

Medication Administration

**Washtenaw County
Community Mental Health**



Welcome to Medication Training

- After the completion of this course, you will take a written exam & need to pass 90% or higher
- There are 77 Questions, you can miss 8 or less.

If you Pass:

- Make a personal copy of your Certificate
- Certificates expire in One year
- Must renew in One year or repeat training

Refresher courses you will need to show your original certificate to renew





Medication Administration

- Med training prepares participants to safely pass medication
- Participants will be able to demonstrate competence in their knowledge and skills in a written test scoring 90% or higher
- Content of Manual 1-12 (page 2)
- Outcomes 1- 22 (page 2)

State mandated training in Passing Medication



- State LAWS govern medication administration
- An important role in your job
- Policies and procedures must be followed
- Prior to passing medications direct care staff must know the purpose of meds & side effects
- Medication Errors are a serious matter

Role of Washtenaw County CMH

- Clients requiring continuous nursing care cannot be cared for in a licensed setting.
- CMH needs to be informed of all treatment plans, procedures, and doctors' orders/discharge plans. This is to determine if staff will be able to provide the care in the home.

Some examples of continuous nursing care would include:

- Arterial lines
- PICCS lines, Hep Locks, etc. with or without IV meds
- IM injections
- Deep wounds that need packing daily
- Treatment requiring isolation or restraints
- Continuous oxygen that requires transporting of O2 tank
- Tracheostomy care

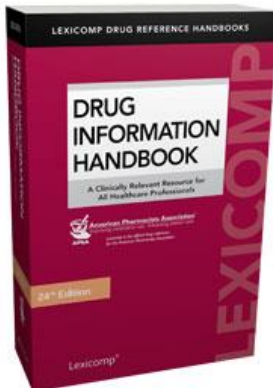
Role of Washtenaw County CMH

All home staff will need to be trained by a CMH R.N. or other R.N. if the client is discharged with any new treatment plans or procedures, such as:

- Glucometer testing
- Sub Q injections
- Peg tube placement with tube feedings
- Special diet changes
- Simple wound care

Approved Resources

- Drug reference book or app
- Pharmacist (includes literature)
- Prescriber or prescribers office
- Registered Nurse
- Poison Control # 1-800-222-1222



CMH IPOS is your Guideline to your role

- Are you passing meds or are you to remind individual to take meds?

- Know your role!



- Some settings require newly med trained staff to administer medications with supervision a certain number of times.

Medications Categories

- **Non-Prescriptions or Over-The-Counter (OTC)**
 - Needs Doctor's order
- **Prescriptions**
 - Regular prescription medications
 - Controlled medication or Narcotics
 - Require special storage in **double lock system**
 - Must be counted in and out when handling
 - Disposal needs a witness
- **Psychotropic** (Anti-Anxiety, Anti-Depressants, Anti-psychotics, Mood stabilizer's)
 - A *Consent to Treat with Psychotropic Medication* must be obtained, signed by the guardian or client and be on file prior to passing.



Control Medication Count Sheet

Control Medication Count Sheet

Client Name: _____

Medication: _____

Directions: _____

Prescriber: _____ Origin: _____

Pharmacy: _____ RX Nu _____

[illegible]

Medication Consent

WASHTENAW COUNTY COMMUNITY MENTAL HEALTH

CONSUMER MEDICATION CONSENT

Consumer Name _____ Consumer ID _____

I understand that my doctor/nurse practitioner recommends the use of medication as part of my Person-Centered Plan. I understand that all medication may produce side effects, and that some side effects may be serious or permanent. I understand the importance of reporting side effects or unusual reactions to my prescriber. I have read and understood the written material explaining the medication I will be taking. I have had an opportunity to ask questions and have received full and complete answers.

