

**MEDICATION
ADMINISTRATION
FOR
NON-LICENSED PERSONNEL
HANDBOOK**



ACKNOWLEDGEMENTS

The Medication Administration for Non-Licensed Personnel Curriculum was developed for use in the Supports for Community Living (SCL) Medicaid Waiver program as a standardized mechanism for training direct care and support staff, to assist individuals who participate in SCL services, with their medications.

The curriculum is the outcome of a collaborative effort between the Department of Behavioral Health, Developmental and Intellectual Disabilities, Division of Developmental and Intellectual Disabilities (DDID) and the Department of Public Health (DPH). This partnership produced a competency based curriculum that provides non-licensed staff with the knowledge and skill needed to ensure that medication administration assistance is offered in a safe and effective manner.

Local public health departments partnered with SCL agencies in a pilot project to test the curriculum. These partners were: Purchase District Health Department and Four Rivers Behavioral Health; Floyd County Health Department and Mountain Regional MH/MR Board; and Madison County Health Department and Chransye. The information and data gathered during this pilot project was used to modify the curriculum.

DPH and DDID presented the curriculum to the Kentucky Board of Nursing (KBN) and provided assurances for oversight and monitoring of the training and implementation. KBN approved the curriculum for use in the SCL program and supports the SCL implementation of this training.

Thank you Dr. William Hacker, Sarah Wilding RN, Betsy Dunnigan RN, VivEllen Chesser RN, Deborah Bridges RN, Benita Jackie RN, Amy DiLorenzo, Alice Blackwell, Tammy Swartz RN, and the pilot project participants who were instrumental in the development of the *Medication Administration for Non-Licensed Personnel Handbook*.

Medication Administration for Non-licensed Personnel

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Medication Administration Curriculum for Non-Licensed Personnel

Training Process

Note: The Medication Administration Curriculum Handbook for Non-Licensed Personnel should be given to the course participant one week prior to the course

- **Day One: Classroom Training (8 hours)**
 - Explanation of training and testing process
 - Review handbook Review (CDS) College of Direct Support learning system
 - Review SCL agency policies & procedures
 - Watch skills DVD
 - Review competency skills from handbook
 - Summary/Questions

- **Online modules: RN Direct Trainer notifies agency's sub administrator to assign modules 1-4 to the non-licensed participant**
- **Modules are located at (<http://www.collegeofdirectsupport.com/ky>)**
 - Modules are consecutive
 - Each module ends with a 20 question, open book test
 - Staff must score 90% on each module before they may proceed to the next module
 - Module I
 - Module II
 - Module III
 - Module IV

- **Skills demonstration**
 - **Consists of 3 competency levels:**
 - **Beginner**
 - **Intermediate**
 - **Advanced**
 - 100% accuracy is required to proceed to next level
 - After successfully passing all three competency levels, staff will then be approved to take the final exam

- **Final Exam**
 - Consists of 50 questions
 - Not open book, proctored by direct trainer RN
 - Staff must score 85%
 - May re-take the final exam one time (RN trainer discretion)
 - May not be given until Day 1, modules, and skills demonstration have been completed
 - If staff fails the competency evaluation or the final exam two times, they must repeat the entire course

- **RN trainer discretion**

- RN trainer to determine if observation of medication administration is needed outside of classroom setting
- Skills demonstration by written exam or return demonstration
- Optional paper exam for staff unsuccessful on CDS system
- Classroom training schedule

Direct Trainer Agreement

By your signature below you are acknowledging that you have read the curriculum and agree to the following:

- Agree to train only non-licensed personnel working in the Supports for Community Living (SCL) program.
- Direct trainer must be a registered nurse with a minimum of one year experience as a professional nurse.
- You will not change or delete any part of the curriculum, in its current format.
- Curriculum will be reviewed by DDID staff at least annually. Direct trainer RNs must be aware of and train non-licensed personnel using the most current version of the curriculum.
- Agree to follow the approved training process.
- Agree to maintain active licensure status according to KBN and SCL regulations.
- Agree to immediately notify SCL provider and DDID of any changes to nursing license
- Agree to submit written request to DDID in the event a paper exam is needed for staff unsuccessful on CDS.
- Allow non-licensed personnel to have a minimum of 1 week and a maximum of 4 weeks to complete Modules 1- 4 on the College of Direct Support.

Signature

License #

Date

***Failure to abide by this agreement may result in rescinding of RN
Direct Trainer Certificate**

AGREEMENT TO FOLLOW EMPLOYING AGENCY'S POLICIES AND PROCEDURES

I, _____, have
received a copy of

(SCL Provider Agency)

policies and procedures related to medication administration, including:

- Storage of medications/keys
- Disposal of medications
- Medication Administration Records (Routine/PRN)
- Refusal of medications
- Medication errors
- Monitoring of effects of medication

My signature below is to acknowledge that I have read, understand, and agree follow those established policies and procedures.

Signature of non-licensed staff

Date

Signature of direct trainer RN

COURSE OVERVIEW

Course Objectives:

- To train non-licensed personnel in:
Methods of delivering medication (oral versus topical)
- Safely and accurately administering medication to ensure the safety of those individuals in your care
- Understanding intended effects of medications, as well as, the potential for adverse side effects
- Recognizing and differentiating side effects
- Properly reporting adverse side effects
- Following instructions given in response to adverse side effects
- Demonstrating competency

Course Goal:

This course is intended for non-licensed personnel who provide direct care of individuals receiving supports or services in the Supports for Community Living program. It is understood the employing agency will reserve the right to select non-licensed personnel for this training.

Upon successful completion of this course the non-licensed personnel would prove competency, as determined by a registered nurse, in administration of an individual's medication, and when appropriate, observation of an individual's self-administration of medications.

COURSE DESCRIPTION

This course is designed to include:

- ❖ Classroom training
- ❖ Online learning modules
- ❖ Skills demonstration
 - Participants must pass Basic to proceed to Intermediate and pass Intermediate to proceed to Advanced and have 100% score on each level
- ❖ Final exam

Each online module will contain a post examination to determine competency in understanding the information. A passing score of 90% is required on Module I, II, III and IV exams. Personnel will be expected to score an 85% on the final exam and pass the demonstration of competency skills as determined by the RN trainer.

With successful completion of this course, non-licensed personnel will have increased knowledge of the following:

1. Accurate transcription of medication from the order/prescription on to the appropriate Medication Administration Record
2. Reviewing individuals history on Medication Administration Record (allergies And other co-existing medical conditions)
3. Using proper hygiene/universal precautions in medication preparation.
4. Accurate individual/medication identification by comparing medication label to the transcribed Medication Administration Record:
 - a. Right Client
 - b. Right Medication
 - c. Right Time
 - d. Right Dose
 - e. Right Route
 - f. Right Documentation
5. Educating individual on medication being administered

6. Application/Administration of:
 - a. Oral Medications
 - b. Eye Drops
 - c. Ear Drops
 - d. Topical Ointments/Creams
7. Epi-Pen Use
8. Correct use of oral and nasal inhalers
9. Correct counting of controlled medications and documentation of count
10. Observation of individuals during/after medication administration:
 - a. For cheeked medication
 - b. How to observe and report adverse effects
11. Taking vital signs:
 - a. blood pressure
 - b. temperature
 - c. respirations
 - d. and pulse
12. An understanding of agency policies and procedures

College of Direct Support (CDS) Medication Administration Modules/Final Exam

The process is as follows...

Once the RN Trainer (completion of DDID RN Trainer Training) completes a face-to-face training with non-licensed staff, she/he will notify the agency's CDS sub-administrator (every agency has at least one) who will then assign the DDID Medication Administration Module to each employee/staff person that has attended the face-to-face training. Each of the four lessons are included in that module. They may be completed independently with open-book testing, and require a 90% passing score on the exams.

When each learner is ready to take the final exam, the sub-administrator will assign the DDID Medication Administration Final Exam when the RN Trainer is **present to proctor the exam**. In other words, the procedures are the same as when the modules were located on the Kentucky TRAIN system. There are no changes to the training requirements; the online portion has simply been moved to CDS system.

Sub-administrators should NEVER assign the Modules or the Final Exam without authorization from the RN Trainer for a particular staff person. Only the RN Trainer can indicate the appropriate time to make the assignments.

Setting up an account on CDS...

Most employees will already have an account on CDS but if they do not please ask them to contact their provider agency CDS Sub-Administrator to set them up an account ahead of time. Below is the login URL for the College of Direct Support short version and long version. Either version will work and open up to the page below.

<https://www.collegeofdirectsupport.com/ky>

<https://login.elsevierperformancemanager.com/systemlogin.aspx?virtualname=KY>

They will enter their login information (user name and password) in the boxes provided.



DirectCourse
ONLINE CURRICULA FOR LIFE IN COMMUNITY

Welcome to the DirectCourse login page.

To gain access to the system you will use the Learner ID and Password provided to you by your learning administrator. If you don't know your Learner ID or Password, please click the Forgot Password link below for assistance.

This site requires Macromedia Flash, Adobe Reader, and Windows Media Player. Download the latest versions by clicking the logos below.

Macromedia Flash Adobe Reader Windows Media Player

Login

Password

Login

[Forgot Password?](#)

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The page will open to their Personal Page where they will need to go to **Manage/My eLearning Lessons** and click View.

DirectCourse
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Welcome Haley Hammond | Logout | My Account | Help

Home | eLearning | Discussion | Classes & Events | Surveyor | Tools

Personal Page for: Haley Hammond

Manage

- My eLearning Lessons [View](#) 4 Lessons due
- My Classes & Events [View](#) 0 Scheduled in the next 15 days
- My Announcements [View](#) 0 New Announcements
0 Acknowledgements due
0 Acknowledgements overdue
- My Surveys [View](#)
- My Discussions [View](#) 0 Scheduled in the next 30 days
0 New Postings
- My Ontrack Items [View](#) 0 Items due in the next 30 days

Quick Links Click below to access additional information about the CDS Product

- Self-Enroll - Classes & Events [View](#)
- Self-Enroll - eLearning [View](#)
- References [View](#)

Reports

- My Transcript - All Training [View](#)
- Credits Earned [View](#)

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Internet | Protected Mode: On

Modules show up in alphabetical order so please make sure they click on module One to begin.

DirectCourse
ONLINE CURRICULA FOR LIFE IN COMMUNITY

Welcome Haley Hammond | Logout | My Account | Help

Home | eLearning | Discussion | Classes & Events | Surveyor | Tools

Assigned Items

Assigned Items | eLearning Self Enroll

Currently viewing all assigned items. show module name

Available Filters: All Assignments

Assigned Item	Due Date	Priority	Started	Completed	Pretest Score Date	Score Date	Program Name	Assign Type	Eval
DDID Medication Administration Module Four	01/16/2013	4					No Program Assigned	Assigned	
DDID Medication Administration Module One	01/16/2013	4					No Program Assigned	Assigned	
DDID Medication Administration Module Three	01/16/2013	4					No Program Assigned	Assigned	
DDID Medication Administration Module Two	01/16/2013	4					No Program Assigned	Assigned	

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Frequently Asked Questions

Q. Who will be responsible for training this course?

A. Modules I-IV of this course will be completed online by the training participant. A registered nurse will review material from Modules I-IV as necessary, train the participant in agency specific policies and procedures, and evaluate the training participant's competency during a face to face training.

Q. Who will be responsible for ongoing supervision of the non-licensed personnel?

A. Licensed nurse (under 201 KAR 20:400) may delegate a task to non-licensed persons who have been deemed competent. (I.e. a licensed nurse will supervise the non-licensed personnel in medication administration). In Kentucky, the following are types of licensed nurses: Registered Nurse and Licensed Practical Nurse. Also Registered Nurses who have been certified as an Advanced Registered Nurse Practitioner (ARNP).

Q. Will all non-licensed personnel in direct care be trained?

A. Per 907 KAR 12:010. New supports for community living waiver service and coverage policies.

a. Every case manager and any employee who will be administering medication, unless the employee is a currently licensed or registered nurse, has:

(i) Specific training provided by a registered nurse per a DBHDID medication administration approved curriculum; and

(ii) Documented competency on medication administration, medication cause and effect, and proper administration and storage of medication;

Q. How long will it take to complete this course?

The core curriculum will be available online and is designed to allow the participants to complete it at their own pace; therefore the time to complete the online components of the training will vary. However, timelines may be set out by the individual's employing agency. In addition to the online components, there will be a face to face training and competency evaluation conducted by a RN which will include agency specific policies and procedures, the successful completion of a competency evaluation and a successful score on a final exam. Additional training resources that do not contradict the core curriculum may be used at RN trainer discretion. The training is designed to be completed over a one week period. Day One consists of eight hours of classroom training. After completion of Day One training, the Direct RN Trainer will notify the agency's subadministrator to assign Modules One through Four to the non-licensed individual for completion. Upon completion of the modules, the Direct Trainer will evaluate the non-licensed person's skill demonstration. Upon completion of Day One, Modules 1-4, and the successful skills demonstration, the final exam may be assigned to the individual. The Direct Trainer RN will serve as the proctor for the final, closed book exam and be present at all times as the individual is completing the final exam.

Q. Will non-licensed individuals be “certified” to pass medications after completing this course?

A. This course does not “certify” non-licensed individuals in administration or supervision of medications. A person will receive “proof of completion” of the course through the employing agency. This in no way identifies the individual as a certified medication administration technician.

Q. If a person completes this course at one agency and then transfers to a like agency will the proof of completion be valid after transfer?

A. It will be each hiring agency’s responsibility to determine competency of their Employees and to ensure the employee has completed the DDID Medication Curriculum.

Monitoring & Oversight

Division of Developmental & Intellectual Disabilities (DDID) Nurse

- Train the direct trainer
- Site visits and certification reviews
- Review of medication error reports & incident reports
- Available for technical assistance

Direct Trainer RN

- Employed by SCL provider agency
 - Maintain valid KY nursing license
 - Trains non-licensed personnel to administer medications using the SCL curriculum
 - Provides direct or indirect monitoring and supervision of non-licensed personnel as determined by the Direct Trainer RN and SCL Provider
 - Registered nurses who fail to report changes to nursing licensure status forfeit DDID approval to train the DDID curriculum.
- Where Delegation Is Required
- Direct trainer RN will act in accordance with 201 KAR 20:400 and KBN AOS #15: Delegation of nursing tasks.
- Where Delegation Is Not Required

SCL employer shall be responsible for overseeing medication administration and performance of health-related activities as outlined in 907 KAR 12:010. New supports for community living waiver service and coverage policies.

Each SCL Provider must have policies and procedures to identify how monitoring and oversight of non-licensed personnel will be addressed.

MEDICATION TRAINING

Lesson Plan: Module I – Legal Issues, Policies and Procedures

OBJECTIVES	CONTENT	TRAINER NOTES
	<i>Module I of Training Manual</i>	
<i>Understand the difference between an RN and an LPN.</i>	<i>“Registered Nurse and Licensed Practical Nurse: What Is the Difference?”</i>	<i>“Registered Nurse and Licensed Practical Nurse: What Is the Difference?”</i>
<p><i>Demonstrate awareness of 201 KAR 20:400.</i></p> <p><i>Distinguish between tasks they can and cannot perform.</i></p> <p><i>Describe tasks that cannot be delegated.</i></p> <p><i>Identify when a delegated task should not be accepted.</i></p>	<p><i>Refer to the training packet to review 201 KAR 20:400.</i></p> <p><i>Role of Non-licensed Personnel in Medication Administration.</i></p>	<p>Reference: 201 KAR 20:400 www.lrc.ky.us Kentucky Laws, KARs</p> <p>Reference: Kentucky Board of Nursing http://kbn.ky.gov</p>
<i>Be familiar with agency policies and procedures related to medication administration and know where to find them.</i>	<ul style="list-style-type: none"> • <i>Review of agency specific policies and procedures related to:</i> <ul style="list-style-type: none"> ○ <i>Storing Medications</i> ○ <i>Medication Keys</i> ○ <i>Disposal of Medications</i> ○ <i>Medication upon admission</i> ○ <i>Medication upon discharge</i> ○ <i>Client medication education</i> ○ <i>Medication Administration Records</i> ○ <i>Client refusal of medications</i> ○ <i>Medication errors</i> ○ <i>Client assessment/Screenings</i> ○ <i>Monitoring effects of medications/adverse drug events</i> 	<p>Activity: <i>Discuss the different policies and procedures they have at their agency.</i></p> <p>Handout: <i>Agency Specific MAR</i></p> <p>Handout: <i>“Agreement to Follow Employing Agencies Policies and Procedures”</i></p>

<p><i>Understand packaging of medications, storing of medications, discharge/transfer medications.</i></p>	<p><i>Refer to training handbook to review packaging of medications, storing of medications, discharge/transfer medications.</i></p>	<p><i>Show samples of packaging.</i></p>
<p><i>Identify reasons an error could occur.</i></p> <p><i>State what actions to take if an error occurs.</i></p>	<p><i>“Preventing and Reporting Errors”</i></p> <p><i>“What is a Medication Error?”</i></p>	<p><i>“Preventing and Reporting Errors”</i></p> <p><i>“What is a Medication Error?”</i></p>
<p><i>Score at least a 90% on the Module I Exam.</i></p>		<p><i>Evaluation:</i> <i>All participants must sign a statement that they have received, read, understand and agree to follow their employing agency’s policies and procedures.</i> <i>Module I Exam and Answer Key</i></p>

