Medication Administration Curriculum
For
Non-Licensed Personnel

AUGUST 2017

Acknowledgements

The Medication Administration Curriculum for Non-Licensed Personnel was developed for use in the Supports for Community Living (SCL) Medicaid waiver program as a standardized mechanism for training direct support professionals 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 skills needed to ensure that medication administration assistance is offered in a safe and effective manner.

Local public health departments collaborated 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 CMHC 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 supported the implementation of this curriculum for use in the SCL program.

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Revisions for this version of the manual were completed by Beth Emery RN, Benita Jackie RN, Terri Angel RN, Cynthia Booth RN, Cynthia Changaris RN, Debbie Stroebel RN, Joyce Ellison RN, Beth Lax RN, Lea Taylor, and others.

Resources

www.aaidd.org

www.cdc.gov

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DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Training Process for New Employees

(The training process may also be used for retraining current staff when warranted by agency policy or as recommended)

Note: The Medication Administration Curriculum for Non-Licensed Personnel manual should be given to the course participant prior to the course by the provider agency.

Day One: Classroom training (8 hours)

- Explanation of training and testing process
- Review SCL agency policies & procedures
- Watch Skills Video (Skills Video does not replace any modules and content is intended to provide an opportunity for non-licensed personnel to observe skills.)
- Review and practice competency skills from handbook
- Summary/Questions
- Although participants may benefit from a week between Day One and Day Two to review the training material and learning the competency skills, this one-week time frame is not mandatory
- Maximum of 20 participants on Day One training

CDS Modules

AT THE END OF DAY ONE: RN Direct Trainer notifies agency's sub administrator to assign DDID Medication Administration Modules I-IV to the non-licensed course 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 85% or higher on each module before they may proceed to the next module
   o Module I – Introduction / SCL Legal Issues, Polices and Procedures
   o Module II – Body Systems and Complications of Medication Administration
   o Module III – Classifications of Medications
   o Module IV – Medication Administration

Day Two: Skills Demonstration and Final Exam

- **Consists of 3 competency levels:**
   o Beginner
   o Intermediate
   o Advanced
- Maximum number of Participants on Day Two is at the RN Direct Trainer's Discretion
- 100% accuracy is required to proceed to next level
- After successfully passing all three competency levels, staff will be approved to take the final exam
- **Final Exam**
- Consists of 50 questions
- Not open book, proctored by RN Direct Trainer
- Staff must score 85% or higher
- May re-take the final exam one time (RN Direct Trainer discretion)
- If staff fails the competency evaluation or the final exam two times, they must repeat the entire course.

The Direct Support Professional must complete the entire training process within one month of the Day One training

Training Process for Direct Support Employees Transferring from Other Agencies

- It is the hiring agency's responsibility to verify that new employees have successfully completed the BHDID medication curriculum.
- Each agency will have its own policies for the RN Direct Trainer to verify the competency of new employees who have received training from another SCL agency.
- If new employees are unable to pass the skills competency, they must repeat the entire curriculum.

Registered Nurse Direct Trainer Discretion

- RN Direct Trainer may determine if staff who unsuccessfully completes (fails) the final exam on Day Two may retake the final exam for a second time on Day Two. If staff fails the competency evaluation or the final exam two times, they must repeat the entire course.
- The maximum number of attendees for Day Two is determined by the RN Trainer (RN Trainer's discretion)
- The maximum number of attendees of Final Exam session is determined by the RN Direct Trainer (RN Direct Trainer's discretion).
- RN Direct Trainer can determine if observation of medication administration is needed outside the classroom setting
- Classroom training schedule (Limited to time of day training begins, dividing Day One training over multiple days, the use of additional training materials that are not in conflict with the curriculum, Day One agenda schedule)

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

Process:

Once the RN Direct Trainer (an RN who has successfully completed the DDID RN Direct Trainer Training) provides 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 Modules to each employee/staff person that has attended the face-to-face training. Each of the four independent modules is included in the one assignable module. They may be completed independently with open-book testing. Each module test requires a minimum score of 85% before the next module becomes available.

When each learner is ready to take the final exam and the RN Direct Trainer is **present** to proctor the exam, the sub-administrator will assign the DDID Medication Administration Final 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 the CDS system.

Sub-administrators should NEVER assign the modules or the final exam without authorization from the RN Direct Trainer for a particular staff person. Only the RN Direct 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 up an account prior to training.

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
Enter login information (user name and password) in the boxes provided.

Division of Developmental & Intellectual Disabilities

The page will open to the employee's Personal Page. Go to Manage/My eLearning Lessons and click View.
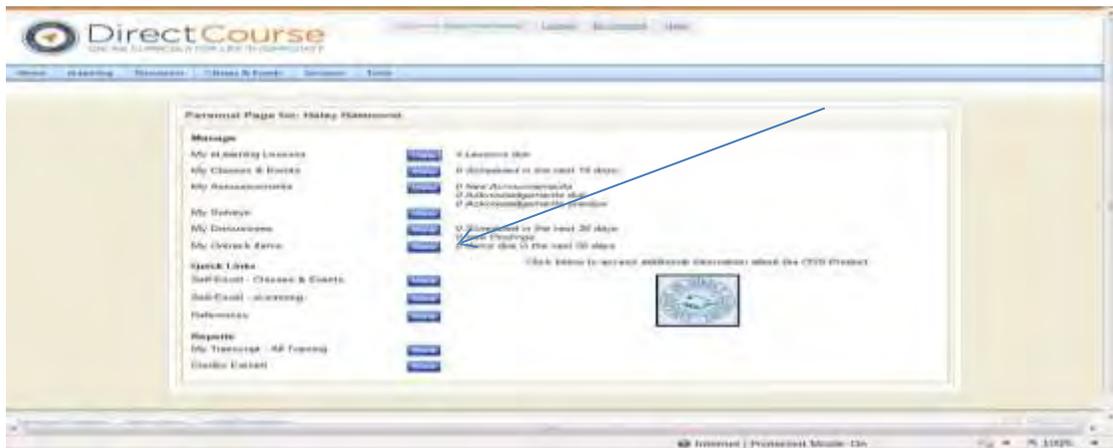
Modules show up in alphabetical order, so please be sure to click Module <u>One</u> to begin.

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES
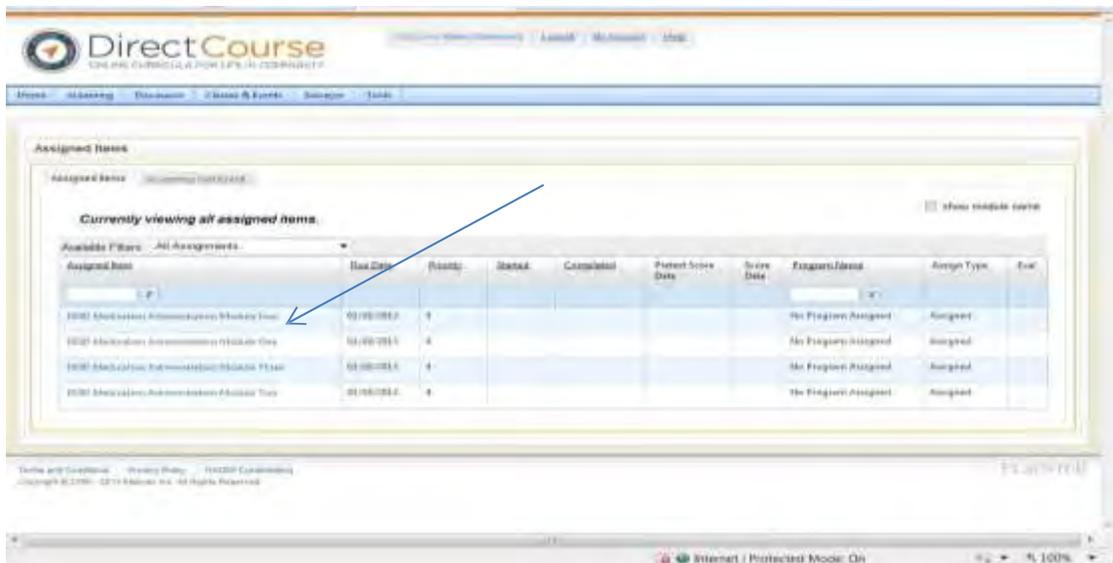
Registered Nurse Direct Trainer Agreement

By signing 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.
- RN Direct Trainer must be a Registered Nurse with a minimum of one year of practice with an active unrestricted license.
- **RN Direct Trainer shall not change or delete any part of the curriculum, in its current format. Optional training resources and materials may be added, but length of training shall be extended to cover any additional material.**
- DDID staff will review curriculum at least annually, and RN Direct Trainer will use 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 DDID, and your SCL provider/contractor of any changes to nursing license.
- Agree to immediately notify DDID, and your SCL provider/contractor with change of contact information.
- Agree to adhere to the training protocol that non-licensed personnel complete Medication Administration Training within one (1) month from Day One Training.
- Agree to limit Day One Training to a maximum of 20 participants.
- Will use discretion to determine the maximum number of participants on Day Two. (RN Trainer discretion)

_____
Signature

_____
License #

_____
Date

*Failure to abide by this agreement may result in rescinding of Registered Nurse Direct Trainer Certification

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Non-Licensed Personnel Agreement to Follow Employing Agency's Policies and Procedures

I, _____ , have received a copy of

_____ 's
(SCL Provider Agency)

Policies and procedures related to medication administration, including:
- Storing Medications
- Medication keys
- Medication disposal
- Medications upon admission and discharge
- Medication education
- Medication Administration Records (MARs)
- Refusal of medications
- Medication errors
- Medication Administration Monitoring Policy

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

_____
Signature of non-licensed staff

_____
Date

_____
Signature of RN Direct Trainer

*Non-licensed personnel should receive a copy of the signed agreement, and the original should be retained in his/her personnel file.