Medication(s)	Dose range	Reason for Medication (place number(s) next to the proper symptom)
1. _____	_____	<input type="checkbox"/> Depression <input type="checkbox"/> Mania <input type="checkbox"/> Stabilize Mood
2. _____	_____	<input type="checkbox"/> Anxiety <input type="checkbox"/> Attention or Cognition Problems <input type="checkbox"/> Insomnia
3. _____	_____	<input type="checkbox"/> Paranoia <input type="checkbox"/> Hallucinations <input type="checkbox"/> Disorganized Thoughts
4. _____	_____	<input type="checkbox"/> Stiffness or Restlessness <input type="checkbox"/> Agitation <input type="checkbox"/> Other: _____

An information sheet was provided to the consumer:
See Prescriber note for more information:

Y / N/ Declined
Initial _____

I understand that medications like these have been used successfully in the treatment of conditions similar to mine but that no guarantee can be made that the medication will be equally effective for me. I am aware of the risks of not taking medications. I understand that my Doctor/Nurse Practitioner will inform me if my medication dosages increase beyond recommended levels. I have informed staff about my medical problems, current medications, and history of reactions to medications.

I understand that there are risks to taking these medications during pregnancy, and I should consult my obstetrician and my mental health prescriber about whether to stop or continue medications while pregnant. I agree to notify my prescriber immediately if I do become pregnant.

I understand that simple blood tests, cardiograms or other tests may be necessary to monitor my condition.

I understand that I will be informed if the dose of my medication is outside the recommend dose range.

_____ I have considered the benefits and consequences of the medication and freely consent to its use in my treatment. I also understand I can withdraw my consent for the use of this medication at any time and that it would be desirable to first speak to my doctor/nurse practitioner before doing so.

_____ I have/am at risk for tardive dyskinesia, and I will be monitored at least every three months.

_____ I have/am at risk for metabolic syndrome, a precursor of diabetes, and I will be assessed once or twice per year for the presence of high sugar levels and high cholesterol in my blood.

_____ I understand that I have been court ordered to take this medication. I acknowledge receiving this notice.

_____	_____	_____
Consumer Signature	Parent/Guardian Signature	Date
_____	_____	_____
Consumer Refuses to Sign		
_____	_____	_____
	Prescriber Name	Prescriber Signature Date

I am revoking my consent for the following medication(s).

_____	_____	_____	_____	_____	_____
Medication Name	Consumer Signature	Date	Medication Name	Consumer Signature	Date
_____	_____	_____	_____	_____	_____

Forms of Medication

Tablets

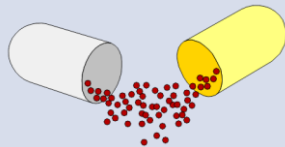
- *Scored*



- *Enteric Coated*



Capsules



Liquids



Suppositories



Ointments and Creams

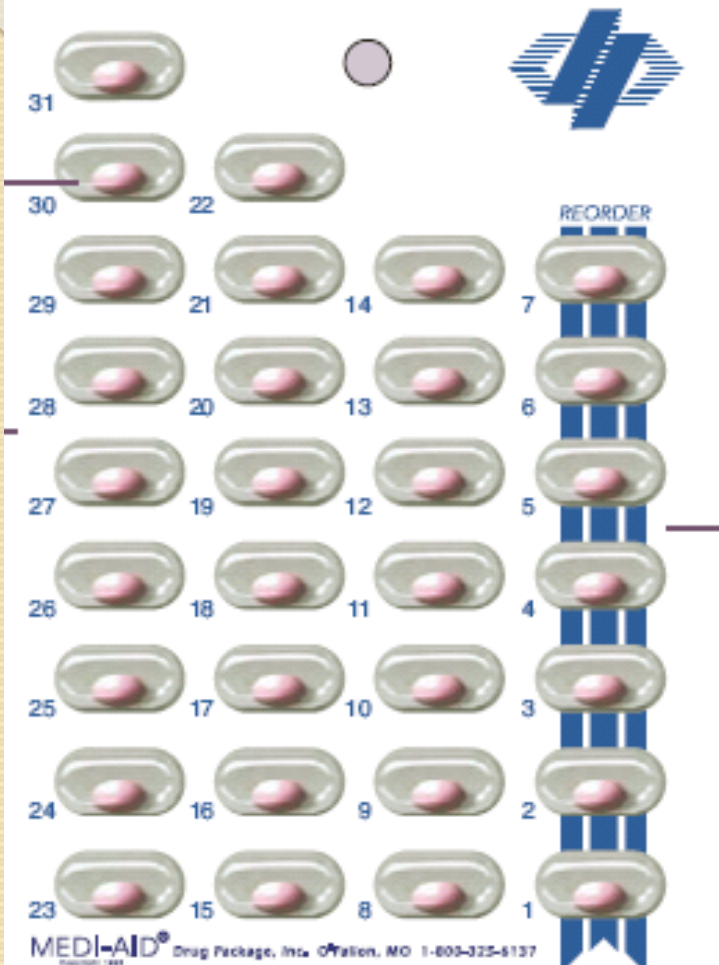


Injections



Packaging Examples

Blister Pack/ Punch Card



“Bubble-packs”