MEDICATION TRAINING
Lesson Plan: Module II – Classification of Medications

OBJECTIVES	CONTENT	TRAINER NOTES
	Module II of Training Manual	Reference: “Glossary of Terms”
Differentiate between definitions of Controlled/Scheduled and Non-Controlled/Non-Scheduled Medications	“Controlled/Scheduled Medications and Non-Controlled/Non-Scheduled Medications: What’s the Difference?”	“Controlled/Scheduled Medications and Non-Controlled/Non-Scheduled Medications: What’s the Difference?”
Demonstrate knowledge of how to find specific names, common uses, common names, and common adverse effects of these type of medications	Handout “Common Medications” Handout “Drugs Frequently Used in Behavioral Health”	Handout “Common Medications” Handout “Drugs Frequently Used in Behavioral Health”
Understand names of medications can be similar, and many medications have various names.	Handout “Avoid Confusion of Drugs With Similar Names”	Handout “Avoid Confusion of Drugs With Similar Names”
Score at least a 90% on the Module II Exam.		Evaluation: Module II Exam Module II Answer Key

MEDICATION TRAINING
Lesson Plan: Module III – Medication Preparation, Administration, and Storage

OBJECTIVES	CONTENT	TRAINER NOTES
	Module III	
<p>Describe preparation steps needed prior to medication administration</p> <p>Understand various forms of medication administration</p>	<p>Handout “Medication Administration”</p> <p>Refer to training handbook to review various forms of medication administration.</p>	<p>Handout “Preparing for Medication Administration”</p>
<p>Understand how to properly obtain/check vital signs.</p>	<p>Handout “How to Check Vital Signs”</p>	<p>Handout “ How to Check Vital Signs”</p> <p>Reference: Manufacturer’s instructions</p>
<p>Recall types of information that should be known prior to giving a medication.</p> <p>Demonstrate ability to find needed information in published drug guide.</p>	<p>Class Activity: Locating pertinent information from Drug Guide/Pharmacy Sheet</p> <ul style="list-style-type: none"> • Medication names (Brand and Generic) • Safe dosage • Actions (how drug causes change in the body) • Implications (what the drug is used to treat) • Therapeutic effects (desired effect) • Side effects • Precautions (prepare for conditions that may affect the drug) • Contraindications (condition making the drug dangerous) • Tolerance (can the drug become less effective over time) • Interactions (any medications) 	<p>Class Activity: Have the class list types of information that needs to be known prior to medication administration. Then assign each participant or group of participants an item to look up. Pass out Drug Guides or a copy of information on 1 drug from a Drug Guide. Each participant or group should find the information and present it to the class.</p>

OBJECTIVES	CONTENT	TRAINER NOTES
	or foods that cannot be taken with the drug)	
<p>Recognize the 6 rights of medication administration.</p> <p>List 3 safety checks to perform prior to medication administration.</p>	<p>Handout “6 Rights of Medication Administration and When to Check Them”</p>	<p>Handout “6 Rights of Medication Administration and When to Check Them”</p>
<p>Demonstrate proper hand washing technique</p> <p>Demonstrate accurate medication administration.</p> <p>Demonstrate proper use of an Epi-pen.</p>	<p>Handout “Proper Hand Washing”</p> <p>Handout “How to Apply Cream or ointment”</p> <p>Handout “How to Use Nasal Inhalers”</p> <p>Handout “How to Apply Eye Drops”</p> <p>Handout “How to Apply Ear Drops”</p> <p>Handout “How to Use an Epi-Pen”</p> <p>Handout “Suppositories”</p>	<p>Handout “Proper Hand Washing”</p> <p>Handout “How to Apply Cream or ointment”</p> <p>Handout “How to Use Inhalers”</p> <p>Handout “How to Apply Eye Drops”</p> <p>Handout “How to Apply Ear Drops”</p> <p>Handout “How to Use an Epi-Pen”</p> <p>Handout “Suppositories”</p> <p>Class Activity: Using sample medications assign each student to demonstrate how to administer various types of medications (ophthalmic drops, otic drops, inhalers, and Epi-pens)</p> <p>Reference: Manufacturer’s Instructions</p>

OBJECTIVES	CONTENT	TRAINER NOTES
<p>Identify reasons to dispose of medications.</p> <p>Explain how to properly dispose of medications.</p>	<p>Disposal of medications in training manual</p>	<p>Resource: Local Pharmacy</p>
		<p>References: Various Forms of Medication Administration</p> <p>Drug Guide</p> <p>Drug Information Sheet from Pharmacy</p>
<p>Score at least a 90% on the Module III Exam.</p>		<p>Module III Exam and Answer Key</p>

MEDICATION TRAINING
Lesson Plan: Module IV – Documentation

Objectives	Content	Trainer Notes
<p>Describe the different documents on which medications can be ordered and documented.</p> <p>Demonstrate how to read and transcribe prescriptions using MARs.</p> <p>Identify reasons to question a medication order.</p> <p>Identify unaccepted abbreviations.</p> <p>Demonstrate proper documentation of medication administration.</p>	<p>Module IV of Training Manual</p> <p>See agency specific MAR.</p> <p>Handout: “How to Read and Transcribe Prescription Orders”</p> <p>Handout: “Documenting Medication Administration on MARs”</p> <p>Handout “Approved and Do Not Use Abbreviations”</p> <p>.</p>	<p>Reference: Agency Specific MAR</p> <p>Handout: “How to Read and Transcribe Prescription Orders”</p> <p>Handout: “Documenting Medication Administration on MARs”</p> <p>Handout “Approved and Do Not Use Abbreviations”</p> <p>Activity: Transcribing Orders Along with handout, give class a medication order to transcribe onto MAR</p> <p>References:</p> <ul style="list-style-type: none"> • Agency Specific MAR • JCAHO’s “Do Not Use List” http://www.jointcommission.org/patientsafety/donotuselist/ • ISMP List of Error-Prone Abbreviations, Symbols, and Dose Designations • http://www.ismp.org/Tools/errorproneabbreviations Confused Drug Name List http://www.ismp.org/Tools/confuseddrugnames
<p>Score at least a 90% on the Module IV Exam</p>		<p>Evaluation:</p> <ul style="list-style-type: none"> • Module IV Exam and Answer Key

MODULE I:

**LEGAL ISSUES,
POLICIES AND
PROCEDURES**

TO THE NON-LICENSED PERSONNEL

As a direct staff person working in the Supports for Community Living waiver program, part of your duties may require that you assist with medication administration. It will be your responsibility to create an environment in which medications can be given safely. It will also be your responsibility to observe the people you support and report your observations to help determine if medications are working. This handbook will help you learn to administer (give) medications in a safe, error-free manner.

Medications are given to treat or prevent health problems. Many of the medications taken by people you support are given to eliminate or decrease symptoms of a disease or behavior rather than to cure it. The goal of medication is to improve quality of life.

Because service agencies are often complex (many different staff, staff turnover, shift change, and multiple medications) there is an increased chance of medication errors. It is important to follow standard steps when administering medications. You must also remember to create a home-like environment for the people you support. In addition to following standard steps, you must get to know the people you support. This will allow you to recognize changes in their physical condition or behavior. It is recommended that you learn about their personality, physical conditions, current medications, and capabilities. Some of the people you support may not be able to communicate with you verbally. This will require you to communicate in ways that they recognize and understand.

Liability Issues Related To Medication Administration

Only physicians, dentists and advanced registered nurse practitioners may "prescribe" medication. Physicians, dentist and pharmacists, are licensed to "dispense" medications.

Nurses are licensed to "administer" medications and may delegate the task to administer oral and topical medications to persons who have completed a course such as this. Only licensed nurses can take verbal or phone orders for medications or treatment from a prescribing physician.

While there are similarities in the registered nurse (RN) practice and the licensed practical nurse (LPN) practice, the degree of educational preparation and the responsibilities of each differ.

In order to be eligible for either license, the candidate must have completed the required amount of education from either an RN or LPN accredited program. Once the accredited program has been successfully completed, the candidate is eligible to sit for the National Council Licensure Examination (NCLEX).

After successfully passing that first exam, ongoing education is required to ensure competency. Each nurse is required to complete approved continuing education each year, or provide documentation of a State Board approved alternative.

Registered nurses may work directly under the direction of physicians, dentists and advance practice nurses, while licensed practical nurses must also work under the direction of a registered nurse.

These and other laws are in place to govern the practice of nurses in the state of Kentucky, to ensure the health and welfare of those served. The law that pertains to non-licensed persons working under the authority of a licensed nurse is 201 KAR 20:400: Delegation of nursing tasks to non-licensed persons (see Reference Section).

This regulation explicitly spells out how tasks may be delegated to a non-licensed individual by a licensed nurse. In keeping with this regulation, it will be the responsibility of the Supports for Community Living (SCL) agency to ensure a registered nurse trains this course, and evaluates the competency of the individuals who have completed the course.

A registered nurse will also be responsible for ongoing training and competency evaluations of the non-licensed persons to safeguard the health and welfare of the individuals in care. This is a safe and prudent practice on behalf of the employing agency, as well as, the nurse. Each SCL Provider agency must have policies in place to identify how and when this will take place.

Upon completion of this course, the non-licensed personnel will receive a certificate of completion from the SCL Provider.

This in no way identifies the non-licensed personnel as a Certified Medication Administration Technician.

Role of Non-Licensed Personnel in Medication Administration:

Where delegation is required the non-licensed personnel will perform medication administration as a delegated function under nursing supervision in accordance with 201 KAR 20:400. Each SCL Provider Agency must have policies in place to identify roles and responsibilities for each employee as related to medication administration. Questions about delegation should be directed to KBN or agency's legal department.

The following cannot be delegated:

- conversion or calculation of medication dosage
- assessment of an individual's need for or response to medication
- nursing judgment regarding the administration of PRN (medications given as ordered) medications

Non-licensed personnel will be permitted to follow a specific physician protocol for PRN medication and document effectiveness or ineffectiveness of the medication.

Example: if the physician wrote an order for Tylenol 350 mg for fever >100.0 F and the non-licensed personnel administered Tylenol for a fever of 101.0 then documented a decrease in the temperature or no decrease in temperature. The non-licensed staff is simply collecting information and documenting, not using nursing or medical judgment about an action or intervention.

The non-licensed personnel shall not perform a task that involves an individual who is not in a stable condition.

Examples include:

- assessment for the individual's need for medication
- a calculation of the dosage of medication
- conversion of the medication dosage

The non-licensed personnel should **NEVER** accept a delegation that he/she knows is beyond his/her skill set or knowledge. Non-licensed personnel have the right and are encouraged to ask for assistance and/or additional training.

The non-licensed personnel has the responsibility to **ALWAYS** follow agency policy and procedure to report to the nurse if they have any reason to believe they have made a medication error. This should be reported as soon as possible.

The non-licensed personnel has the responsibility to **ALWAYS** report (according to agency policy) the following:

- signs or symptoms that appear life-threatening
- events that appear health threatening
- medication that produces no results or undesired results

This must be clearly identified in the SCL provider agency's policies.

Other Legal Considerations in Medication Administration

A. Packaging of medications:

Pharmacies have the responsibility of dispensing medications in a way that will ensure an individual's safety. Medications prescribed for SCL individuals are often packaged in what are called unit doses (one dose of medication in each area of package).

The original manufacturer's label on over the counter medication has to be maintained to ensure legibility for accurate administration.

It is illegal to transfer ANY medication from one container to another container (KRS 315.010 and KRS 217.182(6)). This includes both controlled and non-controlled substances.

B. Storage of medications:

ALL medications will be kept locked in accordance with agency policies and procedures following Drug Enforcement Agency (DEA) requirements.

Controlled/scheduled medications must be kept separate from other medications and under double lock and key. It is recommended these medications be placed in a lock box within a locked cabinet to ensure safety.

It will be the responsibility of persons administering medications to count the controlled medications per the agency's policy, and sign an agency form stating they have counted and the count is accurate. If the count is not accurate it is recommended that immediate action take place to identify why the count is off. Counts will be done in accordance with agency policy and procedures, with counts performed by two separate SCL staff when possible.

Medications requiring refrigeration will be kept either in a refrigerator designated for medications, or in a lockable container secured in the refrigerator. Per SCL regulation, if the medication is a controlled substance, it will be double locked. This must be clearly identified per agency policy.

Temperature of that refrigerator will be checked according to agency policy. Temperatures should be maintained between 33 and 45 degrees Fahrenheit.

C. Medications brought into SCL agency upon admission:

Individuals often present to provider agencies with current medications. SCL providers have a responsibility to make sure the medication within the package is the medication that has been prescribed for the individual.

SCL providers **MUST** develop the necessary policies regarding the means to handle medications that are brought in with the individual taking into consideration HIPAA guidelines.

D. Discharge/transfer medications:

SCL providers **MUST** have in place policies and/or procedures that would address how the organization handles individual's current medications upon discharge or transfer from that provider agency.

Policies, procedures, and forms should be agency specific. Some examples of form content are listed below.

- Individual's full name
- Date of birth
- Program of placement
- Discharge/transfer date
- Medications/strength/route/dosage/ and number sent
- Instructions for the guardian and/or receiving facility.
- Areas for signatures of staff, receiving personnel, and/or parent or guardian.

E. Medications to be administered during leave from SCL

Agencies **MUST** have in place policies and procedures to identify how individuals will receive medicine while away from their home. This should include a means for documentation that medicine given to the individual to take with them during trips, vacation, etc. was administered as ordered by the physician. Agency policies and procedures should be discussed with family members or guardian as soon as an individual begins receiving services.

(To avoid errors, know the six rights of medication administration)

Medication Errors

A medication error occurs when one of the "six client rights" has been violated. Examples of these would be:

- Administering wrong medication
- Administering wrong dose of medication
- Administering medication at the wrong time (Medications may be administered per agency policy prior to or past the time ordered, and still be considered to be on time).
- Administering the medication in the wrong route (i.e. dermatological ointment administered to eye)
- Administering medication to wrong individual

- Failing to document medication was given or inaccurate documentation of medicine given

Medication errors may result in adverse reactions to the individual. These reactions could range from a rash to death.

Always Check the Rights of Medication

- When removing the medication from storage
- When removing the medication from its container
- When returning the medication to storage

Six Rights

- a. Right Person
- b. Right Medication
- c. Right Time
- d. Right Dose
- e. Right Route
- f. Right Documentation

Refusal of Medications

It is an individual's right to refuse medications. Individuals should understand, to the best of their ability, the symptoms that medications are prescribed for and any common side effects. Non-licensed staff should explain that these medications are considered a part of their individualized treatment plan. Remember that each person may communicate in different ways and staff must be trained on how to communicate with each person they support.

Non-licensed personnel must follow agency policies for notifying the licensed practitioner when a medication has been refused.

Refusing medications is NOT considered a medication error, and should be documented on the Medication Administration Record as a "refusal of medication". This documentation ensures the individual has been offered the medication as ordered, and also proves staff competency in management/administration of medications.

Preventing and Reporting Medication Errors

Knowing the following before administering medications will help prevent medication errors:

- Name (generic and trade)
- Purpose
- Effect
- Length of time to take effect
- Side effects
- Adverse effects
- Interactions
- Special instructions
- Where to get help
- Six rights of medication

There is a printable handout located on the handout page at the end of this module titled *Preventing and Reporting Medication Errors*.

Errors occur when staff

- Does not follow the doctor's orders exactly
- Does not follow manufacturer's directions
- Does not follow accepted standards for medication administration
- Does not observe the "**six rights**" of medication administration

When an error occurs

- Follow agency policy to notify appropriate professionals
- Complete a medication error report in accordance with SCL regulations and agency policies.

The non-licensed personnel has the responsibility to **ALWAYS** follow agency policy and procedure to report, if they have any reason to believe they have made a medication error. This should be reported as soon as possible.

Handouts:

- *RN vs. LPN*
- *Preventing and Reporting Medication Errors*
- *201 KAR 20:400*
- *Sample MAR*
- *"What is a Medication Error?"*

References:

201 KAR 20: 400 Kentucky Administrative Regulations
<http://www.lrc.ky.gov/kar/titles.htm>

Kentucky Board of Nursing <http://kbn.ky.gov>

Registered Nurse and Licensed Practical Nurse: *What's the Difference?*

Similarities



Both the Registered Nurse and the Licensed Practical Nurse

- Must complete education requirements from an accredited program
- Must pass the National License Exam
- Must have ongoing education to ensure competence and complete the required number of Continuing Education Credits each year

Differences

The Registered Nurse:

- Must complete a higher degree of educational preparation
- Has greater responsibilities
- Works directly under the direction of physicians, dentists, or advance practice nurses

The License Practical Nurse:

- Must complete a lesser degree of education preparation
- Has a lesser degree of responsibilities
- Works both independently of and performs acts prescribed by physician, dentists or advance nurse practice nurse AND a Registered Nurse



Preventing and Reporting Medication Errors

Knowing the following before administering medications will help prevent medication errors:

- Name (generic and trade)
- Purpose
- Effect
- Length of time to take effect
- Side effects
- Adverse effects
- Interactions
- Special instructions
- Where to get help

Errors occur when staff:

- Does not follow the doctor's orders exactly
- Does not follow manufacturer's directions
- Does not follow accepted standards for medication administration

When an error occurs:

- Follow agency policy to notify appropriate professionals
- Complete a medication error report



201 KAR 20:400. Delegation of nursing tasks.

RELATES TO: KRS 311A.170, 314.011, 314.021(2), 314.091(1)
STATUTORY AUTHORITY: KRS 314.131(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the board to promulgate administrative regulations necessary to implement KRS Chapter 314. KRS 314.091(1)(d) prohibits a person from negligently or willfully acting in a manner inconsistent with the practice of nursing. This administrative regulation establishes requirements that govern the delegation of a nursing task in a safe, effective manner so as to safeguard the health and welfare of the citizens of the Commonwealth.