Course Overview

Course Goal:

This course is intended for non-licensed personnel who provide direct support to individuals receiving 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 will 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 Objectives:

To train non-licensed personnel in:

- Methods of delivering medication
- Safely and accurately administering medication to ensure the safety of the 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 Description:

This course is designed to include:

- Classroom training
- Online learning modules
- Skills demonstration

    o Participants must pass Basic to proceed to Intermediate, and then pass Intermediate to proceed to Advanced.
    o Participants must 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 85% or higher is required on Module I, II, III and IV exams. Personnel will be expected to score an 85% or higher on the final exam after passing the demonstration of competency skills with 100% accuracy as determined by the RN Direct Trainer.

Division of Developmental & Intellectual Disabilities

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 individual's 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 and prescription to the transcribed Medication Administration Record:
    a. Right Individual
    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/Sublingual Medications
    b. Eye Ointment/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. Pulse

12. An understanding of agency policies and procedures

Note: This curriculum does not address insulin administration, Diastat, or feeding tube management.

For more information visit http://kbn.ky.gov

Frequently Asked Questions

Q. Who will be responsible for training this course?
A. Only a Registered Nurse, who has completed the BHDID Medication Administration Train the Registered Nurse Direct Trainer, can provide Medication Administration Training or retraining.

Q. Who needs to be trained using the BHDID curriculum?
A. Per 907 KAR 12:010, Section 3(3)(bb) 10 a (i-ii):
"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. Will non-licensed personnel be "certified" to pass medications after completing this course?
A. No. After successfully completing this course, they will receive a "proof of completion" certificate through the employing agency and scores will be reflected on the staff person's College of Direct Support (CDS) transcript. This in no way identifies them as a Certified Medication Administration Technician (CMT).

Q. How long will it take to complete this course?
A. The direct support professional staff must complete the entire training process within one (1) month of the Day One training. Day One consists of eight hours of classroom training with a maximum of 20 students. After completion of Day One training, the RN Direct Trainer will notify the agency's CDS sub-administrator to assign Modules I through IV to the non-licensed individual for completion. Upon completion of the modules, the RN Direct Trainer will evaluate the non-licensed person's skill demonstration. Upon completion of Day One, Modules I-IV, and the successful skills demonstration, the final exam may be assigned to the individual. The RN Direct Trainer will serve as the proctor for the final, closed book exam, and will be present at all times as the individual is completing the final exam.

Q. If a person completes this course at one agency and then transfers to a different SCL 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. Only the RN Direct Trainer can determine the competency of a person that has completed this course at one agency and then transfers to a different SCL agency.

Roles and Responsibilities

Division of Developmental and Intellectual Disabilities (DDID) Registered Nurse:

- Train the RN Direct Trainer
- Conduct site visits and certification reviews
- Provide technical assistance
- Quality assurance monitoring of the RN Direct Trainer

RN Direct Trainer:

- Employed or contracted by SCL provider agency
- Maintain valid KY nursing license
- Train non-licensed personnel to administer medications using the SCL curriculum and established protocols
- Understand scope of practice as outlined in 201 KAR 20:400 and KBN AOS #15

SCL Agency:

- Set up CDS accounts for employees and train on its use in regard to the SCL curriculum
- Provide each trainee with a copy of the current Medication Administration Curriculum for Non-Licensed Personnel Manual in advance of scheduled training
- Develop policies and procedures to provide monitoring and oversight
- Develop policies and procedures for retraining of non-licensed personnel in medication administration by the RN Direct trainer
- Non-licensed staff cannot do calculations or conversions of a medication dose, or a task that requires nursing skills, assessment and judgment
- Ensure Direct Support Professionals have access to a copy of the current Medication Administration Manual at each Service site, with the exception of an individual's private home
- Maintain Quality Assurance processes to identify root cause analysis of medication errors and preventative measures.

Non-licensed Personnel:

- Successfully complete the DDID curriculum prior to administering medications in the SCL program
- Follow SCL agency policies and procedures

Module I:

SCL Legal Issues, Policies and Procedures

MODULE I: Lesson Plan: SCL Legal Issues, Policies and Procedures

Objectives:

- Understand developmental and intellectual disabilities as they relate to the SCL program
  - Definition, diagnosis, and treatment
- Understand scope of practice
  - Course completion is not certification as a Medication Administration Technician
- Be familiar with agency specific policies and procedures related to:
  - Storing medications
  - Medication keys
  - Medication disposal
  - Medications upon admission and discharge
  - Medication education
  - Medication Administration Records (MARs)
  - Refusal of medications
  - Medication errors
  - Medication Administration Monitoring Policy
- Medications during SCL leave
- Understand medication errors
  - Definition
  - Six rights
  - Prevention, reporting, contributing causes
  - Refusals

NOTE: The training of processes and skills that may be required for an individual's specific needs or medical condition will not be covered in the manual

Trainer Notes:

- Review agency specific policies and procedures, agency specific MAR, show samples of medication packaging.
- Students must sign the enclosed agreement that they have received, read, understand and will follow their agency's policies and procedures after completion of the course.

What are Developmental and Intellectual Disabilities?

Developmental disabilities are chronic physical and mental impairments that cause limitations in learning, language, mobility and behavior. People with developmental disabilities are often unable to completely meet their own needs. They often do not have the skills to support themselves financially or live independently. Even communication can be a challenge, particularly if they struggle with both receptive and expressive language skills. People with developmental disabilities often have trouble solving problems, understanding rules of social behavior, and connecting actions with consequences. They may require ongoing specialized services and supports in order to lead full, active lives.

Developmental disabilities are typically caused by some kind of damage to the young developing brain, either before, during or after birth. Common causes of developmental disabilities include:

- Genetic disorders (Down syndrome, Fragile X)

- Malnutrition (either during pregnancy or in infancy/childhood)

- Exposure to toxins like lead and mercury during childhood

- Exposure to cigarette smoke, caffeine, alcohol, and street drugs during pregnancy.

- Childhood accidents (car accidents, near drowning's, child abuse)

- Metabolic disorders (PKU, hypothyroidism)

- Risk factors of pregnancy (prematurity, low birth weight, mother's age, infectious diseases during pregnancy)

An intellectual disability is one of many developmental disabilities, and causes significant limitations in both intellectual functioning and adaptive behaviors.

Intellectual functioning reflects a person's capacity to learn, reason and problem solve. Testing the IQ is one way to measure intellectual functioning. An IQ score of below 70, or as high as 75, can indicate a limitation.

Adaptive behaviors include the age-appropriate behaviors people need in order to live independently. They allow us to function safely and appropriately in our daily lives. Adaptive behaviors include the life skills required to work, cook, clean and manage money. They also include social skills like the ability to make friends and interact with other people.

Diagnosis and treatment

Developmental disabilities are often diagnosed when babies fail to meet their developmental milestones. Developmental milestones are the physical, cognitive, communication and social skills that children should achieve by a certain age. For example, babies should start smiling at people and holding their heads up by the time they are 8 weeks old. Eighteen month olds should be able to say several single words. By the time children are 4 years old, they should be able to catch a ball and recognize colors and numbers. As they grow, children with developmental disabilities may require medical equipment to accommodate their physical limitations. Special education classes along with speech, occupational, and physical therapies help children reach their full potential. Community integration training, supported employment, positive behavior supports, case management services and residential supports give adults the tools they need to live as independently as possible.

The DD/ID population is at higher risk for multiple health complications and tends to have a shorter life span than the general population. Certain disabilities are commonly associated with a unique set of physical health conditions. For example, people with Down Syndrome are prone to congenital heart defects, and people with cerebral palsy often have seizures. Obesity, heart disease, musculoskeletal problems, dental issues and digestive disorders are very common in people with developmental and intellectual disabilities. To complicate matters, accessing good health care is challenging for people who do not have adequate support systems, particularly when they cannot communicate their symptoms and ask for help.

Mental health issues like depression, anxiety, and bipolar disorder often occur within the DD/ID population. Communication barriers can make it difficult to determine if a certain behavior is the result of a physical symptom like pain, a psychiatric symptom like hallucinations, or an attempt to communicate an emotion like anger, anxiety, sadness, or joy. Psychiatric evaluation and treatment are crucial for people who have both DD/ID *and* a mental illness.

What is the Supports for Community Living (SCL) Program?

The SCL waiver program is a home and community-based program. It was developed for people in Kentucky with Developmental or Intellectual Disabilities as an alternative to institutionalization. SCL agencies provide supports for people with developmental or intellectual disabilities so they can live in and be a part of their community. Non-licensed personnel play a vital role in the SCL program by providing many of the supportive services people need to live in their homes, including medication administration.

Scopes of Practice:

States have licensing boards that determine which procedures, tasks, processes and actions are permitted for licensed professionals. Scope of practice is determined by what each state's laws allow licensed professionals to do in regard to their education, experience and competency. It is important for all professionals to understand their scope of practice, particularly in the realm of medication administration.

Only physicians, dentists and advanced Registered Nurse practitioners, or physician assistants may "prescribe" medication. Physicians, dentists and pharmacists are licensed to "dispense" medications.

Nurses are licensed to "administer" medications and in the SCL waiver, a licensed Registered Nurse may teach medication administration to non-licensed personnel. Only licensed nurses can take verbal or phone orders for medications or treatment from a prescribing practitioner.

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

In order to be eligible for either license, the candidate must have completed the required amount of education from either a Registered Nurse 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. Licensed practical nurses are not considered independent practitioners and must work under the direction of a registered nurse.

After successfully completing this course, the non-licensed personnel will receive a certificate and be qualified to participate in medication administration at SCL agencies. Each SCL provider agency is responsible for developing policies and procedures to ensure ongoing training and competency of non-licensed personnel.

***The certificate of completion in no way identifies the non-licensed personnel as a Certified Medication Administration Technician. ***

Other Legal Considerations in Medication Administration

1. **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).

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.

2. **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 performed at every shift and done in accordance with agency policy and procedure.

Medications requiring refrigeration will be kept either in a locked 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 the refrigerator will be checked according to agency policy. Temperatures should be maintained between 33 and 45 degrees Fahrenheit.

3. **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 and taking into consideration HIPAA guidelines.

4. **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/ number sent
- Instructions for the guardian and/or receiving facility.
- Areas for signatures of staff, receiving personnel and/or parent or guardian.

5. **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.