How Medications Work in the Body

- **Local action** – targets a specific area of the body
- **Systemic action** – can potentially affect the whole body systems

Can you think of examples for each?



Medication Effects on the Body

- Therapeutic effects
- Side effects
- Adverse Effects
- Contraindication

The Six Rights of Medication Administration

- Right Person
- Right Medication
- Right Dosage
- Right Time
- Right Route
- Right Documentation
 - ❖ If a medication is not given, circle it on the MAR and fill out an incident report—this is an important part of your job.

Routes Include

- Oral
- Topical
- Patch
- Rectal
- Vaginal
- Injectable
- Inhalers



Storage of Medications

- All meds must be in original containers with pharmacy labels in a locked med box
- Meds requiring refrigeration need own med box
- Ointments & creams need own med box
- Never place meds or med box near or on heaters or other extreme temps
- Should be kept locked at all times
- Key to med boxes belong on Med Passer
- Double Lock System for Controlled meds



The Nevers When Passing Medications

Page 15 in the manual (read together)



NEVER
NEVER
NEVER

Preparing Medication

- Wash hands, clean area
- Set up one client's meds at a time
- Focus on task, do not get distracted
- Know allergies
- Know the medication's side effects & why you are giving it to the client
- Go over the 6 Rights

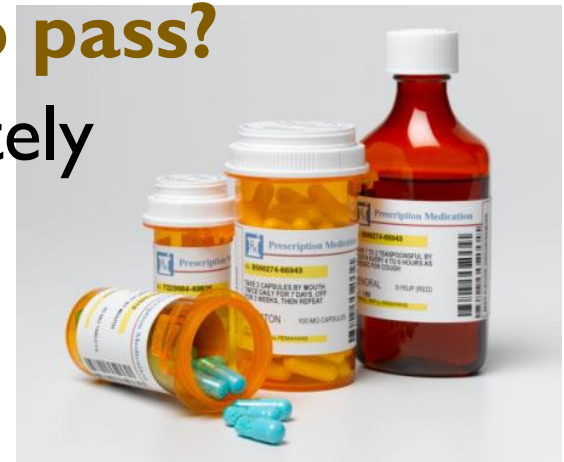


Refills and New prescriptions

- Make sure the client has enough medications at all times!
- Responsibility of staff passing meds to obtain refills or new medication
- Update MAR's as needed for new meds

Not enough Medication to pass?

- Contact Pharmacy immediately
- Incident Report
- Contact supervisor



Legal and Ethical Issues

Never Force Someone To Take Medication...clients Do Have The Right To Refuse.



Offer encouragement, give honest information

Offer up to 3 times before documenting as refused

Not a “medication error” if client refuses

Refusals must be reported & documented

Right Time



- Medication should be given no sooner than one hour prior and no later than one hour after the designated time.
- If the prescribing primary care physician or psychiatrist completes a “Missed Medication Procedure Form” then the medications should be administered accordingly.

Missed Medication Form

Medication Strength, Dose, Time given	Directions
<i>Celexa 10mg 1 tablet by mouth every morning</i>	a. Call for directions immediately b. Give up to 3 hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____

Protocol for Medication Administration

Positively identify the client prior to administering the medication.

You must have at least **TWO** identifying methods:

- Knowledge of the client by name
- Have another person identify the client
- Have a photo ID or photo in med chart
- Ask for Date of Birth

D.O.B.