Section 1. Definitions.

- (1) "Board" is defined in KRS 314.011(1).
- (2) "Client" means a patient, resident or consumer of nursing care.
- (3) "Competence" means performing an act in a safe, effective manner.
- (4) "Delegatee" means a person to whom a task is delegated.
- (5) "Delegator" means the nurse delegating a task to another person.
- (6) "Nurse" is defined in KRS 314.011(3).
- (7) "Nursing task" means an act included in the definition of registered nursing practice, advanced registered nursing practice, or licensed practical nursing practice pursuant to KRS 314.011(6), (8), or (10).
- (8) "Paramedic" is defined in KRS 311A.010.
- (9) "Supervision" means the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed according to established standards of practice.
- (10) "Unlicensed person" means an individual, other than a nurse, the client, or the client's family, legal guardian, or delegatee, who functions in an assistant or subordinate role to the nurse.

Section 2. Nurse's Responsibility in Delegation.

- (1) A registered nurse or a licensed practical nurse may delegate a task to an unlicensed person in accordance with this section and Sections 3 and 4 of this administrative regulation.
- (2) A registered nurse may delegate a task to a paramedic employed in a hospital emergency department in accordance with KRS 311A.170 and Sections 3 and 4 of this administrative regulation.
- (3) Prior to delegating a nursing task, the nurse shall determine the nursing care needs of the client. The nurse shall retain responsibility and accountability for the

nursing care of the client, including nursing assessment, planning, evaluation, and assuring documentation.

(4) The nurse, prior to delegation to an unlicensed person, shall have either instructed the unlicensed person in the delegated task or determined that the unlicensed person is competent to perform the nursing task.

(5) A nursing task shall be delegated directly or indirectly. An indirect delegation shall not alter the responsibility of the nurse for appropriately assigning and supervising an unlicensed person.

(6) A nurse who delegates a nursing task in violation of this administrative regulation or participates in the utilization of an unlicensed person in violation of this administrative regulation shall be considered acting in a manner inconsistent with the practice of nursing.

Section 3. Criteria for Delegation. The delegation of a nursing task shall meet the following criteria:

(1) The delegated nursing task shall be a task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment and practice to delegate.

(2) The delegated nursing task shall be a task that, in the opinion of the delegating nurse, can be competently and safely performed by the delegatee without compromising the client's welfare.

(3) The nursing task shall not require the delegatee to exercise independent nursing judgment or intervention.

(4) The delegator shall be responsible for assuring that the delegated task is performed in a competent manner by the delegatee.

Section 4. Supervision.

(1) The nurse shall provide supervision of a delegated nursing task.

(2) The degree of supervision required shall be determined by the delegator after an evaluation of appropriate factors involved including the following:

- (a) The stability and acuity of the client's condition;
- (b) The training and competency of the delegatee;
- (c) The complexity of the nursing task being delegated; and
- (d) The proximity and availability of the delegator to the delegatee when the nursing task is performed.

(19 Ky.R. 1242; eff. 1-27-93; Am. 25 Ky.R. 2189; 2546; eff. 5-19-99; 29 Ky.R. 2947; eff. 8-13-03.)

MEDICATION ADMINISTRATION RECORD

MEDICATIONS	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		

MODULE II:

CLASSIFICATION OF MEDICATIONS

Prescribed Medications

Prescribed medications are those medications that a licensed practitioner (physician, dentist, and advanced registered nurse practitioner) has ordered for treatment of an individual's particular diagnosis or symptoms. These medications may include controlled/scheduled, non-controlled/scheduled and or over-the-counter.

Prescribed medications may be ordered on an as needed basis (PRN), on a routine basis, or as a one-time only order. How the prescribed medication is ordered will determine the Medication Administration Record that will be used to transcribe the order. (i.e. Routine prescribed medications and one time only orders will be transcribed onto the Routine Medication Administration Record. Medications prescribed on a PRN basis will be transcribed on to the PRN Medication Administration Record).

Controlled/scheduled Medications

"Controlled/Scheduled medications" are those medications potentially addictive and regulated under the Controlled/Scheduled Substance Act of 1970. Controlled/Scheduled medications CANNOT be obtained without a written prescription from a licensed practitioner.

It is very important that controlled/scheduled medications be handled according to the following DEA recommendations:

- kept under double lock and key
- separate from other medications
- signed out each time a dose is administered
- counted, per agency specific policy, at a minimum daily
- documented accurately to reflect correct count
- disposed of according to DEA requirements

When controlled/scheduled medicines are prescribed on an as needed basis (PRN) (i.e. Percodan) they will be transcribed and documented as given on the PRN Medication Administration Record.

When a controlled/scheduled substance is given on a routine basis (i.e. Ritalin) it will be transcribed and documented as given on the Routine Medication Administration Record.

Controlled/scheduled medications given on a routine basis must be counted along with controlled/scheduled medication given on a PRN basis.

Non-controlled/scheduled medications are all other (both prescribed and over the counter) medications that are not regulated by the DEA, but still require an order from a licensed practitioner.

All non-controlled/scheduled medications require an order from a licensed practitioner (physician, dentist, or ARNP).

All non-controlled/scheduled medications are kept locked according to agency policies and procedures. Agency policies will address all aspects of individual's safety in relation to secure storage of medication.

Over the Counter Medications

Over the counter medications require a licensed practitioner's order; however do not require a prescription. Examples of these medications would be acetaminophen, cough medications, antibiotic ointment, antacids, etc.

Over the counter medications must be administered according to the licensed practitioner's order and documented at time of administration on an agency specific record. This record should allow space to determine effectiveness or ineffectiveness of the medication (i.e. Acetaminophen given for pain; effective; ineffective).

Over the counter medications should be labeled for the person for whom they are ordered.

Classification of Medications

It is very important that the person administering medications **read the licensed practitioner's prescribed orders** on medications as to determine:

- name
- time
- route
- accurate dosage

Those medications that are given over-the-counter must be given in accordance with the agency specific policy related to medication management. OTC medications must be given in accordance with the licensed practitioner's order which must not require non-licensed staff to use judgment.

Non-licensed personnel will be responsible for educating themselves on medications prior to administration. This can be done by review of the *drug education sheet*. This sheet comes from the pharmacy with the medication, and will explain why the medication is given and common side effects of the medication. It is recommended that all employees have an updated drug hand book or drug information/education sheet accessible at all times for review of any prescribed medications and/or over-the-counter medication.

Individual information is imperative to client safety in medication administration/management.

This includes but is not limited to the following:

- individual's name
- date of birth
- sex
- height
- weight
- allergies

Controlled/Scheduled Medications

Those medicines that have been deemed potentially addictive are regulated under the Controlled Substance Act of 1970. Controlled medications are classified according to addiction potential with Schedule I being the highest potential and Schedule V being the least potential for addiction.

Non-Controlled/Non-Scheduled Medications

All other medications prescribed, including over the counter medication are not considered to be potentially addictive by the DEA. Prescribed and over the counter medications must be locked at a minimum under single lock.

Handouts:

- *Controlled/Scheduled Medications and Non-Controlled/Non-Scheduled Medications: What's the Difference?*
- *Common Medications*
- *Brand Names and Generic Names for Various Medications Used Frequently in Behavioral Health*
- *AVOID CONFUSION OF DRUGS WITH SIMILAR NAMES*
- *Glossary of Terms.*

References:

ISMP List of Error-Prone Abbreviation, Symbols, and Dose Designations
<http://www.ismp.org/Tools/errorproneabbreviations.pdf>

ISMP list of Confused Drug Name List
<http://www.ismp.org/Tools/confuseddrugnames.pdf>

ISMP list of High Alert Medications
<http://www.ismp.org/Tools/highalertmedications.pdf>

JCAHO's (Do Not Use List) www.jointcommission.org/patientsafety/DoNotUseList/

Controlled/Scheduled Medications and Non-Controlled/Non-Scheduled Medications: *What's the Difference?*



Controlled/Scheduled Medications:

- Have been deemed potentially addictive and are regulated under the Controlled Substance Act of 1970
- Are classified according to addiction potential with Schedule I being the highest potential and Schedule V being the least potential for addiction

Non-Controlled/Non-Scheduled Medications:

- Any medications prescribed, including over the counter medications that are not considered potentially addictive by the DEA.



Prescribed and over-the-counter medications must be locked at a minimum under single lock.

Common Medications

* THIS IS NOT AN ALL INCLUSIVE LIST

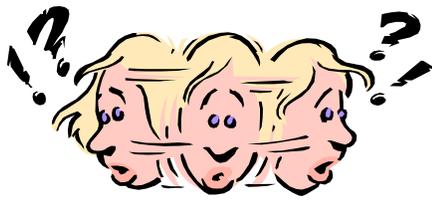
Medication Classification	Common Use	Common Names	Common Adverse Effects
Antibiotics *Pay close attention to any client allergies.	Infections caused by bacteria. Not commonly used for viruses.	Amoxicillin; Ampicillin; Penicillin; Cefaclor (ceclor); Ceftin; Biaxin; Zithromax; Erythromycin; Doxycycline; Cipro; Levaquin; Keflex; Bactrim DS	Nausea; diarrhea; rash; yeast infections; fever; sun sensitivity
Anti-Asthma Agents	Asthma; respiratory distress; Bronchitis; COPD	Advair; Albuterol; Singulair; Ipratropium; Combivent; Triamcinolone; Flunisolide	Nervous feeling; sweating; nausea; vomiting;
Antihistamines	Allergic reactions (i.e hay fever)	Tavist-D; Claritin; Singulair; Zyrtec; Allegra; Benadryl; Chlortrimeton	Drowsiness; insomnia; weakness;
Antifungal Agents	Fungal infections;	Nystatin; Diflucan; Nizoral; Miconazole; Lotrimin; Tinactin	Headache; nausea; diarrhea; vomiting
Anti-tuberculosis	Prevent tuberculosis;	INH; Rifampin; Pyridoxine (vitamin B-6)	Headache; fatigue; dizziness; seizure;
Antiviral Agents	Viral infections;	Ziagen; Symmetrel; Zovirax;	Mood disorders; nausea; diarrhea;
Analgesics	Pain relief;	Tylenol; Advil; Aspirin; Naprosyn; Lortab, Diclofenac; Tylenol with codeine; Percocet; Myoflex; Analgesic Cream; Capsaicin; Icy Hot	Stomach upset; tinnitus; nausea;
Anticoagulant/Anti-platelet	Blood thinning	Warfarin (coumadin); Lovenox; Plavix; Asprin	Dermatological, Bruising; Cramping; Nausea; Dizziness; Abnormal liver labs; Drug Interaction; Abnormal Bleeding; Allergy/hypersensitivity reactions

Anticonvulsants	Neurological disorders; seizures	Phenobarbital; Valporic Acid; Tegretol; Dilantin; Lamictal; Keppra; Gabapentin;	Dizziness; drowsiness; confusion; fainting; Gum/dental abnormalities; hypertension; weight gain; abdominal pain; sun sensitivity
Antidiabetics	To treat diabetes;	Insulins; Glucagon; Glucophage; Glipizide; Glyburide	Nausea; heartburn; fatigue; dizziness;
Antiparkinsonians	To treat Parkinsons disease;	Levodopa; Sinemet (carbidopa/levodopa); Eldepryl (Selegine); Mirapex; Comtan; Permex	Disorientation; confusion; depression
Cardiovascular	High blood pressure; irregular heart beat; heart failure;	Tenormin; Capoten; Catopres; Digoxin; Lisinopril, Metoprolol; Valsartan; Verapamil; Amlodipine; Nitroglycerin; Isosorbide	Dizziness; drowsiness; chest pain; loss of appetite; leg pain;
Cerebral Stimulants	Attention Deficit Disorder; Narcolepsy;	“CONTROLLED” Adderall; Ritalin;	Insomnia; irritability; decreased growth;
Contraceptives	Prevent Pregnancy; Birth Control Pills	Ortho-Cept; Zovia; Provera; Ovral	Depression; blood clots; weight gain; Migraine headaches
Cough/Anti-tussives	Cough Suppression; Expectorant	Robitussin (guaifenesin); Mucinex; Dextromethorphan	Nausea; Vomiting; Dizziness; Headaches; Drowsiness
Decongestants	Relives congestion	Tavist-D; Claritin; Flonase; Rhinocort; Sudafed	Nose bleed; nasal irritation; Hypertension; Hyperactivity
Dermatological	Skin infections; Burns; anti-inflammatory; protectants; anti-irritants	Bacitracin; Zovirax; Neosporin; Silvadene; Hydrocortisone cream; Triamcinolone cream; Flunisolone cream; Hydrophor; Hydrophil?	Rash; skin irritation; burning

Gastrointestinal 1. Antacid 2. Anti-Ulcer 3. Anti-Diarrhea 4. Stool Softeners 5. Laxatives	1. Heartburn; Acid Reflux; 2. To treat ulcer condition. 3. To stop diarrhea. 4. To relieve constipation. 5. To relieve constipation	1. Tums; Mylanta; Maalox; 2. Tagamet; Pepcid; Zantac; Prevacid; Prilosec 3. Imodium; Lomotil; PeptoBismol 4. Colace; Surfak 5. Magnesium Citrate; Senna; Fleets; Metamucil (bulk laxative)	1. Constipation; bloating; 2. Dizziness; mild diarrhea; 3. Fatigue; dry mouth; nausea; 4. Cramping; dependency; 5. Cramping; dependency
Neuropathy	Pain/discomfort due to neuralgias	Tegetrol; Gabapentin (Neurontin)	Dizziness; Drowsiness; Nausea; Vomiting; Personality Changes; Blood Disorders; Food/drug Interaction; Hypersensitivity Reactions
Ophthalmic	Irritation/infection; inflammation of the eye.	Polysporin; Neosporin; Liquifilm; Maxitrol; Acular; Tobrabex; Bacitracin; Polymyxin	Burning sensation; Itching; blurred vision;
Otic	External Ear infections; wax removal	Boric Acid; Debrox; Cortisporin	Ear irritation; itching
Psychotherapeutic Agents: 1. Antidepressants 2. Antipsychotic 3. Anti-mania	1. Depression; 2. Psychosis; behavior disorder; 3. Mood Disorders	1. Wellbutrin; Paxil; Zoloft; Celexa; Lexapro 2. Abilify; Risperdal; Haldol; Seroquel, Zyprexa 3. Lithium; Eskalith;	1. Weight gain; insomnia; nervous feeling; 2. Tardive dyskensia; sedation; 3. Tremors; drowsiness; thirst;
Thyroid	Hypothyroidism	Levothyroxine (Synthroid, Levoxyl)	Diarrhea; burning in mouth; sore throat; headache; depression
Vitamin/Mineral	Nutritional Deficiencies	Multivitamin; Vitamin A; Vitamin B/ Riboflavin; Vitamin C/Ascorbic Acid; Vitamin D; Vitamin E; Iron; Zinc; Magnesium; Selenium; thiamine Folic Acid; Calcium	Thirst; light head; discolored urine Faintness; diarrhea Black Stools; stained teeth

Frequently Used Medications

Brand Name	Generic Name	Brand Name	Generic Name
Abilify	Aripiprazole	Meladate ER, Metadate CD	Methylphenidate
Actifed	Pseudoephedrine/Tripolidine	Mellaril	Thioridazine
Adderall	Amphetamine Mixture	Motrin	Ibuprofen
Advil	Ibuprofen	Neurontin	Gabapentin
Atarax	Hydroxyzine	Paxil	Paroxetine
Ativan	Lorazepam	Prozac	Fluoxetine
Benadryl	Diphenhydramine HCL	Remeron	Mirtazapine
Buspar	Buspirone	Risperdal	Risperidone
Catapres	Clonidine	Ritalin, Ritalin SR, Ritalin EC	Methylphenidate
Celexa	Citalopram	Robitussin DM	Guaifenesin Dextromethorphan Hbr
Claritin	Loratadine	Seroquel	Quetiapine
Cogentin	Benzotropine	Singulair	Montelukast
Colace	Docusate Sodium	Strattera	Atomoxetine
Concerta	Methylphenidate	Synthroid	Levothyroxine
DDAVP	Desmopressin acetate	Tegretol, Carbitrol	Carbamazepine
Depakote, Depakote ER, Depakene	Valproic Acid derivatives	Tenex	Guanfacine
Desyrel	Trazodone	Tofranil	Imipramine
Dexadrine	Dextroamphetamine Sulfate	Thorazine	Chlorpromazine
Effexor	Venlafaxine	Tinactin	Tolnaftate
Eskalith	Lithium	Topamax	Topiramate
Gabitril	Tiagabine	Desyrel	Trazodone
Gas-X	Simethicone	Trileptal	Oxcarbazepine
Geodon	Ziprasidone	Tylenol	Acetaminophen
Haldol	Haloperidol	Valium	Diazepam
Imipramine Hcl	Imipramine	Wellbutrin, Wellbutrin SR	Bupropion
Imodium	Loperamide	Xanax	Alprazolam
Lamictal	Lamotrigine	Zantac	Ranitidine
Lexapro	Escitalopram	Zoloft	Sertraline
Lithobid	Lithium	Zyprexa	Olanzapine
Lotrimin	Clotrimazole		
Luvox	Fluvoxamine		