Medication Errors

As a Direct Support Professional or non-licensed person working in the SCL waiver program, it will be your responsibility to practice medication administration in a manner that promotes the health, safety and welfare of the individuals you support. Medications are given to treat or prevent health problems in order to improve quality of life. The goal is that the people you support will have a positive outcome from the medications you administer; however, the medications carry risks for them as well. Some risks, like unpleasant side effects, cannot always be foreseen and prevented. Other risks, like medication errors, can be avoided by understanding the factors that can lead to them and taking the steps necessary to prevent them.

What is a Medication Error?

- A medication error occurs when one of the "six rights" of medication administration has been violated. Medication errors may result in adverse reactions to the individual. These reactions could range from a rash to death.

- Administering wrong medication

- Administering wrong dose of medication

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

- Administering the medication by 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 medication given

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Six Rights of Medication Administration

1. **Right Individual**
   Always have at least two (2) ways to identify the Individual when administering medications

2. **Right Medication**
   Verify that the medication label coincides with the prescription (Medication order) and the Medication Administration Record (MAR).

3. **Right Dose**
   Read the label on the medication container and compare it to the prescription and the transcribed order. Pay close attention to the dosage amount.

4. **Right Route**
   Read the label on the medication container and compare it to the prescription and 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 scheduled time).

6. **Right Documentation**
   Each medication must be documented when it is given.

Always Check the Six Rights of Medication Three Times before Administering the Medication

1. First Check: Compare the medication label to the MAR and the prescription as you remove the medication from the storage area.

2. Second Check: Compare the medication label to the MAR and the prescription as you prepare the medication that is to be given.

3. Third check: Compare the medication label to the MAR and the prescription immediately prior to administration.

Preventing and Reporting Medication Errors

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

- Name of Medication (generic and trade)

- Purpose

- Effect

- Length of time to take effect

- Side effects

- Adverse effects

- Interactions

- Special instructions

- Where to get help

- Allergies

- Contraindications

Errors occur when a staff person:

- Does not follow the doctor's orders exactly

- Does not follow manufacturer's directions

- Does not follow the six rights and triple check of medication administration

When an error occurs:

- Follow agency policy to notify appropriate professionals

- Complete appropriate reporting and documentation processes per SCL regulations

Challenging factors that contribute to medication errors and what you can do to prevent them:

A. Environmental Factors:

Distraction is a significant contributing factor leading to medication errors. Shift changes, staff turnover, transporting residents, and constant interruptions can make it very difficult to focus on medication administration. Additionally, you are expected to create a calm, comfortable, home like environment for the people you support despite all the distractions around you.

What you can do to prevent errors:

- Acknowledge the fact that you are distracted: If you find yourself administering medications in less than ideal circumstances, be aware that there is increased potential for error. Take a deep breath, slow down and focus on one individual's medications at a time. Complete one individual's medication administration at a time. Never set up medications prior to administration. This is inviting errors.

- Never make careless assumptions when you are distracted: It is imperative that you follow a set of standardized steps when administering medications. Always, without exception, follow the six rights and triple check. If you are interrupted during medication administration, do not try to save time by assuming you can pick up where you left off without error. Do not assume that an order has not changed since the last time you looked at the MAR, that pharmacies always deliver the correct medications for each individual, or that a licensed practitioner has not prescribed a medication for which a person is allergic.

- Communicate with other staff: If you did not administer a medication properly, follow your agency's procedures for reporting it, and complete the required medication error documentation and reporting processes. If you notice something about a medication, a medication order, or the MAR that does not seem right to you, bring it to the attention of other staff. You can also advocate for people to receive their medications when under the care of others by ensuring meds are given when away from their house (e.g., attending day training or during home visits). Many medication errors occur outside the residence. Maintaining open, proactive communication among all staff in all settings may prevent errors.

- Ask for help when help is needed.

B. Legal Factors:

The SCL medication administration program is outlined in 907 KAR 12:010, an administrative regulation that provides the standards for medication administration for the agency that employs you. Agencies and their employees are held to those standards when administering medications, storing/transporting medications and reporting any medication errors.

What you can do to prevent errors:

- Learn your agency's policies and procedures and never hesitate to ask questions if you are unsure about a particular procedure.

- Do not accept a task that you do not have the skills or knowledge to perform safely.

- Be aware that the MAR is considered a legal document and must accurately reflect medication administration. Follow your agency policies and procedures for maintaining a current MAR. MAR related errors often occur when a medication is given but not signed out, or signed out but not given. Transcription related errors occur when a dosage changes, a medication is discontinued, or a new medication is prescribed, and not properly transcribed on to the MAR.

C. Emotional, Mental and Physical Conditions of Individuals:

You will be administering medications to a diverse population of varying ages, personalities, developmental capabilities and complex health issues. Some medications taken by the people you support are given to eliminate or decrease symptoms of a disease or behavior rather than to cure it. Therefore, challenging symptoms and behaviors may never completely resolve.

What you can do to prevent errors:

- Get to know the people you support. It is your responsibility to report your observations to help determine if medications are working. Being familiar with their health histories, behaviors, medications, and capabilities will help you immediately recognize a change that is not normal for them.
- Be aware of any limitations an individual may have when it comes to understanding or taking medications. You may need to explain the purpose of a medication many times in order for a person to understand why they are taking it. They may need considerable physical assistance in order to swallow an oral medication or to get in a position conducive to the application of a topical medication. Some of the people you support may not be able to walk, talk or take care of their own basic needs. They may not be able to tell you that a medication is upsetting their stomach, that their head hurts or they are constipated.
- Understanding how medications affect people's bodies will help you administer medications appropriately. The following module will help you learn about the human body and some things you need to consider when administering medications.

Refusal of Medications

- It is an individual's right to refuse medications. Non-licensed personnel should explain that medications are a part of the treatment plan and individuals should understand which symptoms their medications are treating.
- Refusing medications is not 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 it proves staff competency in management/administration of medications.
- Non-licensed personnel must follow agency policies for reporting medication refusals to appropriate professionals, documenting refusals, and disposing of refused medications.
- When medications are refused, it is important to relay this information to the Physician, and other Direct Support Professionals who will be with the individual, so they can obtain assistance if negative effects become apparent.

MODULE II

Body Systems and Complications of Medication Administration

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Module II Lesson Plan: Body Systems and Complications

<u>**Objectives:**</u>

- Understand the basic function of the following human body systems:

  - o Integumentary system
  - o Cardiovascular system
  - o Respiratory system
  - o Gastrointestinal system
  - o Immune system
  - o Musculoskeletal system
  - o Endocrine system
  - o Central nervous system
  - o Genitourinary system

- Understand common complications of the human body systems and how medication administration affects each system

The human body has multiple organ systems that work together to maintain our health. Medications work within each of those systems to keep them functioning properly. It is important to understand how our body systems work, as well as the complications involved in each of those systems when administering medications.

INTEGUMENTARY SYSTEM

The integumentary system is comprised of your skin, hair, nails and associated glands. It is the largest organ in your body and protects us from infection by keeping out germs that can cause illness. Our skin helps regulate our temperature and protects us from environmental damage.

Common Complications:

Some skin conditions are indicative of infection, like impetigo, ringworm, athlete's foot, yeast infections, shingles, measles, and cold sores. They typically resolve when the infection is treated. Others, like acne, rosacea, eczema and psoriasis can be more challenging to treat.

Skin is also vulnerable to breakdown due to factors like age, immobility (the inability to move), and developmental delay.   The older or more disabled a person is, the more fragile their skin can be. Incontinence (the inability to control bowel and bladder function) and immobility may put people at risk for incontinent brief rashes and bedsores.

Medication Administration:

Some medications, like steroids, can make the skin thin and papery, increasing the risk for tears and abrasions. Other medications thin the blood, causing bleeding and bruising. (Warfarin is a common blood thinner and people who take it may have dietary restrictions. Ask if it is acceptable for the individual on Warfarin to eat leafy green vegetables). Monitor skin for cuts, bruises, rashes, burns and bleeding.

Rashes are a common allergic reaction to medications and other irritants. Also, note any reactions to topical creams and lotions. Scratching or digging at the skin can be a sign of a parasitic skin infection like scabies, bedbugs or lice. Skin breakdown can often be prevented by frequently repositioning a person with limited mobility, and timely incontinent brief changing. Protect the skin of the people you support by using sunscreen while outside.

CARDIOVASCULAR SYSTEM

The cardiovascular system is comprised of your heart and blood vessels. The heart pumps blood throughout your body, circulating oxygen and nutrients to your tissues. It is the beating of the heart that results in a person's blood pressure and pulse.

Common Complications:

Low blood pressure can cause dizziness and fainting. High blood pressure is associated with both heart attacks and strokes. Heart attacks occur when blood flow to the heart is interrupted, while strokes occur due to blockage of blood flow to the brain. Chest pain and shortness of breath are warning signs of a heart attack. Sudden weakness, numbness in the face or one side of the body and loss of vision or speech are classic symptoms of stroke.

Congestive heart failure is one of the most common complications of the cardiovascular system. It occurs when the heart cannot adequately pump blood at a rate and rhythm to meet the body's needs. Some people who have weak hearts may need to use oxygen.

Medication Administration:

Many people take medications to control their heart rate and rhythm, as well as to control their blood pressure. It is important to monitor people's vital signs when they are taking these medications. A change in a person's normal blood pressure can signify a change in his/her cardiovascular health. Blue tinted lips, hands and feet can be a sign that a person's oxygen level is low. Swelling (edema), particularly of the hands and feet, indicates that a person's heart is having a hard time adequately circulating blood and other fluids. People are often prescribed diuretics to increase urination to get rid of the extra fluid.

RESPIRATORY SYSTEM

The respiratory system begins at your nose when you breathe in air. The oxygen in the air goes through your main airway, the trachea, which branches into progressively smaller airways called bronchial tubes that carry the oxygen to the bottom of your lungs. The oxygen is picked up by the blood circulating through your lungs and delivered to the rest of your body.

When your body "picks up" oxygen, it "drops off" carbon dioxide; this process is called "gas exchange" and is the primary function of the respiratory system. Inadequate gas exchange can result in serious illness and even death.