Protocol for Medication Administration

- Wash hands, clean work area & Go over the 6 Rights
- Compare the label with MAR & copy of prescription
- Check Medication label total of 3 times
- Set up meds and keep client in line of sight at all times until med is taken
- Follow directions according to label
 - Pour liquids at eye level from unlabeled side
- Give medication to client explain what med is for, offer privacy & adequate fluids if needed
- Observe to ensure client took medication
- Document on the MAR & Wash hands
- Monitor for any unusual changes or responses and document findings





How to Prevent Medication Errors:

- Always observe the “Six Rights” of medication administration
- Avoid distractions
- Be knowledgeable about the medications you administer
- Ask for help from your Supervisor
- If an error does occur, it must be reported immediately to your supervisor

Medication Errors Occur When:

- The wrong medication was given to a client.
- One client's medication was given to another client.
- The wrong dosage was given to a client.
- A medication was given at the wrong time to a client.
- A medication was not administered at all.
- A medication was given by the wrong route.



Verbal Orders



- Discontinued Medication
- “Hold” doses
- Treatments such as ice, heat, etc.
- Documentation needs to be obtained for these orders

REMEMBER

Staff cannot take new medication orders or changes to medication, this must go through the pharmacy or R.N.

Pharmacy Label - Must Be Legible

- Pharmacy name and address
- Client's name
- Name of the medication & Strength
- Dosage
- Date the prescription was most recently dispensed
- Directions for use
- Physician's name
- Amount dispensed

The image shows a sample pharmacy label with the following fields and labels:

- Name and address of the pharmacy:** Bidwell Rx, 1815 Metropolitan St, Pittsburgh, PA 15233
- Prescriber's name:** DR JOHN SCHOULTIES
- Date of filling:** 08/31/2013
- Auxiliary labels:** Avoid consuming grapefruit or grapefruit juice while on this medication. Consult your pharmacist or doctor about using this medication if you are pregnant, plan to become pregnant, or if you are breast feeding.
- Prescription number:** RX 0123456789
- Patient's name:** PEARSON, PATRICIA
- Directions for use:** TAKE ONE TABLET BY MOUTH EVERY DAY
- Medication name, strength, and dosage form:** Atorvastatin calcium 20 mg Tablets
- Quantity dispensed:** QTY 30
- Refills left:** REF 2

Additional information on the label includes: www.btc-medical.org, 412.323.4000, DEA# AB4567890, and a barcode.

D.A.W.

Examples of Brand Name & Generic Medication

Brand Name	Generic Equivalent
Motrin IB	Ibuprofen
Depakote	Valproic Acid
Haldol	Haloperidol
Zyprexa	Olanzapine
Prozac	Fluoxetine
Tegretol	Carbamazepine

When Not to Give Medication



- If any either of the following required items are missing:
 - MAR
 - Prescription copy or legible label
- What are some other reasons you should not pass medications?

Leave of Absences (LOA)

- Explain to the pharmacist that the client will be taking the medication in two different locations



- The client will need two pharmacy-labeled containers, one for each location

Medication Administration Record (MAR)

Must have the client's:

- Name
- Date of Birth
- Allergies listed
- Site or house name
- ✓ Signatures of staff next to initials

NOTE

**THERE ARE POTENTIAL LEGAL CONSEQUENCES IF NOT
DOCUMENTED PROPERLY**





MAR Documentation Rules

1. Name of Medication with strength goes on line one
2. Dose, Route, Frequency lines two and three
3. Any other information (like take with food, etc)
4. AM medications on top 2 rows
5. PM medications on bottom rows

MAR Documentation Rules

- No white out & No pencil
- Blue or black ink only, **No Red ink**
- No Abbreviations except for PRN (p. 29)
- Write clearly and legibly
- Correct any errors with a Line through the error:
~~Celexa 10mg~~ Colace 100mg

MAR Documentation Rules

If medication is missed or refused or LOA, it must be circled and explained on back or bottom of MAR

Medication	Time	1	2	3	4	5	6	7	8	9	..
Zoloft 100mg 2 tablets twice daily by mouth	8am	M L	M L	M L	<input checked="" type="checkbox"/>	T N	K P	K P	T N		
	8pm	S R	<input checked="" type="checkbox"/>	P S	P S	M L	S R	S R	K P		

*Failure to document is a medication error!