AVOID CONFUSION OF DRUGS WITH SIMILAR NAMES



The following is a list of drugs commonly used in behavioral health that are sometimes confused due to their similar names. The confusion related to the similarity of their names is often worsened by illegible handwriting, or similar packaging or labeling

Adderall..... Inderal	Luvox Levoxyl
Atarax Amoxicillin	Methadone Methylphenidate
Atarax Ativan	Methylphenidate Methadone
Benadryl Benylin	Neurontin..... Neoral
Benylin Benadryl	Neurontin..... Noroxin
Buspirone Bupropion	Paroxetine..... Paclitaxel
Carbatrol..... Carbrital (Carbamezapine in U.S.)	Paroxetine..... Pyridoxine
Celebrex Celexa..... Cerebra	Paxil..... Paclitaxel
Celexa..... Zyprexa	Paxil..... Plavix
Celexa..... Celebrex .. Cerebra	Paxil..... Taxol
Celexa..... Cerebyx ... Celebrex	Prozac Prilosec
Claritin-D Claritin-D 24-hour	Prozac Proscar Prosom
Claritin-D 24 hour Claritin-D	Remeron Zemuron
Colace..... Calan	Risperdal..... Lisinopril
Eskalith..... Estratest	Risperdal..... Reserpine ... Risperidone
Haldol..... Stadol	Risperidone..... Reserpine ... Risperdal
Haloperidol..... Halotestin	Seroquel..... Serentil
Imipramine Desipramine	Seroquel..... Serzone
Lamicel..... Lamisil	Sinequan Singulair
Lamictal..... Lamisil	Singulair Sinequan
Lamictal..... Lomotil	Synthroid Symmetrel
Lamictal..... Ludiomil	Tegretol Toradol
Lamisil..... Lamicel	Xanax Lanoxin
Lamisil..... Lamictal	Xanax Zantac
Lamisil..... Lomotil	Xanax Zantac Zyrtec
Lamotrigine Lamivudine	Zantac Xanax
Lithobid Levbid	Zantac Xanax Zyrtec
Lithobid Lithostat	Zantac Zofran
Lotrimin..... Lotrisone	Zoloft..... Zocor
Luvox..... Lasix	Zyprexa..... Celexa
	Zyprexa..... Zyrtec

Glossary of Terms

Abrasion - Superficial scraping away of the skin

Acute – A sudden onset, the opposite of chronic

ADD - Attention Deficit Disorder. A disorder from childhood manifested by poor impulse control, distractibility and forgetfulness

ADHD - Attention Deficit Hyperactivity Disorder. ADD with added symptoms of hyperactivity.

Adverse Effects – An unexpected or unwanted reaction to a medication. It may be sudden or develop over time.

Allergic reaction – An immune response to a foreign substance resulting in inflammation and/or organ dysfunction. Symptoms may occur immediately or over time, such as redness, rash, hives, itching, swelling, and yellowing of skin and fever.

Analgesic - A medication for relief of pain.

Anaphylaxis – The most dangerous type of allergic reaction. Anaphylaxis is a life-threatening event that may include symptoms such as falling blood pressure, respiratory distress and unresponsiveness.

Angina – Chest pain

Angioedema – Large welts below surface of skin

Antianxiety - A medication that reduces the feelings of worry or apprehension.

Antibiotic - A medication that kills or slows the growth of bacteria.

Anticoagulant - A medication that hinders or slows the clotting of blood.

Antidepressant - A medication used to relieve or prevent depression.

Anti mania – A medication used to relieve the mental state of extreme excitement and activity (Manic or Bipolar disorders).

Antiparkinsonian - Medications that reduce the symptoms of Parkinson Syndrome such as slurred speech, shuffling gait, loss of facial expression, hand tremors.

Antipsychotic – A medication that reduces the symptoms of psychosis, such as delusions, hallucinations and distorted reality.

Antiseptic - Substance that stops or prevents growth of various microorganisms on the skin.

Ataxia - Unsteady clumsy motion, poor muscle coordination, and staggering gait.

Bacteriocidal – Substance that kills bacteria; usually refers to a substance used for cleaning the environment

Bacteriostatic – Substance that slows the growth of bacteria; usually refers to a substance used on person.

Binging - A period of excessive indulgence as in eating or drinking.

Bipolar Disorder – any of several mood disorders characterized usually by alternating episodes of depression and mania or by episodes of depression alternating with mild nonpsychotic excitement—called also *bipolar affective disorder*, *bipolar illness*, *manic depression*, *manic-depressive psychosis*.

Broad Spectrum Antibiotics - Medication used to treat a wide range of disease causing bacteria.

Cerebral stimulants - Medications prescribed for youth with ADD or ADHD often resulting in calmer behavior and better impulse control.

"Cheeked" - Refers to medication or other substance that has been hidden or attempted to be hidden inside the mouth, generally either in the cheek or under the tongue.

Chronic - A persistent or lasting health condition, or one that has developed slowly; opposite of acute.

Color Disturbances – Side effect of medication that may cause a distortion in how certain colors (usually yellow, green, or red) are seen.

Confidentiality – treated with privacy

Conjunctivitis - Itchy swollen eyes that may be caused by allergies, foreign body or bacterial or viral infection. Highly contagious. Also called 'pinkeye'.

Controlled Substances – Potentially addictive medications regulated by Federal laws.

Corticosteroids – (also called 'steroids') Medications prescribed to quickly reduce inflammation and pain. To maximize benefits, but minimize potential side effects, corticosteroids are usually prescribed in low doses or for short durations.

Cushing Syndrome – Set of symptoms caused by over activity of certain glands in the body or prolonged administration of large doses of some hormones; symptom may include weakness, fatigue, edema, excess hair growth, diabetes, or skin discoloration

Decongestant – A broad class of medications used to relieve nasal congestion. Generally, they work by reducing swelling of the mucous membranes in the nasal passages.

Dehydration - A condition in which the body contains an insufficient amount of water for functioning.

Delousing Solution – Substance applied to skin or hair to kill lice and their eggs (nits); may be toxic if left on skin too long or used too often – use caution.

Delusion - A false belief with no basis in reality.

Depreciation – To make remarks that devalue oneself or another person.

Dermal - Refers to skin

Dermatitis - Inflammation of the skin, the skin inflammation varies from mild irritation and redness to open sores, depending on the type of irritant, the body part affected, and sensitivity.

Diluents – Chemical or filler which, when added to a substance, makes it less concentrated or less potent

Disinfectant - Chemical used to kill bacteria or microorganisms on inanimate surfaces such as furniture or equipment (not skin!)

Disintegration - The process of breaking down into smaller particles, falling apart.

Duodenum - First part of small intestine, just after the stomach.

Dyspnea - Difficulty in breathing.

Dysurea - Difficult or painful urination.

Dyspepsia - Indigestion, heartburn

Dystonia - Severe contraction of the muscles of the neck, jaw or tongue; may be seen as a side effect of some antipsychotic medications.

Edema - Swelling

Enteric Coating - A substance covering a tablet or capsule that will not dissolve until reaching the small intestine.

Epi-Pen - A disposable pre-filled injectable medication prescribed for treating severe allergic reactions causing respiratory distress (anaphylaxis).

Epilepsy – A neurological disorder that causes recurrent seizures.

Euphoria – Exaggerated feeling of well being or mild elation

Excretion - The process of elimination of waste products from the body, through urine, feces, sweat, tears, etc.

Expectorant - Medication that loosens mucous from the respiratory tract.

Expectoration - Removal of mucous or phlegm from the throat or lungs, usually by coughing.

Extrapyramidal Symptoms (EPS) - Side effect/adverse reaction to medication. Characterized by involuntary movement, changes in muscle tone, or abnormal posturing.

Feces - Body waste, discharged from the intestine through the rectum; also called stool.

Finger cot - A close fitting sheath worn at the end of a finger as a device for the protection of the finger.

Flat Affect - Lack of emotional response; no expression of feelings; talking in monotone voice or having lack of facial expression.

Fungicidal – A medication used to kill fungus.

Fungistatic - Agent that slows growth of fungus.

Gait - Manner of walking, i.e., "staggering gait".

Gingival hypertrophy - Irreversible enlargement of gums, side effect of some medication.

Grandiosity – False or exaggerated belief in one's own worth

Grand Mal Seizure - A major epileptic seizure involving the entire body.

Granule - A small grain or pellet, often found in a capsule.

Hallucinations - Perceived sights, sounds, tastes, smells, or sensations that are not actually there.

Hiatal Hernia – Protrusion of the stomach above the diaphragm

HIPAA -The federal privacy act that protects the right of any patient in the US to have their medical information maintained in confidentiality and protected from being accessed by anyone outside the physician's office or treating facility.

Hypertension- High blood pressure readings above the 'normal' range appropriate for age.

Hypoglycemia - Abnormally low level of sugar (glucose) in the blood.

Hypotension - Blood pressure readings that are below the normal range and that may produce symptoms of lightheadedness, fainting, etc.

Hypothyroidism - A condition of the thyroid gland characterized by low energy, weight gain, and often can mimic depression.

Inflammation - A response of the immune system to injury or destruction of cells. Symptoms may include redness heat, pain and swelling.

Inhibitory Effect – Action caused by a substance or agent in which the activity or growth of another agent or substance is slowed or stopped

Insomnia - Decreased sleep caused by inability to fall asleep or frequent awakening at night.

Jacksonian Seizure – Type of seizure in which fine tremors begin in toes or fingers and spread up the extremity toward the body

Jaundice - (Icterus) Yellowing of the whites of the eyes, skin and body fluids.

Lacerations - Cuts or scratches on the body.

Laxatives - Medications that will cause evacuation of feces (stool) from the body.

Lethargic - Drowsy or sluggish; difficult to stay awake.

Licensed Practitioner - An individual who has been granted a license to practice within the parameters designated by the board of record. The Kentucky Board of Nursing grants licenses to RNs, ARNPs, and LPNs. The Kentucky Medical Board grants licenses to physicians and the Kentucky Board of Pharmacy grants licenses to pharmacists.

Maceration – The softening of a solid by soaking

Mania - Mental state of extreme excitement and activity. **(Manic)**

MAR - Medication Administration Record; documentation record for meds given.

Medication Errors - Term used to describe the violation of any of the Six Rights in Medication Administration.

Microorganisms - Germs, bacteria, viruses, etc.

Narcolepsy - A condition characterized by uncontrollable periods of sudden deep sleep.

Nebulizer - A device used to administer medication in forms of a liquid mist to the airways.

Neurologic - Having to do with the nervous system.

Non-controlled medications - Medications with no history of addictive potential; not governed by the same laws and storage requirements as for controlled medications.

Obsessive thoughts - Unwanted, persistent ideas.

Ophthalmic - Pertaining to the eyes.

Oral Medications - Drugs given by mouth.

Orthostatic hypotension - A change/drop in blood pressure when rising from a sitting or lying down position to standing position; may result in a fall or loss of consciousness (fainting).

Otic - Pertaining to or concerning the ear.

Over the Counter (OTC) Medications - Medications that may be purchased without a prescription, such as Tylenol or Advil.

Palpitations of the Heart - Fluttering feeling of the heart

Paralytic Ileus - Paralysis or lack of passage of intestinal wall with extreme pain and bloating; can be serious side effect of psychotropic medications.

Paranoid disorder - An excessive anxiety or fear concerning one's own well being.

Paresthesia - Tingling sensation due to damaged nerve

Parkinson-like - Refers to having symptoms that mimic Parkinson's disease such as tremors of extremities, loss of facial expression, altered gait. Parkinson-like symptoms are potential side effect of psychotropic medications.

(See Pseudoparkinsonism) (Also see *Psychotropic Agents in the Common Medications* chart).

Peak Flow Meter - A device used to manage asthma by monitoring airflow and the degree of restriction in the airway.

Petit Mal Seizure - Used to describe a mild form of a seizure; may also be referred to as *absence seizure*.

Pharynx - Throat

Photosensitivity - Easily sunburned, often caused by medication or allergy. (Even eyes can be photosensitive with some medications).

Pill-rolling – A tremor in which the fingers and wrist move in a rhythmic manner; manipulation of small objects or pills in the hand.

Polydipsia - Excessive abnormally high intake of fluids by mouth.

Polyurea - Excessive production of urine.

Potentiate - Increase the strength or action of a drug.

Pressured Speech – Stressed, rapid speech

PRN medications – Medications ordered to be given only on an “as needed” basis, such as Tylenol for a headache.

Pseudoparkinsonism - A condition that mimics symptoms of Parkinson's disease; may include tremors of extremities, loss of facial expression, altered gait. Potential side effect of psychotropic medications.

Psoriasis - Chronic skin disease with scaly red patches.

Psychomotor Seizure - Episode of possible mental confusion, aggressive behavior, or impulsive outburst

Psychosis/Psychotic Episode - A condition characterized by a loss of contact with reality; may have delusions and hallucinations.

Psychotropic Medication – Medications used to treat mental disorders, may be prescribed to treat depression, psychosis or bipolar disorders.

Route of Administration – How a medication is to be given, such as by mouth, in the eye, in the ear, on the skin, etc.

Secondary Infection – Invasion of the body by a different organism than the one being treated.

Scabies - Highly contagious skin condition caused by the itch mite.

Scheduled medications – (Controlled Substances) - Medications with abuse potential, whose distribution, record keeping, and storage are controlled by law

Schizophrenia - Psychosis characterized by loss of contact with reality and breakdown of personality.

Sedation - Calming, soothing or tranquilizing effect brought on by medication.

Seizure – A brief, excessive discharge of electrical activity in the brain that alters one or more of the following: movement, sensitive, behavior, awareness.

Somatic Complaints - Reports about body functions that have no basis in fact.

Sphincter - A circular muscle that normally maintains constriction of a natural body passage or orifice and which relaxes as required by normal physiological functioning. While there are at least 42 different sphincters in the body, the most commonly discussed are: **Anal Sphincter** (rectum); **Urethral Sphincter** (urinary bladder); **Pyloric Sphincter** (lower end of stomach); **Cardiac Sphincter** (upper end of stomach).

Sputum - Substance ejected from the mouth containing saliva and mucous.

Steroid - Certain hormones, either manufactured in the body or the laboratory, that reduce inflammation.

Stool - Waste matter/ feces discharged from the bowels.

Tardive Dyskinesia (TD) - A neurological disorder that may be due to long term and/or high doses of some antipsychotic medications; characterized by abnormal repetitive, involuntary movement of the face, such as grimacing, lip smacking, or rapid eye blinking.

Therapeutic Level - The attaining of a concentration of a drug in the blood, that is high enough to control symptoms.

Tinnitus - A perception of sound, usually described as "ringing in the ear".

Topical medication - Medication applied to the skin or mucous membranes (eyes, nose, ears, etc.).

Tourette Syndrome - A neurological disorder characterized by unusual, involuntary movements or sounds, called tics. Common tics are throat-clearing and blinking. May occur with other neurological disorders such as ADHD, Obsessive-Compulsive Disorder (OCD), anxiety or depression.

Toxic level - Blood concentration of a drug that has become high enough to cause harm.

Transient Hypotension – Episode of low blood pressure that may be characterized by feelings of light headedness, dizziness, or weakness

Urinary Retention – When the bladder does not empty properly and holds urine.

Urticaria - Hives as a result of an allergic reaction.

MODULE III:

**MEDICATION
PREPARATION,
ADMINISTRATION,
AND STORAGE**

Various Forms of Medication Administration

Medications are delivered for administration in many different forms.

1. Oral

A. Capsules:

Medication within a capsule may be in powder, granules, oils or liquids other than oil. Capsules may be coated with substances that permit delayed absorption of the content. This coating may also allow the medication to be released in small amounts over a prolonged period of time. The outer shell on the capsule is usually made of a gelatin substance. Once the gel substance mixes with stomach fluids, it disintegrates, therefore, releasing the medication inside. Sometimes contents of the capsule are quickly and easily absorbed into the system but when capsule content are micro-encapsulated they may have different absorption times.

Gel coated capsules are not to be broken. Do **NOT** break or crush any medications considered extended or controlled release (XR, ER, or CR).

Oral medication should not be crushed without a licensed practitioner's order.

B. Tablets:

Compression or molding (depending on content of tablet) creates the shape of tablets.

Tablets are delivered in either enteric coated or un-coated form. Un-coated tablets can be scored to allow for splitting; however, enteric coated tablets **should not** be scored or split due to not being able to ensure accurate dosage of medication.

NOTE: Unscored tablets should not be split without a licensed practitioner's order. Only a tool designed for splitting tablets should be used for this purpose. This device should be cleaned after each use.

C. Liquid Medication:

Some medications come in liquid form. The major concern with liquid medications is measuring accurate dosage. To ensure accurate dosage of liquid medications using a plastic marked cup, oral syringe or dropper, pay close attention to the order and the markings on the container to ensure accurate dosage.

When using a measuring cup, place the cup on a solid, level surface and then bend to look at it at eye level to ensure the correct amount has been poured. The medication should be poured **away** from the label (to do this hold the bottle so the label is in the palm of your hand) to prevent spillage to the label causing it to be illegible.