Common Complications:

Allergies, bronchitis and asthma are very common respiratory conditions in Kentucky. They are typically caused by an irritant or infection that in turn causes inflammation of the bronchial tubes, making it difficult to breathe. Lung cancer and Chronic Obstructive Pulmonary Disease (COPD) are associated with smoking and are very common in Kentucky. Both are characterized by coughing, difficulty breathing and frequent respiratory infections.

Other complications of the respiratory system include choking, occlusion and aspiration. It is very important to keep a person's airway clear. Choking on food or other objects can result in complete occlusion of the airway and result in death. Choking can also lead to a condition called aspiration, in which food or other foreign objects get into the lungs. Aspiration can lead to pneumonia and is a common reason for hospitalizations. People who are fed through a tube are also at risk for aspiration when the tube feeds go into their lungs instead of their stomach. Gurgling, gasping, excessive oral secretions or grabbing at the throat are signs of choking or aspiration.

Medication Administration:

Many people must take medicines to help their respiratory system work with their cardiovascular system to exchange gas appropriately. Nebulizer treatments, inhalers, asthma medicines and steroids are designed to help open up the breathing passages in our lungs so the oxygen can easily get to the very bottom where gas exchange takes place. If a person uses an inhaled steroid, it is important that he/she rinses his/her mouth out afterwards to avoid an oral infection called thrush. In addition to taking medications, people with problematic gas exchange may also need to use oxygen. A change in a person's breathing pattern can signify a problem with their respiratory health. Wheezing is a sign that a person's breathing passages are swollen. Coughing, fever and green colored secretions from the lungs or nose can be a sign of a respiratory infection. Grunting respirations and breathing that is too fast, too hard, too slow, or too shallow are signs of respiratory distress, and should be addressed immediately.

GASTROINTESTINAL SYSTEM

The gastrointestinal (GI) system is responsible for absorbing nutrients and oral medications. It starts at your mouth and ends at your anus. The saliva in your mouth begins the digestive process by breaking down food and medications into substances that your body can eventually absorb into the blood stream. Those substances are then swallowed down your esophagus into your stomach, where stomach acids continue the break down process. From there, the nutrients from food and the ingredients from medicines pass through the intestines where they are absorbed into the blood stream for circulation through the cardiovascular system. Any substances that are not necessary for your health are expelled through the anus or excreted through other organs.

Common Complications:
GERD (Gastroesophageal Reflux Disease) is a condition in which food and stomach acids flow back up through the esophagus, sometimes all the way back into the mouth. Burning pain in the chest or stomach, belching and vomiting up stomach contents are classic signs of GERD. Stomach acid can damage the esophagus, gums and teeth. Stomach contents can even be inhaled into the lungs, causing aspiration. Bleeding of the digestive tract is associated with GERD and is often referred to as a "GI bleed." Depending on the location of the bleed, symptoms may include bright red fresh blood in stool or vomit, coffee ground-like material in vomit or dark tarry looking stools.

Other complications of the GI system include nausea, vomiting, diarrhea, constipation, bowel incontinence and dehydration. Vomiting, diarrhea, inadequate drinking and prolonged fevers can all lead to dehydration, a condition in which a person does not have enough fluid in his/her body. Prolonged constipation can lead to a bowel obstruction, a serious and sometimes fatal complication in which the intestines are blocked, preventing food and fluids from moving through the intestines to the anus for expulsion.

Medication Administration:
It is important to remember that the absorption of oral medications begins and ends with a functional GI system. GERD, vomiting, diarrhea, dehydration and constipation can hinder the proper absorption of medications into the blood stream. If a person is vomiting, they are most likely not absorbing their oral medications. Many people require medications to help with their digestion, such as antacids, stool softeners and laxatives. Unfortunately, people also take medications that hinder digestion. Nausea, diarrhea and constipation are common side effects of medications and must be addressed. Therefore, you may need to track the eating and drinking habits of the people you support, as well as their bowel patterns.

IMMUNE SYSTEM

The immune system's primary function is to protect us from infection. It is our main defense against disease, illness and any other substances it perceives as a threat.   White blood cells carry most of the responsibility for killing the germs that are trying to make us sick. The body will produce a high number of white blood cells when it detects germs in the body. This is why people have a high white cell count when they are sick.

Common Complications:

The immune system is also responsible for the allergic response. Sometimes it takes its job too seriously and overreacts, treating something harmless like dust, pollen or dog hair as a serious threat. Immune cells will release histamine, resulting in the itchy, watery eyes and runny nose associated with hay fever and other seasonal allergies. This is why antihistamines like Benadryl can alleviate those symptoms.

Drug allergies are caused by an immune response in your body. Allergic reactions to medications can range from a mild rash to an anaphylactic reaction. Anaphylaxis is a severe life threatening allergic reaction most commonly associated with bee stings, peanuts, penicillin and latex. Symptoms vary but may include hives, weak rapid pulse, dizziness, fainting, swelling, vomiting, and airway constriction. Some people at risk for an anaphylactic reaction are often prescribed an Epi-pen, an injection used to treat the allergic reaction.

Familiarize yourself with the food and drug allergies of the people you support. All allergies should be listed on the MAR per agency policy, and reviewed with each medication administration. If a person is allergic to one specific ingredient, then they may have an allergic reaction from a medication that contains that ingredient. For example, if a person is allergic to the antibiotic Amoxicillin, then they are also allergic to the antibiotic Augmentin, because Augmentin contains Amoxicillin. Amoxicillin and Augmentin are in the same "family" of medications to which the person is allergic. Likewise, if a person is allergic to Aspirin, they may also be allergic to Pepto-Bismol, which contains Aspirin.

Medication Administration:

Infections are very common in people of all ages and developmental stages, but people who are elderly or debilitated are at much higher risk. Most infections are typically caused by bacteria, virus, yeast or fungus. Only bacterial infections respond to antibiotics. Other infections are treated by medications designed to kill the virus, fungus or yeast causing the infection. It is crucial that a person take any medication prescribed for infection exactly as ordered and finish the entire course to make sure the infection is completely resolved.

You are responsible for taking steps to prevent and treat infections for the people you support. You can advocate for infection control by practicing frequent hand washing, sanitary cooking techniques, covering your mouth when you sneeze and cough, and ensuring that vaccinations are up to date. Clean off blood pressure cuffs and stethoscopes after each use. Ensuring people have their own toothbrush and use clean towels will help prevent infection. Use Universal Precautions.

Monitor people for signs and symptoms of infection. Do they have a fever? Are they coughing, sneezing or vomiting? Are they able to hold down their medications? Do they have a wound or cut that has foul smelling drainage? Follow your agency's policies and procedures for reporting signs of infection.

MUSCULOSKELETAL SYSTEM

The musculoskeletal system allows us to move. It is also the structure that protects and supports all the organs in our bodies. It is comprised of our bones, muscles, joints, tendons and the tissues that connect them together.

Common Complications:

Common complications can vary from mild to severe, and tend to worsen with age. Arthritis and joint pain are very common as people get older. You may also see contractures in people who have musculoskeletal disorders. Contractures are the result of long-term loss of joint motion and can happen anywhere in the body. People with contractures cannot fully bend or extend the affected joint.

Medication Administration:

It is important to be mindful of the position people are in during medication administration to avoid causing an injury. People with musculoskeletal compromise may not be capable of turning their heads, looking up or down, turning over or holding out their arms or legs for the application of a topical medication. Never try to force a person's body into a position they are not capable.

ENDOCRINE SYSTEM

The endocrine system is comprised of glands. These glands release hormones that control and regulate many important body functions. Hormones are responsible for sleep patterns, sexual function and reproduction, growth, mood and metabolism.

Common Complications:

The thyroid gland controls how our body uses energy. Too much thyroid hormone (hyperthyroidism) can make a person's body processes speed up, causing nervousness or anxiety. Too little thyroid hormone (hypothyroidism) slows down the body's processes, making a person weak, tired and sluggish.

Diabetes is a condition in which a person's body either does not make insulin or cannot use it effectively. Insulin is a hormone that processes sugar and other foods into energy. When people with diabetes eat, their blood sugar levels increase due to lack of insulin. Most diabetics take either insulin injections or pills to keep their blood sugar at a healthy level.

Signs of hyperglycemia (high blood sugar) include increased thirst, frequent urination and blurred vision. Hyperglycemia can lead to a life threatening emergency call Diabetic Ketoacidosis (DKA). DKA can result in coma and death. You may notice that a person's breath has a fruity smell to it when they are going into DKA.

Signs of hypoglycemia (low blood sugar) include shakiness; being nervous or anxious or sweaty; feeling lightheaded, dizzy or hungry and having a fast heartbeat. People may seem confused, uncoordinated or have strange behaviors. They may be tired and weak. In severe cases, they may lose consciousness or have a seizure. Glucagon is an injection that can be used to quickly increase a low blood sugar level. People who are unconscious due to hypoglycemia typically regain consciousness within 5-20 minutes of receiving a Glucagon injection.

Diabetes puts people at risk for multiple health issues, including kidney disease, high blood pressure and strokes. Poor circulation also leads to blindness and can cause serious wounds to the feet.

Medication Administration:

Many medications used to treat endocrine disorders require routine blood work to make sure the person has a therapeutic level of that medication in his/her system. Follow your agency's policies and procedures for checking blood sugar levels in the diabetic population you support and recognize signs of low or high blood sugar.

CENTRAL NERVOUS SYSTEM

The central nervous system is comprised of your brain and spinal cord. It is your body's communication system. When you touch a hot stove, your brain sends a message telling the muscles in your hand to move away from the stove. These messages move back and forth from your brain to all the parts of your body through your spinal cord. The brain affects our ability to move, think, reason, feel emotions and store memories.

Common Complications:

As with the musculoskeletal system, CNS disorders can vary widely in severity and increase with age. Many CNS disorders are incurable, so treatment focuses on controlling the symptoms and slowing the progression of the disease.

Alzheimer's disease is a progressive and irreversible brain disease that destroys thinking skills, memory and the ability to move and function. It is the most common cause of dementia. Dementia is characterized by progressive loss of memory, thinking and the ability to reason, move and function.