Only sign your initials when you know your client has taken their medication

MAR Documentation

✓ MAR's should be checked within 3 business days of a new month
or

✓ If any changes of medications throughout month by Supervisor, Home manager or Medication Coordinator

❖ See Manual for other kinds of MAR's

Disposing of Medications

Discontinued
Contaminated
Expired Medications

**Controlled or Narcotics - Witness
Required!**

A physician's order
for any **discontinued** medication should
be on file in the person's record ⚠

Disposing of Medications

- Know the required method for your work site policy (return to pharmacy etc.)
- Make other staff aware of the discontinuation of the medication
- Document on the MAR:
 - starting where the next dose would have been recorded
- Replace any expired medication if necessary
- Keep documentation of the D/C on file

Disposing of Medications

www.dontflushdrugs.com



**SMART
DISPOSAL**
A Prescription for a Healthy Planet

Never Dispose of Medications
Where Humans or Animals may
Come in Contact with Them!



Not in
The Toilet



Not in
The Trash

Anti-Psychotic Medication Side Effects

• **Tardive dyskinesia**— a movement disorder that results in unusual and uncontrollable movements, usually of the tongue and face, can move beyond to rest of body.
Caused by long term use of anti-psychotics.

- **Neuroleptic Malignant Syndrome** —onset first 2 weeks of treatment: severe muscle rigidity, high fever, sweats, delirium-- **Call 911 if you suspect NMS.**
- **Agranulocytosis**— Common with Clozaril (clozapine) protocol for special monitoring, Need lab draws, etc.

- **No Blood—No Drug**



Medication Side Effects

Anti-Depressant Side Effects

Example: Paxil, Wellbutrin, Zoloft

Nausea, dizziness, dry mouth, high blood pressure, weight gain.

Anti-Anxiety (controlled) Side Effects

Example: Valium, Klonopin, Ativan

Risk of addiction so not desirable for long term use. Sedation, drowsiness, poor concentration, irritability.

Mood Stabilizer Medications Side Effects

Example: Lithium, Depakote, Tegretol

Increased thirst, increased urination, diarrhea, vomiting, weight gain, drowsiness, poor concentration, impaired memory.

Heart Medications

- **Diuretics (water pill)** **Hydrochlorothiazide, Furosemide(lasix)**

Common Side effects–Extra urination, for this reason to be given in the morning, low blood pressure.

- **Beta Blockers-****metoprolol (Lopressor, Toprol XL)**

Common side effects-cold hands and feet, headaches, GI upset, dizziness, low blood pressure

- **ACE inhibitors-** **lisinopril (Zestoril, Prinivil)**

Common side effects-Dry persistent cough, dizziness skin rash.

- **Channel Blocker's-** **amlodipine(Norvasc), diltiazem, Procardia**

Common side effects-Constipation, dizziness, low blood pressure, headache.

Heart Medications (cont.)

Nitroglycerin is used to prevent chest pain.

Common Side effects-feeling faint, dizzy, lightheadedness, feeling of warmth or heat, flushing or redness of the skin, headache.

- **Dissolved** under the tongue
- **Five minutes** apart, up to 3 pills (15-minute period)

CALL 911-if no relief after the 3rd pill!

Anti-Coagulants – Lovenox, Heparin, Warfarin (Coumadin)

- **Decrease** the clotting ability of the blood--Sometimes called blood thinners.
- **Frequent** lab work must be done in order to obtain a therapeutic level of drug and dosing changes. Dietary restrictions may apply.

Anti-Seizure Medications

*Examples: Carbamazapine (Tegretol), Depakote

Common side effects- fatigue, dizziness, weight gain, speech problems

Special Concerns

- * Take medications exactly as prescribed
- * Try to take at the same time each day
- * Could have “break through” seizure if missed dose, Do not miss doses

Pain Medications

NSAIDS (*Non-Steroidal Anti-Inflammatory drugs*) **Ibuprofen, Motrin, Alleve, Advil, Aspirin,**

- Common Side Effects: GI upset, bleeding after long term use

Acetaminophen (Tylenol)

- Liver damage usually after long term use or high doses
- The brand name Tylenol has a different maximum daily dose than the generic form (acetaminophen)
- Make sure that the daily total dose is not exceed the recommended maximum dose.
- Also note that acetaminophen can be found in many over the counter (OTC) and prescription pain relievers, cold medicines and sleep aids. Be sure to check the labels to know what is included in these medications

Diabetes Medications

Goal blood glucose: 60-120 or individualized to the client

All Diabetes medication can produce too low of blood sugar which is a medical emergency!