When pouring liquid medications, place the cap of the bottle upside down on a surface to avoid contaminating the inside of the cap.

Some liquid medications are suspensions and require shaking before being administered.

2. Topical

Note: Gloves should be worn when administering any of the following medications.

A. Ointments:

Medications delivered in ointment form are most often prescribed for dermal or ophthalmic conditions. Ointments are used to retain body heat and/or provide prolonged medication contact. Use standard precautions at all times when applying ophthalmic or dermal ointments. Cleanse skin prior to application of dermal ointment. As always, observe for any adverse effects such as worsening of the condition.

B. Creams

Cream is a more semi-solid form, and is used to lubricate dry or diseased skin as well as to prevent water loss. When applying cream, make sure the skin is clean and dry before thoroughly massaging into the skin, and observe for any adverse effects such as irritation to the area.

3. Ophthalmic (application of eye drops)

Prior to applying eye drops, wash your hands. The individual should be sitting up straight and looking at the ceiling with eyes open. Pull down on the lower lid with a gloved hand not holding the bottle. Place one drop inside the lower eyelid. If you are unsure a drop went in, **wait five minutes** before instilling another drop.

4. Otic (application of ear drops)

DO NOT USE EAR DROPS IN THE EYE. Store ear drops at room temperature. Prior to applying ear drops, wash and completely dry hands. Gently shake the bottle before using. Hold the bottle in your hands for a few minutes to warm it. The dropper should be held with the dropper tip down at all times. This prevents the medicine from flowing back to the bulb where there may be germs. Avoid touching the dropper against anything else.

Have the individual lie down or tilt his/her head to one side. In adults, the earlobe should be held up and back. Holding the ear with one hand and the dropper in the other, place the correct number of drops into the ear.

DO NOT SQUEEZE THE DROPPER TOO HARD.

Replace the dropper in the medicine bottle right away. Do not rinse off. Press the ear flap and have the individual keep their head tilted back for several minutes to give the drops ample time to coat the ear. Wash your hands.

5. Inhalers and Nebulizers

A. Nasal Inhaler – Before using a nasal inhaler, the individual should blow the nose. Block one nasal passage with a finger on one side of the nose, gently insert the nozzle of the inhaler into the other nostril and aim the inhaler so that the spray is directed 45 degrees upward and slightly outwards and away from the mid line.

B. Aqueous Nasal Inhalers – Gently insert the nozzle as far as possible into the nose before spraying. Wait 30 seconds and then lean forward with your head between your knees for one minute, while pinching your nose.

If nose bleeding starts to occur after starting nasal spray treatment, clean the inside of the nostrils with a cotton swab to remove excess drug after each use of the spray.

C. Metered Dose Inhalers – Wash your hands, shake the inhaler several times. Ask the individual to hold their head up straight and exhale out. Assist with placing the mouthpiece of the inhaler between their teeth and ask them to close their lips around the mouthpiece. Staff should ask the individual to inhale, then press down once on the canister to release a dose. Ask them to continue to breathe slowly through an open mouth over 4 to 5 seconds, until the lungs are full of air. The individual should then breathe for 10 seconds. If more than one puff is required, repeat the above for each required puff.

D. Spacer Devices for Metered Dose Inhalers – Spacer devices have a chamber that receives the aerosol before it is inhaled. They serve two functions: 1) to overcome difficulties in coordinating the timing of the inhaler actuation and inhalation and 2) to slow down the speed of delivery of the aerosol into the mouth so that less of the drug impacts in the throat.

There is a printable handout located on the reference page at the end of this module that explains how to use inhalers and spacers.

E. Peak Flow Meter – A peak flow meter is a tool that measures how well air moves out of the lungs. To use a peak flow meter, place the indicator at the base of the numbered scale. Ask the individual to stand up or sit up straight and take a deep breath. Place the meter in their mouth and ask them to close their lips around the mouthpiece. Remind them not to put their tongue inside the hole. Ask them to blow out as hard and fast as they can. Write down the number you get. Repeat two more times. Write down the highest of the three numbers achieved. The doctor will give you the numbers to instruct you what to do based on the peak flow results.

6. Suppositories

A. Rectal Suppository – A rectal suppository is a medicine shaped like a cone or cylinder that is inserted into the rectum. It is made of a waxy substance that melts easily. To administer a rectal suppository, wash your hands thoroughly. If the suppository is soft, hold it under cool water to harden it before removing the wrapper. Remove the wrapper. If you are to use half of the suppository, cut it lengthwise. Put on a finger cot or a disposable glove. Lubricate the suppository tip with a water-soluble lubricant such as KY Jelly. Assist the individual to lie on their left side with their lower leg straightened out and upper leg bent forward toward their stomach. Lift upper buttock to expose the rectal area. Insert the suppository, pointed end first, with your finger until it passes the muscular sphincter of the rectum, about 1 inch in adults. If not inserted past the sphincter, the suppository may pop out. Hold buttocks together for a few seconds. Ask the individual to remain lying down for about 15 minutes to avoid having the suppository come out. Discard used materials and wash your hands thoroughly.

B. Vaginal Suppository – To use vaginal cream or suppository, first wash your hands thoroughly. To use the cream, fill the applicator that comes with the cream to the level indicated. To use the suppository, unwrap it, wet it with lukewarm water, and place it on the applicator shown with the accompanying instructions. Assist the individual to lie on their back with knees drawn upward and spread apart. Insert the applicator high into the vagina (unless they are pregnant), and then push the plunger to release the medication. If they are pregnant, insert the applicator gently. If you feel resistance (hard to insert), do not try to insert it further; notify the doctor. Withdraw the applicator. Pull the applicator apart and clean it with soap and warm water after each use. Wash your hands thoroughly.

NOTE: The dose should be applied when you lie down to go to bed. The medicine works best if you do not get up again after applying it. You may wish to provide a sanitary napkin to protect clothing against stains.

7. Epi-pen

An Epi-pen is used to treat severe allergic reactions. To use, unscrew the cap off the carrying case and remove the Epi-pen auto-injector from its storage tube. Grasp the unit with the tip pointed downward. Form a fist around the unit with tip down. With the other hand, pull off the safety release. Hold tip near outer thigh. Swing and jab firmly into outer thigh until it clicks so that unit is perpendicular (at a 90 degree angle) to the thigh. (Auto-injector is designed to work through clothing). Hold firmly against thigh for approximately 10 seconds. Call 911 and seek immediate medical attention.

Carefully place the used auto-injector into the storage tube of the carrying case and take the Epi-pen with you to the hospital emergency room. Give it to the doctor for inspection and proper disposal.

Never hesitate to use if a reaction is suspected. Dose lasts approximately 15 minutes and will not cause harm if used unnecessarily.

NOTES: Never put the thumb, fingers, or hand over the tip. Do not remove the safety release until ready to use. Do not use if solution is discolored or red flag appears in the clear window. Do not place patient insert or any other foreign objects in carrier with the auto-injector.

The SCL provider agency is responsible for ensuring that non-licensed staff is trained to address the individualized needs of each person they support or assist.

Observation and administration of an individual's medications is a procedure that should be completed in the best of environmental circumstances. In order to avoid errors and confusion it is recommended that a designated area be used to prepare and administer medications.

These areas must be, clean, free from clutter and well lighted.

Proper Hand Washing

Good hand washing techniques include washing your hands with soap and water or using an alcohol-based hand sanitizer.

Hand washing steps:

- Remove rings
- Wet your hands with warm, running water and apply liquid soap
- Lather well
- Scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails
- Rub hands together for 20 seconds (sing "Happy Birthday" twice)
- With water running, dry hands with a paper towel
- Use paper towel to turn off the faucet
- Dispose of paper towel.

Alcohol-based hand sanitizers are an excellent alternative to hand washing. However, if your hands are visibly soiled, wash with soap and water.

Alcohol-based hand sanitizer:

- Apply ½ tsp of the sanitizer to the palm of your hand
- Rub hands together, cover all surfaces of your hands until they are dry

Use gloves when instilling eye or ear medications. Make sure you have verified whether the individual is allergic to latex prior to using a latex glove. (Be sure to wash off powder from gloves)

There is a printable handout located on the reference page at the end of this module explaining proper hand washing.

Oral Medications

All oral medications should be given with at least four ounces of water or other liquid that allows for easy swallowing. A medication dispensing device or oral syringe should be available to prepare liquid medications. Remember to pour the medication away from the label, and to have container eye level when measuring to ensure accurate dosage.

NOTE: Pay close attention to the order on the container and markings used for measurement to ensure accurate dose.

After the individual has taken the medication it is very important that you make sure he/she has swallowed the medication. This practice will ensure they are not hoarding or 'cheeking' medications.

This is especially important for someone who has a history of choking or aspiration. Offering a snack, something additional to drink, or spending extra time with this person to allow for increased monitoring will assist the non-licensed staff to ensure that the medication has been safely swallowed.

There is a printable handout located on the reference pages explaining the Heimlich maneuver.

Medication Administration

Knowing the following before administering medications will help prevent medication errors:

- Name (generic and trade)
- Purpose
- Effect
- Length of time to take effect
- Side effects
- Adverse effects
- Interactions
- Special instructions
- Where to get help

For disposal of unused medication or expired medication:

- For pills: pour glue into pill container, after glue is hardened, container may be thrown into garbage can
- For liquids: pour cat litter or sand into container and wait for it to set-up, after it becomes hardened, it may be thrown into garbage can
- Disposal of medication must be documented on the medication record to verify it was destroyed, sign, date and have a witness also sign and date
- Items such as inhaler canisters may be placed in a sharps container or disposed of according to OSHA.

Do not flush the meds or pour down drain.

Each SCL agency must have a policy to identify the process for disposing of unused, damaged, or expired medications.

Ensuring Accurate Administration of Medication

Six Rights of Medication Administration

To safely manage and administer individuals medications one must fully understand the "six rights of medication administration". These six rights are as follows:

1. Right Person
2. Right Medication
3. Right Dosage
4. Right Route
5. Right Time
6. Right Documentation

Right person:

It is important to identify the right person when administering medications. An example of this might be referring to the photograph inside the record, and/or having the person state his/her name if possible. It is imperative that the "right person" has been identified prior to administering medications.

Right medication:

Giving the right medication to the right person is imperative for safety. Ensure that the medication label coincides with the Medication Administration Record.

Agencies must have in place policies and/or procedures regarding how medication errors are handled. Research has proven that medication errors are more readily reported if the action taken is weighted with education as opposed to strict disciplinary measures. The agency's policies must be in accordance with current SCL regulations for reporting medication errors.

Right dose:

Read the label on the medication container and compare it to the transcribed order. Pay close attention to the dosage amount.

Right route:

Read the label on the medication container and compare it to the transcribed order. Pay close attention to the route. Ensure that ear (otic) drops are never given in the eye.

Right time:

Your agency should have a policy in place that provides a time frame for which it is acceptable to give medications (example: 60 minutes before or 60 minutes after the scheduled time).

Right documentation:

Each medication must be documented **when** it is given. If a medication has been given, and it has not been documented that it was given, the process for administration is incomplete. This has the potential of causing a serious medication error, (overdosing) if the medicine were to be re-administered. This could cause a very serious medication error of overdosing. It is very important to remember once the medication has been administered you should initial in the area indicated on the Medication Administration Record. Inaccurate medication counts are also considered as incomplete documentation, which constitutes a medication error.

Always Check the Rights of Medication

- When removing the medication from storage
- When removing the medication from its container
- When returning the medication to storage

Note: Medications are not to be preset for all individuals. Only set up and administer one individual's medication at a time.

Medication Errors:

A medication error occurs when one of the "six client rights" has been violated. Examples of these would be:

- Administering wrong medication
- Administering wrong dose of medication
- Administering medication at the wrong time (medications may be administered per agency policy prior to or past the time ordered, and still be considered to be on time).

- Administering the medication in the wrong route (i.e. dermatological ointment administered to eye)
- Administering medication to wrong person
- Failing to document medication was given or inaccurate documentation of medicine given, including inaccurate pill counts
- Medication errors may result in adverse reactions to the person. These reactions could range from a rash to death.

Refusal of Medications:

It is a person's right to refuse medications. Each individual should be told why the medication is being used, and also any common side effects.

NOTE: Follow the agency's policy for notifying the licensed practitioner of refused medications.

Refusing medications is NOT considered a medication error, and should be documented on the Medication Administration Record as a "refusal of medication". This documentation ensures the individual has been offered the medication as ordered, and also proves staff competency in management/administration of medications.

Understanding Effects of Medications/Adverse Drug Effect

It is very important to familiarize yourself with any medication that is being administered. Pharmacies are required to provide a "medication" education sheet with each drug dispensed. The sheet contains the most common side effects of that medication. Another way to learn the side effects of medications is to review the medication in a current drug handbook. These books are updated on an annual basis and contain the most current information on medications.

Observing the individual after a medication has been administered is crucial in identifying any adverse reactions to that medication. Any and all reactions should be reported according to agency policy. Severe reactions should be treated as emergencies and staff should be familiar with agency protocol regarding how emergencies are handled within that agency.

Medication Education

Education of each individual should be performed per agency policy and should include:

- Name of prescribing practitioner
- Trade and generic name of medication.
- Reason medication was prescribed (diagnosis or symptoms)
- Dosage of the medications
- Time the medication will be given
- How long the medication is prescribed for
- Most common side effects of medication

Each individual should be encouraged to ask for and receive information regarding the medications prescribed. Education is to be documented in the agency specific manner.

Vital Signs

Body temperature: The normal body temperature of a person varies depending on gender, recent activity, food and fluid consumption, time of day and in women the stage of the menstrual cycle. A normal body temperature can range from 97.8 to 99 degrees Fahrenheit.

Before taking a temperature with a digital thermometer, be sure to attach the probe cover.

Digital thermometers will display the temperature in the LED display.

Normal body temperature:

Adult oral	98.6
70+ Years of Age Oral	96.8
1 Year Old Oral	99.7
3 Year Old Oral	99.0
5 Year Old Oral	98.6

Respiratory rate: The number of breaths a person takes per minute. The respiratory rate is measured when a person is at rest by counting the number of breaths a person takes for one minute. This is done by counting how many times the chest rises and falls. Respiration rates may increase with fever, illness, and with other medical conditions.

To check the respiration rate, look at the way a person breathes and note the following:

- 1) Rate, how many breaths the person is taking in one minute
- 2) Rhythm, is the tempo of the breaths (it can be regular or irregular)
- 3) Quality, is when the breathes are taken with or without difficulty

NOTE: When checking respiration rates, it is also important to note if the person is having difficulty breathing. It is always best to check the respiration rate without the individual knowing that you are checking it.

Normal resting respiration rates:

<u>AGE</u>	<u>Normal Range</u>	<u>Average</u>
Newborn	30-50	40
1 year	20-40	30
3 Years	20-30	25
6 Years	16-22	19
14 Years	14-20	17
Adult	12-20	18

Pulse: The pulse rate is a measurement of the heart rate, or the number of times the heart beats per minute. To take a pulse, put your middle and index finger on the wrist. DO NOT USE YOUR THUMB. Count the number of pulses for 15 seconds and then multiply by 4. Note the character of the pulse, is it weak or strong, slow, normal, fast, regular or irregular.

Normal Pulse

Age	Normal	Average
Newborn	100-170	140
1 Year	80-170	120
3 Years	80-130	110
6 Years	75-120	100
10 Years	70-110	90
14 Years	60-110	90
Adult	60-100	80

Blood pressure: Blood pressure is the force of the blood pushing against the artery walls. Two numbers are measured when measuring blood pressure. The higher number or systolic pressure refers to the pressure inside the artery when the heart contracts and pumps blood through the body. The lower number, or diastolic pressure, refers to the pressure inside the artery when the heart is at rest and is filling with blood.

When taking the blood pressure, use a blood pressure cuff that is the appropriate size for the client and make sure the person is relaxed. The person should be lying down or in a sitting position. The person's arm should be fully supported on a flat surface at heart level. *There is an increase in blood pressure as the arm is lowered from heart level and a decrease as the arm is raised above this position.* Wrap the blood pressure cuff around the arm above the elbow, making sure the rubber bladder is centered over the brachial artery. Fasten the pressure cuff snugly around the person's bare upper arm, making sure it is not too tight or too loose. Feel for the brachial artery, which is located near the center of the antecubital space (inner elbow).

Place the stethoscope earpieces in your ears. Keeping your fingers over the brachial artery, turn the valve on the hand bulb clockwise until it is tight. Palpate the brachial artery while you pump the hand bulb to fill the rubber bladder in the blood pressure cuff with air. As you pump, the gauge will register. Pump until you no longer hear a pulse and continue for 30 mm Hg beyond that point. Place the bell head of the stethoscope over the previously palpated brachial artery. Open the valve on the hand bulb (turning it counterclockwise) gradually (no faster than 2-3 mm Hg/second), releasing the air from the rubber bladder, and watch the pressure registered on the gauge decrease. The pressure at which you hear the first sound is called the systolic blood pressure (the point at which the heart is beating and exerting its greatest force).