Parkinson's disease, also incurable, affects the way a person's body is able to move. Slow motion movements, shaky hands, memory loss and changes in speech are hallmark qualities of Parkinson's.

Seizure disorders are very common to people with developmental disabilities. Seizures occur when there is a surge of abnormal electrical activity in the brain. Generalized seizures involve both sides of the brain from start to finish. Partial (also called focal) seizures begin in a specific part of the brain. They may either be contained to that one specific area or spread to other parts of the brain. Seizure activity varies depending on the type of seizure. Some are barely detectable, while some may cause the body to jerk violently. Some individuals exhibit seizures with a blank stare, or a change in behavior or mood, and may go undetected.

Medication Administration:

Many people with CNS disorders have problems with movement, activities of daily living, memory and behaviors. They may require increased assistance taking their medications. They may not be able to hold a pill or swallow it easily. They are often at risk for choking on medications as well as food.

Follow your agency's policies for monitoring seizures. Do not leave a person alone when they are seizing. If their body is jerking, try to protect them from injury, but do not try to completely restrain them. Turn them on their side if they begin to vomit to keep them from choking. Note how long the seizure lasts and which body parts are affected. Familiarize yourself with any seizure history the people you support may have, and be aware that some seizure medications require routine blood work to monitor the medication level in a person's blood stream.

You will most likely be administering psychotropic medications (medicines that affect a person's mind, behavior, emotions and moods) to the people you support. These medications can have both mild and serious side effects. It is important that you familiarize yourself with the side effects of psychotropic medications, and follow your agency's procedures for reporting them.

Tardive Dyskinesia (TD) is a potentially irreversible side effect most often associated with the psychotropic drugs called antipsychotics. Antipsychotic medications are given to treat psychosis, a condition in which a person is disconnected from reality. TD can begin after taking a medication for a period of weeks or even years. Tardive means "slowly" or "delayed onset". Dyskinesia refers to abnormal movement. TD involves movements that appear involuntary, repetitive and without purpose. Lip smacking, pursing or puckering, facial grimacing, repetitive chewing and eye blinking characterize the movements caused by TD. If the medication is stopped soon enough, sometimes the involuntary movements will stop too.

Neuroleptic Malignant Syndrome (NMS) is a life-threatening reaction to antipsychotic medications. It can occur within hours or even days after taking the medication. NMS symptoms include fever, stiff muscles, confusion, strange behaviors, sweating and wide variations in blood pressure.

GENITOURINARY SYSTEM

The genitourinary system consists of the urinary and reproductive systems. The urinary tract is your body's "plumbing system." Your kidneys filter waste into urine then the urine goes through the bladder where it is expelled through the urethra. In male anatomy, the urethra is located at the tip of the penis, the male reproductive organ. In female anatomy, the urethra is located next to the vagina, one of the female reproductive organs.

Common Complications:

Many of the people you support will have urinary incontinence. Incontinence can happen to any person at any age or developmental level. It also puts people at a higher risk for developing urinary tract infections (UTIs). Because of the close proximity of the vagina, urethra and anus, females are far more susceptible than males to UTIs. In younger people, painful urination, the frequent urge to urinate and dribbling urine are signs of a UTI. Older people with UTIs sometimes do not have those symptoms but will instead become confused, combative and agitated. You can help prevent UTIs by wiping from front back when changing incontinent briefs.

Medication Administration:

UTIs will not resolve without an antibiotic and can result in kidney damage if left untreated. Additionally, antibiotics can cause vaginal yeast infections in females.

People can prevent pregnancy through birth control medications. The most common form of birth control for females is "the pill." When taken correctly, the pill is 99.9% effective in preventing pregnancy. Some women take the pill to treat acne or prevent complications of their menstrual cycle. Blood clots, heart attacks and strokes are associated with use of the pill, and the risk increases with cigarette smoking, especially in women over the age of 35.

Module III:

Classification of Medications

MODULE III LESSON PLAN: Classifications of Medications

Objectives:

- Understanding Various Types of Orders/Prescriptions
    - Routine, PRN, One Time Only
- Understand the difference between prescriptions and controlled/scheduled medications
- Recognize commonly used medications
    - Brand vs. generic names
    - Side effects
    - Common uses

Trainer Notes:

- Handouts include:
    - Controlled/Scheduled Medications and Non-Controlled/Non-Scheduled Medications: What's the Difference?
    - Common Medications
    - Frequently Used Medications
    - Avoid Confusion of Drugs with Similar Names
    - Glossary of Terms

Classification of Medications

Medications are classified based on their active ingredients or how they are used to treat a certain condition. All medications fall into one or more classifications. It is important to understand *what* classification of medication you are giving and *why* you are giving it. For example, Depakote is both an anticonvulsant used to treat seizures *and* a psychotropic medication used to treat mania. Acetaminophen (Tylenol) can be administered for either pain or fever.

Additionally, a medication can cause adverse reactions and other side effects based on its classification. Antibiotics can cause diarrhea, while NSAIDS (non-steroidal anti-inflammatory drugs) like Ibuprofen and Naproxen can cause stomach upset.

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 with the medication from the pharmacy, and it explains why the medication is given as well as common side effects of the medication. It is imperative that all employees have an updated drug handbook or drug information/education sheet accessible, or access to online sites that provide this information at all times for review.

PRN, Routine and One-time Only Medications

Medications may be prescribed at varying frequencies: on an as needed basis (PRN), on a routine basis or as a one-time only order.

- Routine medications are given on a regular basis to treat a chronic (long-term) condition. Example: Depakote 250 mg daily by mouth for mood.

- PRN medications are given on an as needed basis to alleviate acute (sudden onset) symptom like pain or fever.

  Example: Tylenol 325 mg by mouth every four hours PRN fever. Pay attention to the last time a PRN medication was given to make sure the appropriate time has occurred between doses.

- One-time only medications are generally prescribed when a symptom or condition can resolve with a single dose of medication.

  Example: Diflucan 150 mg by mouth x 1 today for yeast infection.
  (Prescribing practitioners often use the term "x 1" when prescribing one time only medications.)

The frequency at which a medication is prescribed will determine where it is transcribed on the Medication Administration Record. Routine medications and one-time only medications will be transcribed onto the Routine Medication Administration Record while medications prescribed on a PRN basis will be transcribed on to the PRN Medication Administration Record.

All medications must be administered in accordance with agency specific policies and procedures.

Controlled/Scheduled Medications

"Controlled/scheduled medications" are those medications that have been deemed potentially addictive and are regulated under the Controlled/Scheduled Substance Act of 1970. They are classified according to addiction potential with Schedule I being the highest potential and Schedule V being the least potential for addiction.

These medications must be kept separate from other medications and must be stored under double lock.

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
- count performed every shift per agency specific policy
- 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., Percocet as needed for pain, they will be transcribed and documented as given on the PRN Medication Administration Record.

When a controlled/scheduled medicine 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/Non-Scheduled Medications

Not all medications prescribed are considered potentially addictive by the DEA. Non-Controlled/Non-Scheduled Medications are prescribed medications that are not considered potentially addictive by the DEA and require being stored under single lock. Agency policies will address all aspects of individuals' safety in relation to secure storage of medication.

Non-licensed direct support professionals are responsible for administering, or assisting individuals with, their medications. Therefore, all medications require a prescription by a qualified prescribing professional, including medications that are normally available without a prescription.

In order for staff to give the medications safely, the prescription must include specific dosage, frequency, and reason for use. Direct Support Professionals cannot assess or make an independent determination for a prescription that instructs staff to follow label directions.

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 have the name of the person for whom they are ordered written on the container.

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
- Must be kept separate from other medications
- **Must be stored under double lock**

Non-Controlled/Non-Scheduled Medications:

- Any medications prescribed, that are not considered potentially addictive by the DEA
- **Are stored 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	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)	Claritin; Singulair; Zyrtec; Allegra; Benadryl;	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; Valproic 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

Common Medications

This is not an all-inclusive list

Medication Classification	Common Use	Common Names	Common Adverse Effects
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	Claritin; Flonase; Rhinocort; Sudafed	Nose bleed; nasal irritation; hypertension;
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; Pepto Bismol 4. Colace; Surfak 5. Magnesium Citrate; Senna; Fleets; Metamucil (bulk laxative)	1. Constipation; bloating; 2. Dizziness; mild 3. Diarrhea; Fatigue; dry mouth; nausea; 4. Cramping; dependency; 5. Cramping; dependency
Neuropathy	Pain/discomfort due to neuralgias	Tegretol; Gabapentin (Neurontin)	Dizziness; drowsiness; nausea; vomiting; personality changes; blood disorders; food/drug interaction; hypersensitivity reactions
Opthalmic	Irritation/infection; inflammation of the eye.	Polysporin; Neosporin; Liquifilm; Maxitrol; Acular; Tobrabex; Bacitracin; Polymyxin	Burning sensation; itching; blurred vision

DIVISION of DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Common Medications

This is not an all-inclusive list

Medication Classification	Common Use	Common Names	Common Adverse Effects
Otic	External Ear infections; wax removal	Boric Acid; Debrox; Cortisporin	Ear irritation; itching
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; 2. nervous feeling Tardive Dyskinesia; 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 & E; Iron; Zinc; Magnesium; Selenium; Folic Acid; Calcium;	Thirst; light-headed; 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/Triprolidine	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	Benztropine	Singulair	Montelukast
Colace	Docusate Sodium	Strattera	Atomoxetine
Concerta	Methylphenidate	Synthroid	Levothyroxine

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Frequently Used Medications			
Brand Name	**Generic Name**	**Brand Name**	**Generic Name**
DDAVP	Desmopressin acetate	Tegretol, Carbitrol	Carbamazepine
Depakote, Depakote ER, Depakene	Valproic Acid derivatives	Tenex	Guanfacine
Desyrel	Trazodone	Tofranil	Imipramine
Dexadrine	Dextroamphetamne 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	Bupropion
Imodium	Loperamide	Xanax	Alprazolam
Lamictal	Lamotrigine	Zantac	Ranitidine
Lexapro	Escitalopram	Zoloft	Sertraline
Lithobid	Lithium	Zyprexa	Olanzapine
Lotrimin	Clotrimazole		
Luvox	Fluvoxamine		

