropriate health care and health care providers of the residents own choosing, consistent with established and recognized standards within the community;
- ▶ m. self-administer the resident's own medications, unless specifically provided otherwise in the resident's assisted living plan;
- ▶ n. receive meals that are consistent with religious or health-related restrictions;
- ▶ o. receive the prior notice of the home or the home's intent to terminate the services contract of the
- ▶ p. present to the home grievances and recommendations for change in the policies, procedures, or services of the home;

Residents of Alaska Assisted Living Homes Rights...

- ▶ q. at the resident's own expense unless otherwise provided in the residential services contract, have access to and participate in advocacy or special interest groups;
- ▶ r. at the resident's own expense unless otherwise provided in the residential services contract, intervene or participate in, or refrain from participating in, adjudicatory proceedings held under this chapter, unless provided otherwise by other law;
- ▶ s. reasonable access to home files relating to the resident, subject to the constitutional right of privacy of other residents of the home;
- ▶ t. visits from advocates and representatives of community legal services programs, subject to the resident's consent for the purpose of
 - ▶ 1. making personal, social, and legal services available;
 - ▶ 2. distributing educational and informational materials to advise a resident or resident's representative of applicable rights; and
 - ▶ 3. assisting a resident or resident's representative in asserting legal rights or claims;
- ▶ u. immunity from civil liability for the filing a complaint concerning a violation under AS 47.33 or 7 AAC 75 or testifying in an administrative or judicial proceeding arising from a complaint concerning a suspected violation, unless the person acted in bad faith or with malicious purpose.



What to do when mistakes are made (medication errors)

Medication errors

► **A medication error is any time that:**

1. The right medication is not administered
2. Or to the right person
3. Or at the right time
4. Or in the right amount
5. Or by the right route
6. Or if it is not documented correctly

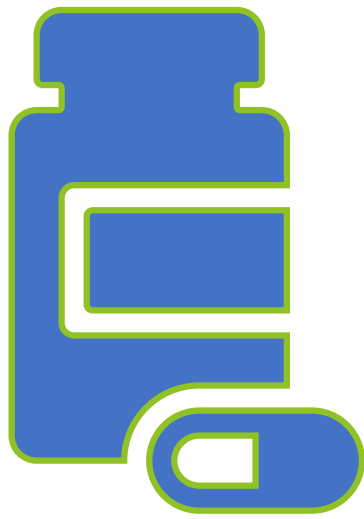
Medication errors...

- ▶ Remember - you are human and humans make mistakes
- ▶ Don't make it worse by hiding your mistake
- ▶ Do what you would want someone to do if you or your family member was the one who took the wrong medication

Medication errors...

► Steps to take if a medication error occurs:

1. Check the level of consciousness & breathing of the person first
2. If there are breathing problems, seizures, or difficulty arousing the person, **Call 9-1-1**
3. Call the nurse on duty or your supervisor
4. Call the healthcare provider who prescribed the medication
5. If the provider does not respond within 1 hour, call the emergency room for guidance
6. Document the error and steps you took after



How to protect privacy (confidentiality)

Confidentiality

- ✓ A person's illnesses & medications are private matters
- ✓ Under HIPAA, you may talk to healthcare professionals (RNs, LPNs) where you work about a person's medications, but only to perform your job.
- ✓ A caregiver must be aware of this responsibility and never discuss any matter pertaining to health or medications with any person not involved in the care of the patient, unless you have the specific written consent of the person or his/her guardian.

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“Your medical records are safe with us.
We take patient privacy very seriously.”

What if I am not sure what to do??

As a person caring for or providing support for an individual, YOU are responsible for that person

If you have ANY concern about the person you are supporting or their medication, contact: the nurse, your supervisor, their pharmacist, or their PCP.
Call **911** for a serious emergency

Sources for Medication Information

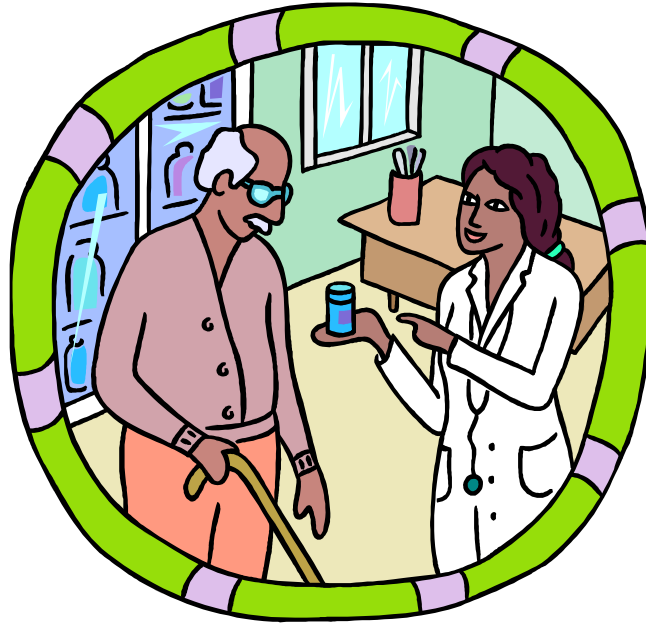
- ✓ PDR: Physicians Desk Reference
- ✓ Nursing drug references
- ✓ www.drugs.com
- ✓ Pharmacy where the prescriptions were filled
- ✓ Patient's primary care provider

The Internet...

- ❖ Anyone can post information on the Internet
- ❖ This information is NOT always correct!
- ❖ Some people will post inaccurate information about medications and treatments
- ❖ Read information from the drug manufacturer or reputable online source
- ❖ www.drugs.com
- ❖ www.everydayhealth.com/drugs/
- ❖ www.mayoclinic.org/drugs-supplements
- ❖ www.webmd.com/drugs/2/index

In Summary

- ✓ To ensure quality care and the safety and well-being of every individual, each caregiver must be competent and knowledgeable
- ✓ The caregiver must know about the individual and their ordered medications
- ✓ The caregiver should be knowledgeable about how to safely administer medications and the policies of their organization
- ✓ The caregiver is expected to know when to ask for help and when to report problems



This PowerPoint was edited and recreated from the Alaska Board of Nursing website document by Nancy Edtl, MBA, RN, BSN, NCSN; director of Nursing & Health Services, Anchorage School District. November 2012. Updated January 2022 by Ivan Wang, MS, PA-C, Alaska Pioneer Homes.