Continue to open the valve gradually, listening for a muffling sound. Note both the point of muffling and the point at which the sound disappears. Facilities differ as to which of these two sounds they consider the diastolic pressure (the point at which the heart is relaxing and filling with blood). The American Heart Association recommends that the onset of muffling (fourth phase) be regarded as the best index of diastolic pressure in children and that the fifth phase (when sounds become

inaudible) be regarded as the best index of diastolic blood pressure in adults. If you want to double-check the blood pressure measurement, wait 1-2 minutes then repeat on the same arm. Remove the stethoscope earpieces from your ears and remove the cuff from the patient's arm. (Wipe the earpieces with alcohol swabs and also the bell head between individuals to maintain infection control.) Wash your hands. Record your findings on the individuals MAR. Report any abnormality to the appropriate person (see your agency's policies and procedures).

Record your reading as BP = systolic reading/diastolic reading. Normal Blood Pressure falls in the range of 90/60 to 130/80.

Handouts:

- *Preparing for Medication Administration*
- *How to Check Vital Signs*
- *Six Rights of Medication Administration*
- *Proper Hand Washing*
- *How to Apply Cream or Ointment*
- *How to Use Inhalers*
- *How to Apply Eye Drops*
- *How to Apply Ear Drops*
- *How to Use an Epi-pen*
- *How to Use Suppositories*
- *How to Perform the Heimlich maneuver*

Preparing for Medication Administration

A. Use a designated area to prepare and administer medications. The area must be:

- Clean & free from clutter
- Well lit
- Have adequate supplies available

B. Practice good hand hygiene and/or universal precautions

- Wash your hands prior to preparing medications and anytime there has been any physical contact
- Use gloves when instilling eye or ear medications
 - Be aware of allergies to latex
 - Wash your hands to remove powder from gloves

C. Educate Yourself on the Medication

- Provide adequate amount of water for easy swallowing
- Review medicines that require checking of vital signs

D. Follow the Six Client Rights When

- Removing the medication from storage
- Removing the medication from it's container
- Returning the medication to storage

E. Identify yourself and what you are doing

F. When measuring liquid medications

- Have available a medication dispensing device or oral syringe
- Pour the medication away from the label
- Have the container eye level when measuring
- Pay close attention to the order and the measurement markings on the container

G. Give the medication and observe the client taking it

- Monitor for cheeking

H. Document

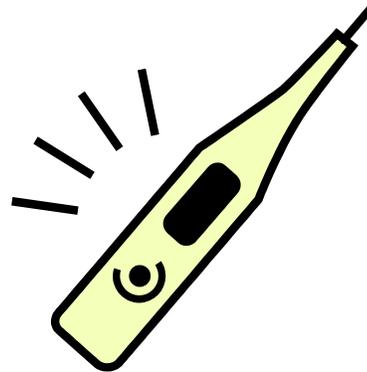
I. Observe the client after they have taken the medication & report to the Nurse:

- As soon as possible, any change in the patient's normal condition

How to Check Vital Signs

Taking a Body Temperature Orally Using a Digital Thermometer

- Client should not have eaten or taken any fluids a minimum of thirty (30) minutes prior to taking the temperature
- Wash hands
- Cover probe with probe cover
- Press “on” button
- Wait till memory clears
- Check battery (most digital thermometers will flash “lo” or show a symbol if the battery is low.
- Insert into mouth, under the tongue
- Have the client remain as still as possible
- The thermometer will beep when it has completed recording the temperature
- Remove the thermometer from the client’s mouth
- Note and record the temperature
- Remove and discard the probe cover
- Wash hands
- Report significant deviations to the nurse or doctor



Taking a Pulse

- Using the index and middle finger, find the pulse just below the inside of the wrist on the thumb side
- Count the beats for fifteen (15) seconds, then multiply that number by four (4)
 - Example: twenty (20) beats in fifteen (15) seconds. The pulse rate is eighty (80) beats per minute
- Record and report your findings if necessary

Counting Respirations

- Without the client knowing you are checking their respiration, watch the chest rise and lower
- Count the rises and falls of the chest as one respiration. Count for fifteen (15) seconds and multiply that number by four (4) or count for thirty (30) seconds and multiply that number by two (2)
- Record the result and reports findings as necessary



Blood Pressure

- Blood pressure is the force of the blood pushing against the artery walls.
- Two numbers are measured when measuring blood pressure.
- The higher number or systolic pressure refers to the pressure inside the artery when the heart contracts and pumps blood through the body.
- The lower number, or diastolic pressure, refers to the pressure inside the artery when the heart is at rest and is filling with blood.
- When taking the blood pressure, use a blood pressure cuff that is the appropriate size for the client and make sure the person is relaxed.
- The person should be lying down or in a sitting position.

- The person's arm should be fully supported on a flat surface at heart level. *There is an increase in blood pressure as the arm is lowered from heart level and a decrease as the arm is raised above this position.*
- Wrap the blood pressure cuff around the arm above the elbow, making sure the rubber bladder is centered over the brachial artery.
- Fasten the pressure cuff snugly around the person's bare upper arm, making sure it is not too tight or too loose.
- Feel for the brachial artery, which is located near the center of the antecubital space (inner elbow).
- Place the stethoscope earpieces in your ears.
- Keeping your fingers over the brachial artery, turn the valve on the hand bulb clockwise until it is tight.
- Palpate the brachial artery while you pump the hand bulb to fill the rubber bladder in the blood pressure cuff with air.
- As you pump, the gauge will register.
- Pump until you no longer hear a pulse and continue for 30 mm Hg beyond that point.
- Place the bell head of the stethoscope over the previously palpated brachial artery.
- Open the valve on the hand bulb (turning it counterclockwise) gradually (no faster than 2-3 mm Hg/second), releasing the air from the rubber bladder, and watch the pressure registered on the gauge decrease.
- The pressure at which you hear the first sound is called the systolic blood pressure (the point at which the heart is beating and exerting its greatest force).
- Continue to open the valve gradually, listening for a muffling sound.
- Note both the point of muffling and the point at which the sound disappears.
- Facilities differ as to which of these two sounds they consider the diastolic pressure (the point at which the heart is relaxing and filling with blood).
- The American Heart Association recommends that the onset of muffling (fourth phase) be regarded as the best index of diastolic pressure in children and that the fifth phase (when sounds become inaudible) be regarded as the best index of diastolic blood pressure in adults.

- If you want to double-check the blood pressure measurement, wait 1-2 minutes then repeat on the same arm.
- Remove the stethoscope earpieces from your ears and remove the cuff from the patient's arm.
- Wipe the earpieces with alcohol swabs and also the bell head between individuals to maintain infection control.
- Wash your hands.
- Record your findings on the individuals MAR. Report any abnormality to appropriate person (see your agency's policies and procedures)
- **Record you reading as BP = systolic reading/diastolic reading. Normal Blood Pressure falls in the range of 90/60 to 130/80**
- **It is also acceptable to use an automatic blood pressure machine by following the manufacturer's instructions.**

Six Rights of Medication Administration:

1. Right Client

Always have at least two (2) client identifiers when administering medications.

2. Right Medication

Verify that the medication label coincides with the Medication Administration Record.

3. Right Dose

Read the label on the medication container and compare it to the transcribed order.

Pay close attention to the dosage amount.

Never give ear
(otic) drops in the
eye.



scheduled time).

4. Right Route

Read the label on the medication container and compare it to the transcribed order.

Pay close attention to the route.

5. Right Time

Follow directions for when to give the medication.

Refer to agency policy for the time frame acceptable to give medications (example: 60 minutes before or 60 minutes after the

6. Right Documentation

Each medication must be documented when it is given.

If a medication has
been given, but not
documented there
is potential for
overdosing.



Proper Hand Washing

Good hand washing techniques include washing your hands with soap and water or using an alcohol-based hand sanitizer.

Washing Hands Using Soap and Water

- Remove rings
- Wet your hands with warm, running water and apply liquid soap
- Lather well
- Scrub all surfaces, including the backs of your hands, wrists, between your fingers and under your fingernails
- Rub hands together for 20 seconds (sing "Happy Birthday" twice)
- With water running, dry hands with a paper towel
- Use paper towel to turn off the faucet
- Dispose of paper towel



Washing Hands with an Alcohol-Based Hand Sanitizer

- Apply ½ tsp of the sanitizer to the palm of your hand
- Rub hands together, cover all surfaces of your hands until they are dry

Alcohol-based hand sanitizers are an excellent alternative to hand washing. However, if your hands are visibly soiled, wash with soap and water.

How to Apply Cream or Ointment

When applying cream or ointment, follow the directions on the label, and the following:

- Wash hands thoroughly
- Put on gloves
- Cleanse the skin with warm water and soap
- When opening the container, place the cap so that the grooved side is up
- Apply the cream or ointment as directed by the label or the doctor's order



NOTE: When transcribing orders for applying ointments, be sure to indicate where the ointment should be applied.

- Notify the nurse if you notice: a change in the amount, color, consistency, or odor of the drainage or if there is any swelling or redness

How to Use Inhalers

Aqueous Nasal Inhalers

- Blow the nose
- Wash hands
- Block one nostril with a finger
- Insert the nozzle of the inhaler into the other nostril
- Aim inhaler so the spray is directed 45 degrees upward and slightly outwards and away from the mid line
- Client should not inhale
- Squeeze the inhaler quickly and firmly
- Repeat as directed and for the other nostril

Metered Dose Inhalers

- Wash hands
- Shake the inhaler several times
- Stand and hold head straight up
- Exhale all the way
- Place the mouthpiece between teeth and close lips around it
- Breathe through the mouth and immediately press down on the canister to release the medicine
- Breathe slowly through open mouth for 4 to 5 seconds, until lungs are full of air
- Hold breath for 10 seconds
- Repeat as directed



Peak Flow Meter

- Wash hands
- Place the indicator at the base of the numbered scale
- Stand up
- Take a deep breath
- Place the meter in the mouth and close lips around the mouthpiece
- **DO NOT PUT TONGUE INSIDE THE HOLE**
- Blow out as hard and fast as you can
- Record the reading
- Repeat two more times
- Record the highest of the three numbers achieved
- The doctor will instruct you what to do given your peak flow results

How to Use Spacers

Sit up straight, or stand up, and lift the chin to open the airways.

- Remove the cap from the mouthpiece of the inhaler and shake the inhaler vigorously.
- If you haven't used the inhaler for a week or more, or it is the first time you have used the inhaler, spray it into the air before using it to check that it works.
- Insert the inhaler mouthpiece into the hole in the end of the spacer (the inhaler should fit snugly and without difficulty - see below).
- Take some deep breaths and then put your teeth around the spacer mouthpiece (not in front of it and do not bite it), and seal your lips around the spacer mouthpiece, holding it between your lips.
- Press down on the canister in the inhaler to spray one puff of medicine into the spacer.
- Breathe in slowly and deeply, then hold your breath for 10 seconds or as long as is comfortably possible.
- Breathe out, then breathe in deeply again through the mouthpiece of the spacer and hold your breath. You should take two deep-held breaths from the spacer for each puff from your inhaler.
- If you need another dose, wait 30 seconds, shake your inhaler again then repeat steps 4 to 8.
- Don't spray more than one puff at a time into the spacer. This makes the droplets in the mist stick together and to the sides of the spacer, so you actually breathe in a smaller dose.

NOTE: Follow manufacturer's instructions for cleaning all of the above.

How to Apply Eye Drops

When applying eye drops, follow the following guidelines:

NEVER USE EAR DROPS IN THE EYE

- Wash hands thoroughly
- Client should be sitting up straight and looking at the ceiling
- Pull down the lower lid
- Place one drop inside the lower lid
- If you are not sure that a drop went in, WAIT 5 minutes before instilling another drop.



How to Apply Otic (Ear) Drops

When applying ear drops, follow these guidelines:

- Wash hands and dry completely
- Gently shake the bottle
- Hold the bottle in your hands for a few minutes to warm the drops
- Hold the dropper tip down at all times
- Tilt the head to one side
- In adults, hold the earlobe up and back
- In children, hold the earlobe down and back
- Place the correct number of drops in the ear – **DO NOT SQUEEZE THE DROPPER TOO HARD**
- Return the dropper to the medicine bottle right away
- Press the ear flap and keep head tilted for several minutes
- Insert a cotton plug
- Wash hands



How to Use an Epi-Pen

To Use an Epi-Pen

- Unscrew the cap off the carrying case and remove the Epi-pen
- Grasp the unit with the tip pointed downward
- Form a fist around the unit with tip down
- With the other hand, pull off the safety release
- Hold tip near outer thigh
- Swing and jab firmly into outer thigh until it clicks so that unit is perpendicular (at a 90 degree angle) to the thigh. (Auto-injector is designed to work through clothing)
- Hold firmly against thigh for approximately 10 seconds
- Call 911 and seek immediate medical attention
- Carefully place the used auto-injector (without bending the needle) needle end first, into the storage tube of the carrying case
- Screw the cap of the storage tube back on completely, and take it with you to the hospital emergency room
- At the emergency room, tell the doctor that you have received an injection of epinephrine in your thigh
- Give your used epi-pen to the doctor for inspection and proper disposal
- Never hesitate to use if a reaction is suspected. Dose lasts approximately 15 minutes and will not cause harm if used unnecessarily.

NOTES: Never put the thumb, fingers, or hand over the tip. Do not remove the safety release until ready to use. Do not use if solution is discolored or red flag appears in the clear window. Do not place any foreign objects in carrier with the auto-injector.

How to Use Suppositories

To Use a Rectal Suppositories

- Wash your hands
- If the suppository is soft, hold it under cool water to harden it before removing the wrapper
- Remove the wrapper.
- If you are to use half of the suppository, cut it lengthwise.
- Put on a finger cot or a disposable glove.
- Lubricate the suppository tip with a water-soluble lubricant such as KY Jelly
- Lie on your side with your lower leg straightened out and your upper leg bent forward toward your stomach
- Lift upper buttock to expose the rectal area
- Insert the suppository, pointed end first, with your finger until it passes the muscular sphincter of the rectum, about ½ to 1 inch in infants and 1 inch in adults
- Hold buttocks together for a few seconds
- Remain lying down for about 15 minutes
- Discard used materials
- Wash hands

To Use Vaginal Suppository or Cream

- Wash your hands thoroughly
- To use the cream, fill the applicator that comes with the cream to the level indicated
- To use the suppository, unwrap it, wet it with lukewarm water, and place it on the applicator
- Lie on your back with your knees drawn upward and spread apart
- Insert the applicator high into the vagina (unless you are pregnant), and then push the plunger to release the medication
- If you are pregnant, insert the applicator gently. If you feel resistance (hard to insert), do not try to insert it further; call your doctor.
- Withdraw the applicator
- Pull the applicator apart and clean it with soap and warm water after each use
- Wash your hands

How to Perform the Heimlich Maneuver

Step One

Ask the choking person to stand if he or she is sitting.

Step Two

Place yourself slightly behind the standing victim.

Step Three

Reassure the victim that you know the Heimlich maneuver and are going to help.

Step Four

Place your arms around the victim's waist.

Step Five

Make a fist with one hand and place your thumb toward the victim, just above his or her belly button.

Step Six

Grab your fist with your other hand.

Step Seven

Deliver five upward squeeze-thrusts into the abdomen.

Step Eight

Make each squeeze-thrust strong enough to dislodge a foreign body.

Step Nine

Understand that your thrusts make the diaphragm move air out of the victim's lungs, creating a kind of artificial cough.

Step Ten

Keep a firm grip on the victim, since he or she can lose consciousness and fall to the ground if the Heimlich maneuver is not effective.

Step Eleven

Repeat the Heimlich maneuver until the foreign body is expelled.



Tips & Warnings:

- If a victim is coughing strongly or able to talk, let the person try to expel the foreign body using his or her own efforts.
- If the choking victim displays a weak or ineffective cough, this indicates that air exchange is minimal and that you should start the Heimlich maneuver.
- To avoid breaking bones, never place your hands on the victim's breastbone or lower rib cage when performing the Heimlich maneuver.
- If choking persists call 911 immediately.

MODULE IV:

DOCUMENTATION

Reading and Transcribing Prescriptions:

Medication prescriptions are written by licensed practitioners. The practitioner's handwriting may be difficult to read however, it is the responsibility of the pharmacist to ensure clarity of the prescription order. No order should be transcribed if there is any doubt as to what is written. If there is any doubt as to what is written, the physician needs to be contacted and the order needs to be clarified. Follow the agency's policy.

Prescription labels should be clear and concise; abbreviations should be discouraged for individual safety in medication administration. It is recommended agencies should have in place a list of what they consider approved and unapproved medical abbreviations (see sample list in reference section). In the instance that abbreviations are used, only those approved by the employing agency can be used.

This information should be provided to the attending pharmacy, practitioner, as well as agency staff. (Include frequently used abbreviations near glossary) You cannot alter a medicine label. (**NOTE: Medication labels cannot be altered, they must be re-written.**)

If the prescription label says three times a day, you must give the medicine to the individual three times a day. An individual can refuse to take their medicine.

Prescription labels will contain:

- Generic and/or trade name of the medication
- Frequency & dosage of the medication
- Number of doses of medication that are in the package/container
- Number of times this medication may be refilled
- Possible food or drink, or other drug interactions
- Special instructions (i.e. allergy warnings, possible side effects, etc.)
- Name of prescribing licensed practitioner
- Expiration date of medication

NOTE: If an individual is pregnant or you think she may be, you should consult a physician for special instructions prior to administering any medication.

It is important to compare medications transcribed to medications on hand when preparing monthly Medication Administration Records.

Medication Administration Records

Medication Administration Records should be developed per agency specific protocol. In some instances, pharmacies may generate medication records for facilities who administer an abundant amount of routine and/or PRN medications.