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

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 the similarity of their names. The confusion 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	Paroxetine .... Pyridoxine
(Carbamezapine in U.S.)	Paxil .... Paclitaxel
Celebrex .... Celexa ...... Cerebra	Paxil .... Plavix
Celexa .... Zyprexa	Paxil .... Taxol
Celexa .... Celebrex .. Cerebra	Prozac.............. .... Prilosec
Celexa .... Cerebyx.... Celebrex	Prozac................ Proscar .... Prosom
Claritin-D .... Claritin-D 24-hour	Remeron........... .... Zemuron
Claritin-D 24 hour .... Claritin-D	Risperdal .... Lisinopril
Colace .... Calan	Risperdal .... Reserpine ... Risperidone
Eskalith .... Estratest	Risperidone .... Reserpine ... Risperdal
Haldol .... Stadol	Seroquel .... Serentil
Haloperidol .... Halotestin	Seroquel .... Serzone
Imipramine .... Desipramine	Sinequan .... Singulair
Lamicel .... Lamisil	Singulair............. .... Sinequan
Lamictal .... Lamisil	Synthroid .... Symmetrel
Lamictal .... Lomotil	Tegretol .... Toradol
Lamictal .... Ludiomil	Xanax................ .... Lanoxin
Lamisil............ .... Lamicel	Xanax................ .... Zantac
Lamisil........... .... Lamictal	Xanax................ Zantac .... Zyrtec
Lamisil........... .... Lomotil	Zantac............... .... Xanax
Lamotrigine .... Lamivudine	Zantac............... Xanaz .... Zyrtec
Lithobid .... Levbid	Zantac............... .... Zofran
Lithobid .... Lithostat	Zoloft ....Zocor
Lotrimin .... Lotrisone	Zyprexa............. .... Celexa
Luvox………………………………Lasix	Zyprexa............. .... Zyrtec

GLOSSARY of TERMS

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

Analgesic – A medication for relief of pain.

Antianxiety – A medication that reduces feelings of worry or apprehension.

Antibiotic – A medication used to treat bacterial infections.

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).

Anti-Parkinson's - medications that reduce the symptoms of Parkinson Syndrome, such as slurred speech, shuffling gait, loss of facial expression and hand tremors.

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

Antipyretic – A medication that reduces fever.

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

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

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.

Confidentiality – Treated with privacy.

Contaminate – To make something unfit for use by polluting it with harmful substances.

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 with caution.

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).

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.

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

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

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

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

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

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

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

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

Lethargic - Drowsy or sluggish; has difficulty staying 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.

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

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

Neuroleptic Malignant Syndrome – A life threatening reaction to antipsychotic drugs; symptoms include high fevers, muscle cramps or rigidity, sweating and delirium; can lead to coma and death.

Neurologic - Having to do with the nervous system.

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.

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 Pseudo-parkinsonism) (Also, see *Psychotropic Agents in the Common Medications* chart).

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.

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

Pseudo-parkinsonism - 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.

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. These medications affect a person's mind, behaviors, moods, and emotions.

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

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

Serotonin Syndrome – A life threatening reaction to antidepressants; symptoms include confusion, rapid pulse, nausea and shivering.

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's 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.

Module IV:

Medication Administration

MODULE IV LESSON PLAN: MEDICATION ADMINISTRATION

Objectives:

- Understand preparation steps needed for medication administration
    - Gather supplies and prepare clean, well-lit area
    - Hand washing
- Understand medications to be administered (via drug guide/teaching sheets)
    - Generic and brand/trade name
    - Purpose
    - Side effects
    - Potential adverse effects
    - Length of time to take effect
    - Allergies
    - Special instructions
    - Contraindications
    - Where to get help
        - Six rights and triple checks
        - Participant education
- Understand various forms of medication administration
    - Oral
    - Sublingual
    - Topical
    - Eardrops
    - Eye drops
    - Inhaled
    - Transdermal
    - Suppositories
    - Epi-Pens
- Understand document
    - MARs
    - Routine
    - PRN
- Reading and transcribing orders
- Understand disposal of medications
- Vital signs
- Abbreviations

Trainer Notes:

- Have the class list the information needed prior to medication administration and assign them a medication to look up in a drug guide. Each student (or group of students) should find the information and present it to class.

- Give students various medication orders to read and transcribe onto a sample MAR. Include examples of prn's and routine orders. Also, include examples with confusing abbreviations and omissions (no dose, no route, etc.).

- Have students' role-play as a person giving a medication and a person receiving a medication. Let them use the handout "Preparing for Medication Administration" as a guide to walk them through the process. Include examples of oral, topical, and inhaled meds as well as Epi pens.

- Let the students practice taking each other's vital signs. Review medications that affect blood pressure, respiratory rate and pulse.

- **Handouts include:**
    - Preparing for Medication Administration
    - Proper Hand washing
    - The How To's of Medication Administration
    - How to Check Vital Signs
    - Sample List of Approved Abbreviations
    - Frequently Misinterpreted Medical Abbreviations

- The skills check lists and guidelines for completing competency demonstrations are also included.
- Students must sign the Final Exam Compliance Agreement.
- Student should receive their Certificate of Successful Completion after passing the final exam and competencies.

Preparing for Medication Administration

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

    1.   Clean & free from clutter
    2.   Well lit
    3.   Have adequate supplies available

B. **Practice good hand hygiene and/or universal precautions**

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

C. **Educate yourself on the medication**

    1.   Provide adequate amount of water for easy swallowing
    2.   Review medicines that require checking of vital signs

D. **Follow the Six Client Rights**

    1.   When removing the medication from storage
    2.   When removing the medication from its container
    3.   Immediately prior to administration

E. **Identify yourself and what you are doing. Take this time to educate the individual.**

F. **Give the medication and observe the individual taking it. Monitor for cheeking or choking.**

G. **Document**

H. **Observe the Individual**

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. **

Understand Medication to be Administered

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. Staff should be familiar with agency protocol regarding how emergencies are handled within that agency.

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

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

The SCL provider agency is responsible for ensuring that non-licensed staff are 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.

Note: An Individual's medications are not to be preset. Prepare and administer one individual's medication at a time.

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 prescription and the Medication Administration Record.

Agencies must have in place policies and 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 prescription and the transcribed order. Pay close attention to the dosage amount.

Right route:

Read the label on the medication container and compare it to the prescription and 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 period 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, if the medicine were to be re-administered. This could cause the 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 incomplete documentation, which constitutes a medication error.

Always Check the Rights of Medication

- When removing the medication from storage
- When preparing the medication for administration
- Immediately prior to administration

Participant Education

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

- 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.

Various Forms of Medication Administration

Medications are delivered for administration in many different forms.

Note: All capsules, tablets, and liquid medications should be given with at least four ounces of water or other liquid that allows for easy swallowing.

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, 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).

    Note: 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: Un-scored tablets should not be split without a licensed prescriber'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. To ensure accurate dosage of liquid medications, use 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.

    To pour 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.

D. **Sublingual Medications**

Sublingual medications are designed to dissolve under the tongue to allow for immediate absorption. They may be labeled "rapid dissolve" or "oral disintegrating tablet."

Note: All capsules, tablets, and liquid 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.

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.

   C. **Transdermal Patches**
   Transdermal patches are adhesive medication patches applied to a clean, dry, smooth area of the skin. They deliver the prescribed dose of medication slowly through the skin where it is then absorbed into the bloodstream. Most patches need to be changed every 24 to 72 hours. First, remove the old patch, and then place the new one on a clean dry area. Use a new site with each patch change.

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.

<div align="center">
The Dropper must not touch the eye.
Avoid touching the dropper against anything else.
</div>

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. For 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.

   Gently press the ear flap to allow the drops run into the ear canal. 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**
   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, slightly outwards and away from the mid line.

   B. **Aqueous Nasal Inhalers**
      Have the person blow their nose, wash your 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, slightly outwards an away from the midline. Do not inhale; squeeze the inhaler quickly and firmly. Repeat as directed, and for the other nostril.

   C. **Metered Dose Inhalers**
      Wash your hands. Shake the inhaler several times. Ask the individual to hold his/her head up straight and exhale out. Assist with placing the mouthpiece of the inhaler between the individual's teeth and ask him/her to close his/her lips around the mouthpiece. Staff should ask the individual to inhale, then press down once on the canister to release a dose. Ask the individual 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.

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 K-Y Jelly. Assist the individual to lay on his/her left side with the lower leg straightened out and upper leg bent forward towards the 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 her back with knees drawn upward and spread apart. Insert the applicator high into the vagina (unless the individual is pregnant), and then push the plunger to release the medication. If she is pregnant, insert the applicator gently. If you feel resistance (hard to insert), do not try to insert it farther; 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 the individual lies down to go to bed. The medicine works best if the individual does 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 from 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.

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

   A Physician's order is required for the Epi-Pen; this may include the protocol for giving a second dose if needed. If an individual's reaction to an allergen required the use of an Epi-Pen, this medication must be readily available to the staff, and when warranted, the individual, at all times.

How to Apply Cream or Ointment

When applying cream or ointment, **make sure the order clearly indicates where the ointment should be applied.** Follow the directions on the label as well as 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: Notify the nurse if you notice any of the following: 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, slightly outwards and away from the mid line
- Do 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
- Exhale all the way
- Place the mouthpiece between teeth and close lips around it
- Press down on the canister to release the medicine
- Inhale and hold breath for 10 seconds
- Repeat as directed

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 the inhaler has not been used for a week or more, or if it is the first time using 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.

- Take some deep breaths and then place teeth around the spacer mouthpiece (not in front of it and do not bite it), and seal lips around the spacer mouthpiece, holding it between the lips.

- Press down on the canister in the inhaler to spray one puff of medicine into the spacer.

- Breathe in slowly and deeply, and then hold 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 breath.

- Take two deep-held breaths from the spacer for each puff from the inhaler.

- If another dose is needed, wait 30 seconds, shake the inhaler again, and then repeat steps 4 to 9.

- Do not 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 the individual actually breathes in a smaller dose.

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

How to Apply Eye Drops

- 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.