Oral Medications– Metformin (glucophage), Actos, glipizide

Common side effects: diarrhea, upset stomach, gas, low blood sugar, weight gain, swelling

Insulin-(injection)

Direct care staff cannot administer insulin by injection without additional training

Low Blood Sugar (Hypoglycemia)

Symptoms include:

- DROWSINESS
- Faintness or pale
- Headache
- Increased heart rate
- Confusion and/or change in behavior or mental status
- Double vision
- Chills or sweating

How to treat: Check blood sugar level if possible.

- Drink ½ cup of fruit juice or regular soda (do not give diet soda for low blood sugar)
- Or Drink 1 cup of milk

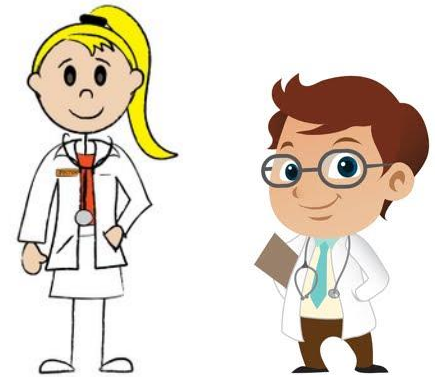
If blood sugar less than 50- DOUBLE these amounts

- Wait 15 minutes and retest blood sugar

If blood sugar is still less than 70 treat again

- If 70 or above follow with the next meal or have a snack

Appointments



What to Bring

- MAR & Med book
- Any forms needing physician signature (missed med form, standing order, school meds etc.)
- Reason for the appointment; chief complaint, with signs/symptoms
Record of Seizures, menses, sleep logs, behavioral if applicable

KNOW WHY YOU ARE THERE

During the Appointment

- Enable the client to be part of the appointment as much as possible
- Obtain Hard copies of all medication orders

After the Appointment

- Medication changes may occur - pick up any new meds
- Document the MAR with new meds, D/C, any changes
- Dispose of any discontinued meds

Dispensed means how the pharmacy gives you the medication

- The medication may not always be exactly how it was ordered, for example: Zoloft in our example is given to you from the pharmacy as 50mg tablets rather than 100mg tablets (“dispensed as”).

In this case, you will need to update the MAR and administer the medication accordingly.

How many tablets are given in the a.m.?

- Zyprexa 15mg, 1 tab in morning and 2 tabs at bedtime
- Zoloft 100mg, 2 tabs in the morning (dispensed as 50mg tablets)
- Prilosec 20mg, 1 tab in the morning



TIME

TO

TRANSCRIBE

Problems to practice:

First try this:

Seroquel 50mg, 1 tab P.O. BID

(Remember: Name of Medication with strength goes on line one
The Dose, Route, Frequency on lines two and three)

Now add this: (**ordered on the 2nd**) reflect this
with an arrow through the 1st

Using the same problem as above add what is in red
below (using arrows to reflect):

Seroquel 50mg, 1 tab P.O. BID for 5 days
(ordered on the 2nd)

Try a 2 part problem

Trazodone 50mg, 1 tablet P.O. in a.m. and 2 tabs at H.S. (ordered the 2nd)

When the dose changes (tablets) then we know its really 2 orders hidden in there~

Each order gets its own row.

If the strength changes, then again, it is 2 orders hidden in the problem, such as:

Trazodone 50mg, 1 tablet P.O. in a.m. and 100mg at H.S.

Each order gets its own row.

Try these type of problems:

- Antibiotic given for X amount of days:

Amoxicillin 200mg, 2 tabs P.O.TID for 5 days

- PRN medication:

Tylenol 500mg, 1 tab P.O. PRN for fever

- More 2 part questions:

Zyprexa 15mg, 1 tab P.O. for 3 days, then take 2 tabs after that. (Ordered the 3rd)

Discontinue a medication after X amount of days