Routine Medication Administration Record (MAR)

Contains ongoing medication orders; i.e. medicines given on a daily basis. Also contains medication that is ordered on a one time only basis.

The following are examples of information to include on the MAR:

- Month and year that the Medication Administration Record represents
- Date order was given
- Date and time medication was administered
- Initial of the person transcribing the order
- Initial of the person giving the medication
- Name of medication, dosage, route, time
- An area for staff signatures & initials

- Sample acronyms describing reasons why medications were not given
 - R=refused
 - H=hospital
 - D=destroyed

- Identification
 - Name
 - Number (if applicable)
 - Date of birth
 - Gender
 - Height
 - Weight

- **ALLERGIES (list in RED)**
 - Attending practitioner
 - Nutritional Information
 - special diet
 - illness

- Other necessary medical information (i.e. seizure disorder, asthma)
- Other necessary behavioral information (i.e. cheeking, binging, purging, etc.)

PRN (when necessary) Medication Administration Record

Contains medications that have been ordered on an "as needed basis". This record should contain the same additional information as the routine MAR. In addition, as this medication is given on "an as needed basis", it is imperative the effectiveness be documented. Refer to agency policies for documenting effectiveness.

PRN medications are given on an as needed basis per the licensed practitioner's order. For this reason, it is very important that the PRN Medication Administration

Record has documentation of time and amount administered to ensure the order is adhered to.

Ongoing observation, inquiry, and documentation within two hours after administration will determine effective or ineffective results of the medication. Additional acronyms that need to be added to the PRN MAR to describe the results of administration of PRN medications include I/E: I=ineffective; E=effective.

Over The Counter Medication Administration Record

ALL medications should have a practitioner's order. Over the counter medications such as Tylenol, Maalox, and Benadryl do not require prescriptions for purchase, but should be included on the practitioner's medication order.

This record should contain the same information as on the PRN Medication Administration Record in addition to an area to document "why" the medication was given (i.e. complaints of headache).

It is important to compare medications transcribed to medications on hand when preparing monthly Medication Administration Records.

Transcribing Medication Orders

Once a medication has been ordered and that medication has been dispensed by the pharmacy, it will be the responsibility of the SCL employee to ensure accurate and timely transcription of the medication onto the correct Medication Administration Record according to agency protocol.

Writing legibly is very important when transcribing medications. This can prevent medication errors and ensure individual safety in medication administration.

Only agency approved abbreviations should be used when transcribing medications (see reference section for example).

All orders should be transcribed exactly as written. If an order is written with an unapproved abbreviation, the prescribing practitioner must be called for clarification. SCL staff should follow agency policy.

The prescription from the licensed practitioner, the label on the medication, and the information on the MAR must match exactly.

The label on a medication cannot be changed by anyone. If the licensed practitioner changes the dosage on a prescribed medication, a new prescription must be filled by the pharmacy. The old medication cannot be administered and must be discarded per agency policy.

Handouts

- *How to Read and Transcribe Prescription Orders*
- *Documenting Medication Administration on the Medication Administration Record*
- *Approved List of Medical Abbreviations*
- *Agency Specific MAR*

References

JCACHO'S "Do Not Use List"

<http://www.jointcommission.org/PatientSafety/DoNotUseList/>

ISMP List of Error-Prone Abbreviation, Symbols, and Dose Designations

<http://www.ismp.org/Tools/errorproneabbreviations.pdf>

ISMP List of Confused Drug Names

<http://www.ismp.org/Tools/confuseddrugnames.pdf>

How to Read & Transcribe Prescription Orders

Reading Prescriptions

- Medication prescriptions are written by Licensed Practitioners.
- The Practitioner's handwriting may be difficult to read however, it is the responsibility of the Pharmacist to ensure clarity of the prescription order.
- Prescription labels should be clear and concise and abbreviations should be discouraged for client safety in medication administration
- It is recommended that all agencies have a list in place of what they consider approved and unapproved medical abbreviations.
- You cannot alter a medicine label.

NOTE: Medication Labels cannot be altered, they must be re-written.

Prescription labels will contain:

- Generic and/or trade name of the medication.
- Frequency & dosage of the medication.

- Number of doses of medication that are in the package/container.
- Number of times this medication may be refilled.
- Possible food, drink, or other drug interactions
- Special instructions (i.e. allergy warnings, possible side effects, etc.)
- Name of prescribing licensed practitioner
- Expiration date

NOTE: If a person is pregnant or you think she may be, you should consult a physician for special instructions prior to administering any medication.

Transcribing Medication Orders:

- Once a medication has been ordered and dispensed by the Pharmacy, it will be the responsibility of the employee to ensure accurate and timely transcription of the medication onto the correct Medication Administration Record, according to agency protocol.
- Writing legibly is very important when transcribing medications. This can prevent medication errors, and ensure client safety in medication administration.
- Only agency approved abbreviations should be used when transcribing medications
- All orders should be transcribed exactly as written. If order is written with an unapproved abbreviation, prescribing practitioner must be called for clarification.

It is important to compare medications transcribed to medications on hand when preparing monthly Medication Administration Records.

Documenting Medication Administration on the Medication Administration Record

Medication Administration Records should be developed per agency specific protocol. In some instances, pharmacies may generate medication administration records for facilities who administer an abundant amount of routine and/or PRN medications.

Routine Medication Administration Record (contains ongoing medication orders; i.e. medicines given on a daily basis. Also contains medication that is ordered on a one time only basis.) The following are examples of information to include on the MAR:

- Month and year that the Medication Administration Record represents.
- Date order was given, and date and time medication was administered.
- Initial of the person transcribing the order.
- Initial of the person giving the medication
- Name of medication, dosage, route, time,
- An area for staff signatures, initials or other means for agency specific staff identification.
- Acronyms are used to describe reasons why medications were not given. See agency specific policy regarding approved acronyms.
- Client identification
 - name
 - number (if applicable)
 - date of birth
 - gender
 - height
 - weight
- ALLERGIES (list in RED)
- Attending Practitioner
- Nutritional Information
 - special diet
 - illness
 - food allergies
- Other necessary medical information (i.e. seizure disorder, allergies, asthma, pregnancy)
- Other necessary behavioral information (i.e. cheeking, binging, purging, etc.)



PRN (when necessary) Medication Administration Record (contains medications that have been ordered on an "as needed basis"). PRN medications are given on an as needed basis per the licensed practitioner's order.

This record should contain the same information as the routine MAR. In addition, the PRN MAR should contain:

- Documentation of time and amount administered
- Ongoing observation, inquiry, and documentation some two hours after administration will determine effective or ineffective results of the medication

- Documentation of the effectiveness of the medication
- There are two acronyms that need to be added to the record to describe this (i.e. I=ineffective; E=effective).



Some Agencies May Have an Over The Counter Medication Administration Record

ALL medications should have a “practitioner’s order”. Over the counter medications do not require prescriptions for purchase, but should be included on the practitioner’s standing medication order.

This record should contain the same information as on the PRN Medication Administration Record. In addition, there should be:

- Documentation of “why” the medication was given (i.e. complaints of headache).

It is important to compare medications transcribed to medications on hand when preparing monthly Medication Administration Records



Approved List of Medical Abbreviations

NOTE: Please check agency policy prior to using any of the abbreviations on this list.

ABBREVIATION	DEFINITION
Abd	Abdominal
ADA	American Diabetic Association
ADL	Activities of Daily Living
AHA	American Heart Associations
AIDS	Acquired Immunodeficiency Syndrome
AIMS	Abnormal Involuntary Movement Scale
AMA	Against Medical Advice
ASAP	As Soon As Possible
AWOL	Absent Without Leave
BM	Bowel Movement
BMI	Body Mass Index
BP	Blood Pressure
Bx	Behavior or Behavioral
C/O	Complains Of
CBC	Complete Blood Count
CNS	Central Nervous System
COPD	Chronic Obstructive Pulmonary Disease
Cc	Cubic Centimeters
CVA	Cerebro-Vascular Accident
Diff	Differential
DOB	Date of Birth
Dx	Diagnosis
EEG	Electro-encephalogram, - graph
EENT	Eye, Ear, Nose, and Throat
EKG or ECG	Electrocardiogram, - graph
EMG	Electromyography
EMS	Emergency Medical Services
ENT	Ear, Nose, and Throat
ER	Emergency Room
Eval	Evaluation
F/U	Follow-up
F	Female
FBS	Fasting Blood Sugar
Fl. Oz	Fluid Ounce
FNP	Family Nurse Practitioner
Fx	Fracture
GERD	Gastroesophageal Reflux Disorder
GI	Gastrointestinal
Gyn	Gynecology
H	Hospital

H/A	Headache
HIV	Human Immunodeficiency Virus
HT	Height
Hx	History
L (circled)	Left
Lab	Laboratory
lbs.	Pounds
LOA	Leave of Absence
MAR	Medication Administration Record
Mcg	Micrograms
MD	Physician – Doctor
Med.	Medication
Mg	Milligram
MI	Myocardial Infarction
Min	Minute
ml	Milliliter
MVA	Motor Vehicle Accident
N/A	Not Applicable
NKA or NKDA	No Known Allergies or No Known Drug Allergies
NP	Nurse Practitioner
NPO	Nothing by Mouth
Ob-Gyn	Obstetrics and Gynecology
OR	Operating Room
OTC	Over the Counter
P	Pulse
PA	Physician's Assistant
PT	Physical Therapy
PCN	Penicillin
PERRLA	Pupils equal, round, reacting to light and accommodation
PID	Pelvic Inflammatory Disease
PO	By Mouth
PSY	Psychiatry
Psych	Psychiatric
PRN	When Necessary
Pt.	Patient
R	Refuse
R (circled)	Right
Rehab	Rehabilitation
Resp	Respiratory
Rh	Rhesus Factor
ROM	Range of Motion
RX	Prescription

SCM	Safe Crisis Management
SOB	Short of Breath
SQ	Subcutaneous
s/s	Signs and/or Symptoms
STAT	Immediately
STD	Sexually Transmitted Disease
SW	Social Work
Temp	Temperature
U/A	Urine Analysis
UDS	Urine Drug Screen
URI	Upper Respiratory Infection
UTI	Urinary Tract Infection
VD	Venereal Disease
VS	Vital Signs (temperature, pulse, respiration)
WNL	Within Normal Limits
WT	Weight
YO	Years Old

Frequently Misinterpreted Medical Abbreviations

It is recommended that you DO NOT ALLOW the use of these abbreviations.

ABBREVIATION/DOSE EXPRESSION	INTENDED MEANING	MISINTERPRETATION	CORRECTION
Apothecary Symbols	Dram Minim	Misunderstood or misread	Use the metric system
A.S. A.D. A.U. O.S. O.D. O.U.	Left Ear Right Ear Both Ears Left Eye Right Eye Both Eyes	Mistaken for each other	DO NOT USE.
D/C	Discharge Discontinue	Premature discontinue of drugs	Spell out “discharge” or “discontinue”
All Drug Names			Use Complete Spelling for ALL Drug Names
G	Microgram	Mistaken for “mg”	Use “mcg”
o.d. or OD	Once daily	Misinterpreted as “right eye”	Spell out once daily
TIW or tiw	Three times a week	Mistaken as “three times a day”	DO NOT USE
per os	Orally	The “os” can be mistaken for “left eye”	Use “PO” (by mouth) or spell out orally
q.d. or QD	Every day	Mistaken for qid (four times per day)	Spell out daily or every day
Qn	Nightly or bedtime Every noon	Mistaken as “qh” (every hour)	Spell out nightly or noon
Qhs	Nightly at bedtime	Misread as every hour	Spell out nightly
q6pm,etc.	Every evening at 6pm	Misread as every six hours	Spell out 6pm nightly
q.o.d. or QOD	Every other day	Misinterpreted as “q.d. (daily) or “q.i.d.” (four times per day).	Spell out “every other day”
Sub q	Subcutaneous	The “q” has been mistaken for “every”	Spell out “every other day”
SC	Subcutaneous	Mistaken for SL	Spell out

		(sublingual)	“subcutaneous”
U or u	Unit	Misread as (0) or (4) causing overdose	Spell out “unit”
IU	International unit	Misread as IV	Spell out “units”
Cc	Cubic centimeters	Misread as U	Use “mL”
X3d	For 3 days	Mistaken for three doses	Spell out for three days
BT	Bedtime	Mistaken for BID (twice a day)	Use “hs”
Ss	Sliding scale	Mistaken for “55”	Spell out sliding scale
<and>	Greater than and less than	Mistaken used opposite of intended	Spell out greater than and less than
/	Separates two doses or indicates “per”	Misunderstood as the number 1	Spell out “per”. DO NOT USE SLASH MARKS TO SEPARATE DOSES
Name and dosage “running together” (e.g. Inderal40 mg)	Inderal 40 mg	Misread as Inderal 140 mg	ALWAYS use space between drug name, dose and unit of measure
Zero after decimal point (1.0)	1 mg	Misread as 10mg if the decimal point is not seen	DO NOT USE terminal zeros for doses expressed in whole numbers
No zero before decimal dose (.5 mg)	0.5 mg	Misread as 5 mg	ALWAYS use zero before a decimal when the dose is less than a whole unit
MS, MSO ₄ , or MgSO ₄		Confused for one another. Can mean morphine sulfate or magnesium sulfate	Write ‘morphine sulfate’ or ‘magnesium sulfate’

**Guidelines for Completing the Demonstration of Competency
Basic Skills Checklist**

Utilized proper hand washing technique and infection control principles	<p>Training participant must demonstrate good hand washing techniques which include washing hands with soap and water or using an alcohol-based hand sanitizer:</p> <ul style="list-style-type: none"> • Remove rings • Wet hands with warm, running water and apply liquid soap • Lather well • Scrub all surfaces, including the backs of hands, wrists, between fingers and under fingernails • Rub hands together for 20 seconds (sing "Happy Birthday" twice) • With water running, dry hands with a paper towel • Use paper towel to turn of the faucet • Dispose of paper towel
Appropriate equipment	<p>The basic supplies that needed for medication administration include:</p> <ol style="list-style-type: none"> 1. Medication administration record 2. Medication cups for oral meds including tablets, capsules, and liquids 3. Sufficient fluids 4. Soap and water or appropriate antiseptic must available for use.
Medication Administration Record utilized properly	<p>Training participant must be able to describe a medication administration record and know how to use it properly.</p>
Read the medication label and checked against order on MAR	<p>Training participant must identify that the medication label must be compared to the MAR 3 times;</p> <ol style="list-style-type: none"> 1. when removing the medication from the storage area, 2. prior to pouring the medication, 3. after pouring the medication and returning it to storage. The information on the label and the information on the MAR must match.
List /recognize the components of a complete medication order	<p>The components of a complete medication order include:</p> <ol style="list-style-type: none"> 1. Medication name 2. Strength of medication

	<p>3. Dosage of medication to be administered</p> <p>4. Route of administration</p> <p>5. Specific directions for use, including frequency of administration</p> <p>6. PRN orders must clearly state the reason for administration</p>
Observed 6 rights of medication administration	<p>The training participant must be able to list the 6 rights of medication administration:</p> <ul style="list-style-type: none"> Right client Right medication Right dose Right route Right time Right documentation
Used clean technique when pouring and preparing medications into appropriate container	<p>The training participant must identify that medications are not to be touched or handled by their hands. Medication is poured from the container which has the medication label into a medication cup or a cup designed to administer liquid medication and given to the person.</p> <p>Must tell the instructor that cannot set all the person's medications up prior to administering.</p>
Offered sufficient fluids with medications and observed person consuming fluids	<p>The training participant must be able to describe that a person is to be offered 4 ounces of water or other fluids when administering medications</p>
Observed person taking medications and observed mouth to confirm swallowing	<p>Training participant must identify that the person is to be observed swallowing the medication and that they may have to monitor closely.</p>
Described methods used to monitor a person's condition and reactions to medications and what to do when there appears to be a change in his or her condition or health status	<p>Training participant must be able to identify the following potential side effects when a medication has been administered:</p> <ul style="list-style-type: none"> Change in behavior Change in alertness Change in eating or swallowing Change in mobility Skin rash develops <p>They must be able to tell the instructor their agency's policy on what action is to be taken when they identify that a person may be experiencing a side effect of a medication. They also must identify where the side effect</p>

	and action taken is to be documented.
Initialed the MAR immediately after medications are administered and prior to the administration of medications to another person. Equivalent signature for initials is documented.	The training participant must identify that they are to sign the MAR only after they observe the person take the medication. (No pre-charting of medications prior to them being administered.). Must be done immediately after medication is administered to each person. (No charting after all medication is administered.
Documented medications that are refused, held, or not administered appropriately	The training participant is to be knowledgeable as to their agency's method of documenting why a medication not administered. Such as H = Held, R = Refused, Circling their initials on MAR. They must also know how to document in the person's record what occurred and why.
Administered and documented PRN medications appropriately	Training participant must document PRN medications that include: Amount administered Time administered Reason administered Effectiveness of medication
Recorded information on other agency forms as required	This applies to any forms included in the classroom part of the curriculum regarding specific agency forms related to medication administration (May be marked NA if there no additional agency forms)
Write a note in the person's record when indicated	This applies to an agency specific requirement that a note be written in the person's record any time there is a contact with the client's physician (Maybe marked NA if no such agency requirement)
Returned medication to proper storage unit	Training participant must return the medication for each person to the appropriate agency's medication storage area prior to administering the next person's medication. Must identify that medication cart, cabinet, closet is to be locked at all times.