- **NEVER USE EAR DROPS IN THE EYE**

How to Apply Otic (Ear) Drops

- 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** 3 years old or younger, 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

- Gently Press the ear flap to help the drops run into the ear canal.

- Keep head tilted for several minutes

- Insert a cotton plug, if ordered by the Doctor

- Wash hands

How 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 to the hospital emergency room

- Inform the emergency room doctor of the epinephrine injection in the thigh

- Give the 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 the solution is discolored or if red flag appears in the clear window. Do not place any foreign objects in the carrier with the auto-injector.

A Physician's order is required for the Epi-Pen; this may include the protocol for giving a second dose if needed. If an individual's reaction to an allergen required the use of an Epi-Pen, this medication must be readily available to the staff, and when warranted, the individual, at all times.

How to Use Suppositories

Rectal Suppository

Wash hands thoroughly
- If the suppository is soft, hold it under cool water to harden it before removing the wrapper
- Remove the wrapper.
- If using 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 left side with lower leg straightened out and upper leg bent forward toward the 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

Vaginal Suppository or Cream

Wash 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 back with knees drawn upward and spread apart
- Insert the applicator high into the vagina (unless pregnant), and push the plunger to release the medication
- If pregnant, insert the applicator gently. If 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 hands

VITAL SIGNS

Vitals signs are an objective measurement of a person's temperature, respiratory rate, pulse and blood pressure. Taking a person's vital signs establishes their baseline (normal measurements), which then allows health care professionals to notice abnormal readings.

Vital signs can vary based on an individual's age, gender and health. Many people take medications that help control their vital signs, and medications can also have side effects that cause a change in vital signs.

Other devices used by an agency or individual for collecting vital signs will be addressed on an individual basis. All staff attending this training are required to learn the following processes: body temperature, respiratory rate, pulse, and blood pressure.

A. 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.

Abnormal temperatures, whether high or low, indicate an infection or other complication.

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

Taking a Body Temperature Orally Using a Digital Thermometer

- Individual 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 individual remain as still as possible
- The thermometer will beep when it has completed recording the temperature
- Remove the thermometer from the individual's mouth
- Note and record the temperature
- Remove and discard the probe cover
- Wash hands
- Report significant deviations to the nurse or doctor

B. Respiratory rate

The respiratory rate is measured when a person is at rest by counting the number of breaths a person takes for one minute (One breath includes both the inhale and the exhale). 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. Breathing that is fast, slow or noisy can be a sign of respiratory distress.

The normal resting respiratory rate for adults is 12-20, with 18 being average.

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

- Rate: how many breaths the person is taking in one minute
- Rhythm: the tempo of the breaths (it can be regular or irregular)
- Quality: the ease with which a person is breathing

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.

Counting Respirations

- Without the individual 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 one minute
- Record the result and report findings as necessary

C. 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. The normal adult pulse is 60-100, with an average of 80.

Note the *character* of the pulse: if it is weak or strong, slow, normal, fast, regular or irregular.

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 one minute
- Record and report your findings if necessary

D. 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 individual, 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 snuggly 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 individual'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 individual's MAR. Report any abnormality to the appropriate person (see your agency's policies and procedures).

Record your reading as BP = systolic reading/diastolic reading. For more information about blood pressure measures, please review information found at the Centers for Disease Control website at: https://www.cdc.gov/bloodpressure/measure.htm

Taking a Blood Pressure

- Use a blood pressure cuff that is the appropriate size for the individual, and make sure the person is relaxed, either 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 snuggly 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.
- For children, the onset of muffling (fourth phase) is regarded as the best index of diastolic pressure.
- For adults, the fifth phase (when sounds become inaudible) is regarded as the best index of diastolic blood pressure.
- 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 the reading as BP = systolic reading/diastolic reading. For more information about blood pressure measures, please review information found at the Centers for Disease Control website at: https://www.cdc.gov/bloodpressure/measure.htm**
- It is also acceptable to use an automatic blood pressure machine by following the manufacturer's instructions.

Documentation

Medication Administration Records are medical records, and legal documents that reflect a person's current and past medication use. They should be developed per agency specific protocol, but pharmacies may generate medication records for facilities who administer an abundant amount of medications.

The MAR can be filled out by an electronic printer, hand written in permanent ink, or as an electronic record.

With the increasing use of electronic medical records, an agency must have policies guiding maintaining validity, availability, retention, and recovery of the documentation, per industry standards.

It is the responsibility of the agency choosing to use electronic methods of documentation to know and comply with the Federal and State regulations regarding Electronic Medical Records.

The use of corrective fluid/tape or markings that conceals or obliterates any part of the MAR cannot be used.

If errors do occur, they should be noted by a single line drawn through the error, and include staff's initials and the date.

Once the MAR has been initialed by staff, following the medication administration process, the MAR cannot be destroyed or discarded.

If the MAR is damaged and can no longer be used, it must be preserved as much as possible, and maintained in the individual's record.

If a new MAR would be needed to cover the remaining month, and would clearly indicate that it was a replacement.

Information regarding Best Practice to preserve damaged medical records can be obtained online, and could be included as part of an agency's policy.

Staff cannot initial a medication that they did not give.

Staff cannot recreate a MAR, or re-initial a MAR that had been re-created by someone else.

Routine Medication Administration Record (MAR)

Routine MARs contain ongoing medication orders, i.e., medicines given on a regular basis and medications that are given as a one-time only order.

➢ The following are examples of information that may be included 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

➢ Identification

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

➢ Allergies

➢ Attending practitioner

➢ Nutritional information

- Special diet
- Illness
- Food allergies

➢ Other necessary medical information (i.e. seizure disorder, asthma)

➢ Other necessary behavioral information (i.e. cheeking)

➢ Sample acronyms describing reasons why medications were not given are as follows:

- R=refused
- H=hospital
- D=disposed

PRN (as needed) Medication Administration Record

This record lists medications that have been ordered on an "as needed basis". This record should contain the same descriptive information as the routine MAR. In addition, as this medication is given on "an as needed basis", it is imperative that it contains staff's initials, date and time given, and effectiveness. Refer to agency policies for documenting effectiveness.

PRIOR TO GIVING A PRN MEDICATION, STAFF SHOULD CHECK THE MAR FOR THE MOST RECENT DOSE, AND VERIFY THAT ANOTHER DOSE CAN BE GIVEN SAFELY, IF NEEDED.

PRN medications are given on an as needed basis per the licensed prescriber's order. For this reason, it is very important that the PRN Medication Administration Record allows documentation of staffs initials, and date/time given.

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 the following: I=ineffective and E=effective.

Reading Prescriptions

Medication prescriptions are written by licensed prescribers. If the practitioner's handwriting is illegible, 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 an 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. Prescription labels will contain the following:

- Generic and/or trade name of the medication
- Frequency and 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 practitioner
- Expiration date of medication

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 the order, the MAR, and the medication label when preparing monthly Medication Administration Records.

Transcribing Medication Orders

Once a medication has been ordered, it is 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.

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 prescribing practitioner, the label on the medication, and the information on the MAR must match exactly.

NOTE

In addition to making sure the above match exactly, transcribing would also include setting the MAR up to reflect how the medication is going to be given.

This would include one-time only medications; routine medications that are not given every day of the week, or may alternate number of days each week; medications like antibiotics that are given for a specific number of days or doses; or medications that will increase or decrease the dosage or frequency over a specific time period.

To aid in the prevention of errors, MAR's that are set up to identify this specific information, could be checked by an additional staff person.

When the MAR's for the following month arrive, staff should verify the accuracy of the documents by comparing them with the medication orders, and the MAR's currently in use. This allows time to validate any changes. If there are changes or discrepancies between the old and new MAR's, staff should contact the pharmacy, physician, and/or the entity that was responsible for producing the new MAR to ensure current physician orders, and to obtain copies of new order if applicable.

Just prior to the beginning of a new month, the MAR's and prescriptions should be reviewed again to ensure medication orders that were received late in the month are reflected on the new MAR's

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.

Disposal of medications

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

- 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 and 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 standards.

Do not flush meds, or pour them down a drain

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Sample List of Approved Abbreviations

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

Sample List of Approved Abbreviations	
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

DIVISION of DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Sample List of Approved Abbreviations	
Abbreviation	**Definition**
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

Sample List of Approved Abbreviations	
Abbreviation	**Definition**
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

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Frequently Misinterpreted Medical Abbreviations

It is recommended that you do **NOT allow the use of these abbreviations**

Frequently Misinterpreted Medical 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 "subcutaneous"
SC	Subcutaneous	Mistaken for SL(sublingual)	Spell out "subcutaneous"
U or u	Unit	Misread as (0) or (4) causing overdose	Spell out "units"
IU	International unit	Misread as IV	Spell out "units"
Cc	Cubic centimeters	Misread as U	Use "mL"

Division of Developmental & Intellectual Disabilities

Frequently Misinterpreted Medical Abbreviations			
Abbreviation/Dose Expression	**Intended Meaning**	**Misinterpretation**	**Correction**
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 zeroes 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, MSO4, or MgSO4		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 techniques and infection control principles	Training participant must demonstrate good hand washing techniques which include washing hands with soap and water or using an alcohol-based hand sanitizer: • Remove rings • Wet hands with warm, running water and apply liquid soap • Lather well • Scrub all surfaces, including the backs of hands, wrist, 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 off the faucet • Dispose of paper towel
Used appropriate equipment	The basic supplies needed for medication administration include the following: 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.
Utilized properly the Medication Administration Record	Training participant must be able to describe a medication administration record and know how to use it properly.
Read the medication label and check against prescription and the order on MAR	Training participant must identify that the medication label, and the prescription must be compared to the MAR 3 times: 1. When removing the medication from the storage area 2. When preparing the medication 3. Immediately prior to administration The information on the label, the prescription and the information on the MAR must match.