Guidelines for Completing the Demonstration of Competency Intermediate Skills Checklist

<p>1. Oral tablets and capsules</p>	<p>Position the person with the head elevated Uncoated tablets can be scored to allow for splitting Coated Tablets should not be scored or split Do not break or crush any medications without a licensed practitioner's order More than one tablet or capsule may be placed in the same medication cup</p>
<p>2. Pouring & Measuring Liquid Medication</p> <p>1 tsp 1Tbsp 1 Ounce 30 cc 5 cc 2tsp</p>	<p>The major concern with liquid medications is measuring accurate dosage. To insure accurate dosage of liquid medications using a plastic marked cup, oral syringe or dropper, pay close attention to the markings to ensure accurate dosage. Some are suspension and must be shaken well. Place the medication cup on a flat surface and measure the liquid medication at eye level. Medication should be poured away from the container label. To do this, hold the medication bottle or container in the palm of your hand with label against your palm, to prevent spillage, causing label to become illegible.</p>
<p>3. Sublingual</p>	<p>Place the medication under the person's tongue. Instruct them to allow the sublingual medication to dissolve under their tongue and not to swallow or chew the medication.</p>
<p>4. Instilling eye drops</p>	<p>Prior to applying eye drops, wash your hands. Person should be sitting up straight and looking at the ceiling. Pull down on the lower lid with the hand not holding the bottle. Place one drop inside the lower eyelid. If you are not sure that a drop went in, WAIT 5 minutes before instilling another drop. Dropper must not touch the eye.</p>

5. Instilling ear drops	Store ear drops at room temperature. Prior to applying ear drops, wash your hands and dry completely. Gently shake the bottle before using. Hold the bottle in your hands for a few minutes to warm drops. The dropper should be held with the dropper tip down at all times. This prevents the medicine from flowing back to the bulb where there may be germs. Avoid touching the dropper against anything else. Ask the person to lie down or tilt their head to one side. In adults, the earlobe should be held up and back. For children, the earlobe should be held down and back. Holding the ear with one hand and the dropper in the other, place the correct number of drops into the ear – DO NOT SQUEEZE THE DROPPER TOO HARD. Replace the dropper in the medicine bottle right away – DO NOT RINSE OFF. Press the ear flap and have the client keep their head tilted back for several minutes to give the drops ample time to coat the ear. You may want to insert a cotton plug. Wash your hands.
6. Instilling nasal inhaler	–Before using a nasal inhaler, the client should blow the nose. Block one nasal passage with a finger on the side of the nostril, gently insert the nozzle of the inhaler into the other nostril and aim the inhaler so that the spray is directed 45 degrees upward and slightly outwards and away from the mid line.
7. Nasal sprays	Ask the person to hold their head erect. Have them blow their nose as needed. Spray the nasal spray forcefully into the nose and ask the person to sniff the medication into their nose. May tilt their head back to help them absorb the medication. Wipe the tip of the nasal spray with a clean tissue prior to replacing the cap.
8. Application of topical ointment/cream	Use universal precautions at all times when applying ophthalmic or dermal ointments. Cleanse skin prior to application of dermal ointment. As always, observe for any

	<p>adverse effects such as worsening of the condition.</p> <p>Wear gloves. Use a new tongue blade or cotton tipped applicator to remove the medication from its container and to apply the ointment or cream. Lay the lid of the container with the top facing up, so it will not contaminate the medication in the container.</p>
9. Rectal suppository	<p>If the suppository is soft, hold it under cool water to harden it before removing the wrapper. Remove the wrapper. If you are to use half of the suppository, cut it lengthwise. Put on a finger cot or a disposable glove. Lubricate the suppository tip with a water-soluble lubricant such as KY Jelly. Ask the person to lie on their side with their lower leg straightened out and upper leg bent forward toward their stomach. Lift upper buttock to expose the rectal area. Insert the suppository, pointed end first, with your finger until it passes the muscular sphincter of the rectum, about 1 inch in adults. If not inserted past the sphincter, the suppository may pop out. Hold buttocks together for a few seconds. Remain lying down for about 15 minutes to avoid having the suppository come out. Discard used materials and wash your hands thoroughly.</p>
10. Taking oral temperature	<p>The instructor is to observe that the training participant knows how to obtain a person's temperature using an electronic or tympanic thermometer. They should know the normal oral temperature and that temperature is measured using the Fahrenheit. Normal oral temperature is 96.8 – 99.7 degrees Fahrenheit.</p>
11. Taking respirations	<p>The number of breaths a person takes per minute. The respiratory rate is measured when a person is at rest by counting the number of breaths a person takes for one minute. This is done by counting how many times the chest rises. To check the respiration rate, look at the way a person breathes and note the following: 1) Rate, how many breaths are taking in one minute 2) rhythm, is the breathing regular or</p>

	<p>irregular 3) Quality, is the breathing deep or shallow, is there difficulty breathing, is there an accompanying sound, do both sides of the chest move equally.</p>
<p>12. Taking a pulse</p>	<p>The instructor is to observe that the training participant knows how to take a radial (heart rate measured at the thumb side of inner wrist). To take a pulse, put your middle and index finger on the wrist. DO NOT USE THUMB. Count the number of pulses for 15 seconds and then multiply by 4. Note the character of the pulse, is it weak or strong, slow, normal, fast, regular or irregular. Normal range is 60 to 100 beats per minute.</p>
<p>13. Taking blood pressure</p>	<ul style="list-style-type: none"> • When taking the blood pressure, use a blood pressure cuff that is the appropriate size for the client and make sure the person is relaxed. • The person should be lying down or in a sitting position. • The person's arm should be fully supported on a flat surface at heart level. <i>There is an increase in blood pressure as the arm is lowered from heart level and a decrease as the arm is raised above this position.</i> • Wrap the blood pressure cuff around the arm above the elbow, making sure the rubber bladder is centered over the brachial artery. • Fasten the pressure cuff snugly around the persons bare upper arm, making sure it is not too tight or too loose. • Feel for the brachial artery, which is located near the center of the antecubital space (inner elbow). • Place the stethoscope earpieces in your ears. • Keeping your fingers over the brachial artery, turn the valve on the hand bulb clockwise until it is tight. • Palpate the brachial artery while you pump the hand bulb to fill the rubber bladder in the blood pressure cuff with air. • As you pump, the gauge will register. • Pump until you no longer hear a pulse and

- continue for 30 mm Hg beyond that point.
- Place the bell head of the stethoscope over the previously palpated brachial artery.
 - Open the valve on the hand bulb (turning it counterclockwise) gradually (no faster than 2-3 mm Hg/second), releasing the air from the rubber bladder, and watch the pressure registered on the gauge decrease.
 - The pressure at which you hear the first sound is called the systolic blood pressure (the point at which the heart is beating and exerting its greatest force).
 - Continue to open the valve gradually, listening for a muffling sound.
 - Note both the point of muffling and the point at which the sound disappears.
 - Facilities differ as to which of these two sounds they consider the diastolic pressure (the point at which the heart is relaxing and filling with blood).
 - The American Heart Association recommends that the onset of muffling (fourth phase) be regarded as the best index of diastolic pressure in children and that the fifth phase (when sounds become inaudible) be regarded as the best index of diastolic blood pressure in adults.
 - If you want to double-check the blood pressure measurement, wait 1-2 minutes then repeat on the same arm.
 - Remove the stethoscope earpieces from your ears and remove the cuff from the patient's arm.
 - Wipe the earpieces with alcohol swabs and also the bell head between individuals to maintain infection control.
 - Wash your hands.
 - Record your findings on the individuals MAR. Report any abnormality to appropriate person (see your agency's policies and procedures)
- Record you reading as BP = systolic reading/diastolic reading. Normal Blood Pressure falls in the range of 90/60 to 130/80**

Guidelines for Completing the Demonstration of Competency Advanced Skills Checklist

1. Application of vaginal cream/ suppository	To use vaginal cream or suppository, first wash your hands thoroughly. To use the cream, fill the applicator that comes with the cream to the level indicated. To use the suppository, unwrap it, wet it with lukewarm water, and place it on the applicator shown with the accompanying instructions. Have the woman lie on their back with their knees drawn upward and spread apart. Insert the applicator high into the vagina (unless she is pregnant), and then push the plunger to release the medication. If pregnant, insert the applicator gently. If you feel resistance (hard to insert), do not try to insert if further; call the doctor. Withdraw the applicator. Pull the applicator apart and clean it with soap and warm water after each use. Wash your hands thoroughly.
2. Use of metered dose inhaler	Wash hands. Shake the inhaler several times. Have the person hold their head up straight or stand. Have them exhale all the way until can't breathe out anymore and then place the mouthpiece of inhaler between teeth and close lips around the mouth piece. Press down on the canister to release a dose of the medication and ask the person to breathe in. Hold breath for 10 seconds. If more than one puff is required, wait 2 minutes before administering second puff.
3. Use of spacer devices for metered dose inhalers	Wash hands. Shake the inhaler several times. Apply the spacer to the canister. Ask the person to hold their head up straight or stand. Ask them exhale all the way until they can't breathe out anymore and then place the mouthpiece of inhaler between teeth and close lips around the mouth piece. Press down on the canister to release a dose of the medication and ask the person to breathe in. Hold breath for 10 seconds. If more than one puff is required, wait 2 minutes before administering second puff.
4. Use of peak flow meter	Wash hands. Shake the inhaler several times. Ask the person to hold their head up

	<p>straight or stand. Place the indicator at the base of the numbered scale. Ask them to take a deep breath. Place the meter in their mouth and close their lips around the mouth piece. Remind them not to put their tongue inside the hole. Have them blow out as hard and fast as they can. Write down the number on the numbered scale. Repeat two more times. Follow physician orders as to what to do given the peak flow results.</p>
<p>5. Use of an Epi-pen</p>	<p>An Epi-pen is used to treat severe allergic reactions. To use, unscrew the cap off the carrying case and remove the Epi-pen auto-injector from its storage tube. Grasp the unit with the tip pointed downward. Form a fist around the unit with tip down. With the other hand, pull off the safety release. Hold tip near outer thigh. Swing and jab firmly into outer thigh until it clicks so that unit is perpendicular (at a 90 degree angle) to the thigh. (Auto-injector is designed to work through clothing). Hold firmly against thigh for approximately 10 seconds. Call 911 and seek immediate medical attention. Carefully place the used auto-injector (without bending the needle) needle end first, into the storage tube of the carrying case that provides built-in needle protection after use. Then screw the cap of the storage tube back on completely, and take it with you to the hospital emergency room. Tell any emergency personnel or emergency room doctor that person has received an injection of epinephrine in their thigh. Give the used epi-pen to the emergency personnel or the doctor for inspection and proper disposal.</p> <p>Dose lasts approximately 15 minutes and will not cause harm if used unnecessarily.</p> <p>NOTES: Never put the thumb, fingers, or hand over the tip. Do not remove the safety release until ready to use. Do not use if solution is discolored or red flag appears in the clear window. Do not</p>

	place patient insert or any other foreign objects in carrier with the auto-injector.
6. Medication error.	Describe what constitutes a medication error and actions to take when a medication error is made or detected. Must verbalize that it is very important to familiarize yourself with any medication that is being administered. Pharmacies are required to provide a "medication" education sheet with each drug dispensed. The sheet contains the most common side effects of that medication. Another way to learn the side effects of medications is to review the medication in a current Drug Handbook.

DEMONSTRATION OF COMPETENCY SKILLS CHECKLIST – **Basic Skills**

Person Observed: _____

Date Completed: _____

Observed By: (Instructor please Print Name, Signature and Date):

Print Name and Title	Signature	Date
Print Name and Title	Signature	Date

If more than one instructor completes the checklist, the initials of each instructor are to be documented by the instructor’s name, title, signature and date.

Training Participants will demonstrate each of the following. In some instances, it will be necessary for the training participant to verbally explain the technique/procedure in lieu of actually performing it. The training participant must demonstrate a 100 percent pass rate in each level of skill before moving to the next level, from Basic Skills to Intermediate Skills to Advanced Skills.

Basic Skills

Training Participant must be closely observed on the following techniques.

Procedure/Technique	Yes (RN initials)	No (RN initials)	Observation/Comments
Utilized proper hand washing technique and infection control principles			
Appropriate Equipment			
Medication Administration Record Utilized Properly			
Read the Medication Label and checked against order on MAR			
List /recognize the components of a complete medication order			
Observed 6 Rights of Medication Administration Right client Right medication Right dose			

Right route Right time Right documentation			
Used CleanTechnique when pouring and preparing medications into appropriate container			
Offered sufficient fluids with medications and observed client consuming fluids			
Observed client taking medications and observed mouth to confirm swallowing			
Described methods used to monitor a client's condition and reactions to medications and what to do when there appears to be a change in the client's condition or health status			
Initialed the MAR immediately after medications are administered and prior to the administration of medications to another client. Equivalent signature for initials is documented.			
Documented medications that are refused, held, or not administered appropriately			
Administered and documented PRN medications			
Recorded information on other agency forms as required			
Write a note in the client's record when indicated			
Returned medication to proper storage unit			

Score _____ Pass: Yes _____ No _____ Instructor Signature _____

DEMONSTRATION OF COMPETENCY SKILLS CHECKLIST – **Intermediate Skills**

Person Observed: _____

Date Completed: _____

Observed By: (Instructor please Print Name, Signature and Date):

Print Name and Title

Signature

Date

Print Name and Title

Signature

Date

If more than one instructor completes the checklist, the initials of each instructor are to be documented by the instructor's name, title, signature and date.

Intermediate Skills

Training Participant will demonstrate each of the following. In some instances it will be necessary for the training participant to verbally explain the technique/procedure in lieu of actually performing it.

Procedure/Technique	Yes (RN initials)	No (RN Initials)	Observations/Comments
1. Oral tablets and capsules			
2. Pouring & Measuring Liquid Medication 1 tsp 1Tbsp 1 Ounce 30 cc 5 cc 2tsp			
3. Sublingual medications			
4. Instilling eye drops			
5. Instilling ear drops			
6. Instilling nasal inhaler			
7. Nasal Sprays			
8. Application of Topical Ointment/Cream			
9. Rectal Suppository			
10. Taking Oral Temperature			
11. Taking Respiration			
12. Taking Pulse			
13. Taking Blood Pressure			

Score _____ Pass: Yes _____ No _____ Instructor Signature _____

DEMONSTRATION OF COMPETENCY SKILLS CHECKLIST – **Advanced Skills**

Person Observed: _____

Date Completed: _____

Observed By: (Instructor please Print Name, Signature and Date):

Print Name and Title	Signature	Date
Print Name and Title	Signature	Date

If more than one instructor completes the checklist, the initials of each instructor are to be documented by the instructor's name, title, signature and date.

Advanced Skills

Training Participant will demonstrate each of the following. In some instances it will be necessary for the training participant to verbally explain the technique/procedure in lieu of actually performing it.

Procedure/Technique	Yes <small>(RN Initials)</small>	No <small>(RN Initials)</small>	Observations/Comments
Application of vaginal cream/suppository			
Use of Metered Dose Inhaler			
Use of Spacer Devices for Metered dose Inhalers			
Use of Peak Flow Meter			
Use of EpiPen			
Describe what constitutes a medication error and actions to take when a medication error is made or detected			

Score _____ Pass: Yes _____ No _____ Instructor Signature _____

Final Examination Compliance Agreement

The final examination is proctored by the direct trainer RN. The final examination is a "closed book" exam.

No documentation, personal notes, handouts, training documents, or data in any form, may be utilized during the exam.

During the test, no person who is taking the examination, may discuss, inquire, relay, communicate, or contact, using verbal, electronic, printed word, or the use of any non verbal modes of communication such as gestures, signs, or expression, any other person taking, or haven taken the exam.

Any person caught cheating or assisting another person to cheat on the examination will not be allowed to complete the examination at that time.

They will be referred to the employing SCL agency for corrective action and disciplinary process. They will need to complete the entire medication administration curriculum prior to taking the final examination again.

Signature of non-licensed staff

Date

Signature of Direct Trainer RN

SAMPLE OF Skill Paper Exams

Eye Drops or Ointment Medication Administration Skill Competency

SCL Agency: _____

Non-licensed personnel: _____

RN Trainer: _____ Date: _____

1. List the six (6) rights of medication administration?

- A. Right _____
- B. Right _____
- C. Right _____
- D. Right _____
- E. Right _____
- F. Right _____

2. Place the following list in sequential order number 1 to 12

- _____ A. Stabilize the head by student tilting head back or lying down
- _____ B. Have student look upward
- _____ C. Put on gloves
- _____ D. Gently pull lower lid from eye to form "pocket"
- _____ E. Place drop (s) into "pocket" without touching eye or eyelid with bottle tip
- _____ F. If ointment used, apply thin strip into "pocket" without touching eye or eyelid
- _____ G. Have student close their eye(s) for a few moments
- _____ H. Remove gloves
- _____ I. Dab away excess with tissue
- _____ J. Document the administration of medication on Medication Administration Record
- _____ K. Replace medication in locked storage area
- _____ L. Observe the student for a medication reaction as appropriate

Certificate of Attendance

Awarded to:

For successfully completing

Medication Administration for non-licensed personnel in the Supports for Community Living Program

Date _____

RN Trainer _____