Guidelines for Completing the Demonstration of Competency	
Basic Skills Checklist	
Listed/recognized the components of a complete medication order	The components of a complete medication order include the following: 1. Medication name 2. Strength of medication 3. Dosage of medication to be administered 4. Route of administration 5. Specific directions for use, including frequency of administration 6. PRN orders must clearly state the reason for administration
Observed 6 rights of medication administration	The training participant must be able to list the 6 rights of medication administration: 1. Right client 2. Right medication 3. Right dose 4. Right route 5. Right time 6. Right documentation
Used clean technique when preparing and pouring medications into appropriate container	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. **The training participant must tell the instructor that an individual's medications are not to be preset. Prepare and administer one individual's medication at a time.**
Offered sufficient fluids with medications and observed person consuming fluids	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
Observed person taking medications and observed mouth to confirm swallowing	Training participant must identify that the person is to be observed swallowing the medication and that they may have to monitor closely.
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	Training participant must be able to identify the potential side effects of medications. He/she must be able to tell the instructor the 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 and action taken is to be documented.

Guidelines for Completing the Demonstration of Competency
Basic Skills Checklist

Initialed the MAR immediately after medications are administered and prior to the administration of medications to another person. Documented equivalent signature for initials.	The training participant must identify that they are to sign the MAR only after observing the person taking the medication (No pre-charting of medications prior to 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 the agency's method of documenting why a medication was not administered, such as H = Held, R = Refused, then circling their initials on the 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 to include the following details: 1. Amount administered 2. Time administered 3. Reason administered 4. 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 are no additional agency forms)
Wrote 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 contact with the client's physician. **May be marked NA if no such agency requirement exists.**
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.

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Guidelines for Completing the Demonstration of Competency **Intermediate Skills Checklist**	
1. Oral tablets and capsules	• 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 prescriber's order. • More than one tablet or capsule may be placed in the same medication cup.
2. Pouring & Measuring Liquid Medication • 1 tsp • 1Tbsp • 1 Ounce • 30 cc • 5 cc • 2 tsp	• The major concern with liquid medications is measuring accurate dosage. Use a plastic marked cup, oral syringe or dropper, and pay close attention to the markings to ensure accurate dosage. • Some liquid medications 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, the medication bottle or container should be held in the palm of the hand with label against the palm to prevent spillage, which can cause the label to become illegible.
3. Sublingual	• Place the medication under the person's tongue. • Instruct them to allow the sublingual medication to dissolve under the tongue and not to swallow or chew the medication.
4. Instilling eye drops	• Prior to applying eye drops, wash 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 unsure that a drop went in, WAIT 5 minutes before instilling another drop. • Dropper must not touch the eye.

Guidelines for Completing the Demonstration of Competency Intermediate Skills Checklist	
5. Instilling ear drops	• Store ear drops at room temperature. • Prior to applying ear drops, wash 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 the 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. • Gently press the ear flap. • Have the client keep their head tilted back for several minutes to give the drops ample time to coat the ear. • Insert a cotton plug if ordered by the Doctor. • Wash 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, slightly outwards and away from the mid line.
7. Nasal sprays	• Ask the person to hold his/her head erect. • Have the person blow his/her nose as needed. • Spray the nasal spray forcefully into the nose and ask the person to sniff the medication into the nose. The person may tilt head back to help with absorbing the medication. • Wipe the tip of the nasal spray with a clean tissue prior to replacing the cap.

Guidelines for Completing the Demonstration of Competency Intermediate Skills Checklist

8. Application of topical ointment/cream	• Use universal precautions at all times when applying ophthalmic or dermal ointments. • Wear gloves. • Cleanse skin prior to application of dermal ointment. • 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. • As always, observe for any adverse effects such as worsening of the condition
9. Rectal suppository	Students may either demonstrate or verbalize the following: • If the suppository is soft, hold it under cool water to harden it before removing the wrapper. Remove the wrapper. • If using 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 his/her left side with the lower leg straightened out and upper leg bent forward toward the stomach. • Lift upper buttock to expose the rectal area. Using your finger, insert the suppository, pointed end first 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. • Have person remain lying down for about 15 minutes to avoid having the suppository come out. • Discard used materials and wash hands thoroughly.
10. Taking oral temperature	• The instructor is to observe that the student knows how to obtain a person's temperature using an electronic or tympanic thermometer. • Students should know the normal oral temperature and know that temperature is measured using the Fahrenheit. Normal oral temperature is 96.8 – 99.7 degrees Fahrenheit.

Guidelines for Completing the Demonstration of Competency Intermediate Skills Checklist

11. Taking respirations	Students should demonstrate or define the following:
	• The respiratory rate is:
	   o The number of breaths a person takes per minute.
	   o Measured when a person is at rest by counting the number of breaths a person takes for one minute.
	   o Done by counting how many times the chest rises.
	   o Instructor should review rate, rhythm, and quality

12. Taking a pulse	Students should demonstrate or define the following:
	• The pulse:
	   o Is the number of heart beats per minute
	   o Should be checked with middle and index fingers
	   o Has a normal range of 60-100.

13. Taking blood pressure When training and verifying competency in the area of taking blood pressure, a manual blood pressure cuff may be used, or it is acceptable to use an automatic blood pressure machine by following the manufacturer's instructions.	Students should be given the opportunity to practice checking blood pressures prior to competency exam. Students should demonstrate or identify the following: • 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 snuggly 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. • Keep fingers over the brachial artery, and turn the valve on the hand bulb clockwise until it is tight. • Palpate the brachial artery while pumping the hand bulb to fill the rubber bladder in the blood pressure cuff with air. • As you pump, the gauge will register.

Guidelines for Completing the Demonstration of Competency Intermediate Skills Checklist	
	• 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 (top number of the blood pressure reading.)
	• The diastolic pressure is the point when the sound disappears (bottom number of the blood pressure reading.)
	• 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 and bell head with alcohol swabs between individuals to maintain infection control.
	• Wash hands.
	• Record your findings on the individuals MAR.
	• Report any abnormality to appropriate person (see your agency's policies and procedures)
	• **Record reading as BP = systolic reading/diastolic reading.**
	• **For more information about blood pressure measures, please review information found at the Centers for Disease Control website at: https://www.cdc.gov/bloodpressure/measure.htm**

Guidelines for Completing the Demonstration of Competency
Advanced Skills Checklist

1. Application of Vaginal cream/ Suppository	Students should demonstrate or verbalize the following points: • 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 her back with her knees drawn upward and spread apart. • Unless she is pregnant, insert the applicator high into the vagina, and then push the plunger to release the medication. If she is 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 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 (if capable). • Have the person 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.
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.

Guidelines for Completing the Demonstration of Competency Advanced Skills Checklist	
4. Use of an 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 (without bending the needle), needle end first, into the storage tube of the carrying case that provides built-in needle protection after use. - 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. - Dose lasts approximately 15 minutes and will not cause harm if used unnecessarily. **Note:** **Never put the thumb, fingers or hand over the tip. Do not remove the safety release until ready to use. Do not use if the solution is discolored or if red flag appears in the clear window. Do not place patient insert or any other foreign objects in carrier with the auto-injector.** **A Physician's order is required for the Epi-pen; this may include the protocol for giving a second dose if needed. If an individual's reaction to an allergen required the use of an Epi-pen, this medication must be readily available to the staff, and when warranted, the individual, at all times.** **After the epinephrine is given, the individual should be promptly taken to the nearest emergency department by ambulance for an evaluation and monitoring by physicians and nurses.**

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Guidelines for Completing the Demonstration of Competency Advanced Skills Checklist	
5. 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 and title, sign 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 skills listed below. 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, i.e., from Basic Skills to Intermediate Skills to Advanced Skills.

Basic Skills Training participant must be closely observed on the following techniques:			
Procedure/Technique	**Yes (REGISTERED NURSE initials)**	**No (REGISTERED NURSE initials)**	**Observation/Comments**
Utilized proper hand washing technique and infection control principles			
Used appropriate equipment			
Utilized the Medication Administration record properly			
Read the medication label and checked against prescription and the order on MAR			
Listed/recognized the components of a complete medication order			

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Basic Skills Training participant must be closely observed on the following techniques:			
Procedure/Technique	**Yes (REGISTERED NURSE initials)**	**No (REGISTERED NURSE initials)**	**Observation/Comments**
Observed 6 Rights of Medication Administration Right client Right medication Right dose Right route Right time Right documentation			
Used Clean Technique 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			

Division of Developmental & Intellectual Disabilities

Procedure/Technique	Yes (REGISTERED NURSE initials)	No (REGISTERED NURSE initials)	Observation/Comments
Basic Skills Training participant must be closely observed on the following techniques:			
Administered and documented PRN medications			
Recorded information on other agency forms as required			
Wrote a note in the client's record when indicated			
Returned medication to proper storage unit			

Pass with 100%: Yes_____No_____Instructor Signature _____

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Demonstration of Competency Skills Checklist –

Intermediate Skills

Person Observed: _____ **Date Completed** _____

Observed by: (Instructor: please print name and title, sign 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 skills listed below. In some instances, it will be necessary for the training participant to verbally explain the technique or procedure in lieu of actually performing it.

Procedure/Technique	Yes (REGISTERED NURSE initials)	No (REGISTERED NURSE initials)	Observation/Comments
1. Oral tablets and capsules			
2. Pouring and 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			

Pass with 100%: Yes_____No_____Instructor Signature _____

Demonstration of Competency Skills Checklist
Advanced Skills

Person Observed: _____ **Date Completed** _____

Observed by: (Instructor: please print name and title, sign 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 skills listed below. 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 (REGISTERED NURSE initials)	No (REGISTERED NURSE initials)	Observation/Comments
Application of vaginal cream/ suppository			
Use of metered dose inhaler			
Use of spacer devices for metered dose inhalers			
Use of Epi-pen			
Describe what constitutes a medication error and actions to take when a medication error is made or detected			

Pass with 100%: Yes_____No_____Instructor Signature _____

Final Examination Compliance Agreement

The final examination is proctored by the RN Direct Trainer. 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 have previously 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 RN Direct Trainer

DIVISION OF DEVELOPMENTAL & INTELLECTUAL DISABILITIES

Certificate of Completion

Awarded to:

_____

For successfully completing

The Medication Administration for Non-Licensed
Personnel training,
in the
Supports for Community Living (SCL)
Medicaid Waiver Program

Date _____

RN Direct Trainer _____