Medication Administration Course

HOW TO USE THIS MANUAL

Notes to the instructor have been incorporated into instructor's note pages that follow the chapter format of the manual and are located at the end of the section. Testing forms are provided for the practicum as well as the written test. There are two versions of the written test with corresponding answer sheets and answer keys.

MEDICATION ADMINISTRATION COURSE BACKGROUND

Innovations Nursing & Residential Medication Administration Course is designed to accurately administer medications to individuals in DIDD/CDPHE Services approved programs: Group Residential Services and Supports (GRSS), Individual Residential Services and Supports (IRSS), Day Habilitation Services and Supports (DHSS), State certified adult day programs, Adult Supported Living Services (SLS), Children's Extensive Services (CES). Residential Child Care Facilities Assisted living residences and Alternative care facilities. Any paid staff or provider who administers medications must complete this course and pass the competency evaluation that has been approved. This Medication Administration course will prepare participants for this testing. The course also allows each agency to add agency specific materials and procedures to the information provided. If you work for a different agency, some materials may not apply to you. The material also includes a chapter on 'Medication Administration from Medication Reminder Boxes.' This chapter will be taught as part of the initial Medication Administration Course. The training for paid staff or providers that will be filling medication reminder boxes is a separate packet and may only be taught to staff or providers that have passed the Medication Administration Course.

INSTRUCTOR REQUIREMENTS

To teach this course, the instructor must:

- Be a Licensed Nurse (e.g. RN or LPN), Licensed Pharmacist, Physician or Physician Assistant
- Be familiar with DIDD and CDPHE rules and regulations
- Be familiar with agency specific policies and procedures related to medication administration
- Be knowledgeable of and utilize the course materials
- Participate in the written and practical testing of each participant
- The approved training entity (ATE) shall retain student competency evaluation records for a minimum of three years.

At the completion of the course the instructor must:

- Provide passing participants with a document of completion. To pass the course each participant must score a minimum of 80% for the Medication Administration Course Written test, 100% on the Medication Administration practicum.
- Provide the agency with a document of completion stating the participant has completed and passed the course.
- Provide the CDPHE with a **legible** list of participants who have passed the course(s) preferably via email. Please use only the format included at the end of the instructor manual.

COURSE MATERIALS

Medication Administration Course materials include the following:

- Instructor's Manual, which includes:
  - Testing materials
  - Participant completion forms
  - Forms required by CDPHE for submitting names of participants who have passed the course.
  - Reference materials

- Student Manual, which includes:
  - Reading materials
  - Review questions

- Course materials to be provided by each agency/nurse include:
  - Copies of the student manual for each participant
  - Agency specific forms
  - Agency specific policies and procedures
  - Practicum materials

RECOMMENDED CLASS STRUCTURE

It is recommended that at a minimum the following structure be followed when teaching this course to first time participants. The average amount of time is listed in parenthesis. The classroom instruction time is to be based on the number of participants and the learning styles of participants, instructors may use their discretion in regard to time frames and what portions of the course may be required for those individuals who are not first time participants or who are retaking the course for whatever reason (e.g. agency training requirements, individual actions, etc.).

- Classroom instruction to review course manual and agency specific material with qualified instructor. (5) Hours
- Practicum and written testing with qualified instructor. (2-3 hours). Copies of written tests must be collected by instructor and *NOT* given out to students as study guides.

Introduction

Course Objectives

- To accurately administer medications to individuals in DIDD/CDPHE Services approved programs: Group Residential Services and Supports (GRSS), Individual Residential Services and Supports (IRSS), Day Habilitation Services and Supports (DHSS), State certified adult day programs, Adult Supported Living Services (SLS), Children's Extensive Services (CES). Residential Child Care Facilities, Assisted living residences, and Alternative care facilities.

- To safely administer medications according to written physician or other authorized practitioner orders.

- To maintain proper documentation of the administration of both prescription and non-prescription medications.

- To use the proper techniques when administering medications by the various routes -ingestion, application, inhalation, insertion.

- To comprehend and be able to demonstrate the following:
  - Important guidelines of medication administration
  - Use and forms of drugs
  - Medication orders
  - Documentation including controlled medication documentation and count
  - Seven "Rights" of medication administration
  - Medication Administration Procedures
  - Medication errors
  - Medication storage
  - Rules and regulations related to psychotropic medications
  - Medication reminder box (MRB) guidelines

The minimum passing score of this course written test is 80% to be considered as a Qualified Medication Administration Person (QMAP).

Cautions:

- This course does NOT lead to certification or licensure to administer medications.
- QMAPs are NOT trained or authorized to make any medical or psychological judgement, assessment, or evaluation of the individual being assisted.
- QMAPs may ONLY administer medications according to the written physician or other authorized practitioner order by the following routes:
  - Oral
  - Sublingual
  - Topical
  - Eye drops or ointment
  - Ear drops
  - Nasal
  - Transdermal
  - Inhaled
  - Rectal and vaginal

- ***QMAPs MAY NOT take phone orders for any medications including changes or discontinuation.***

FOR THIS COURSE MEDICATION ADMINISTRATION IS:

- As defined by law: 'Assisting an individual in the ingestion, application, inhalation, or using universal precautions, rectal or vaginal insertion of medication including prescription and non-prescription drugs according to the written or printed directions of a licensed physician or other authorized practitioner and making a written record thereof with regard to each medication administered, including the time and amount taken.' [25-1.5-301(1)C.R.S.]

- Accurately and safely administering medications from medication reminder boxes (MRB) with oversight from a licensed individual (nurse or pharmacist) or Qualified Manager.

- Filling of medication Reminder Boxes with oversight by a Qualified Manager or Licensed individual (nurse or pharmacist). **REQUIRES SEPARATE AND SPECIALIZED TRAINING**

- Administering medications through a Gastrostomy Tube – **EXTRA TRAINING AND OBSERVATIONS ARE REQUIRED IN ORDER TO ADMINISTER ANYTHING THROUGH A G-TUBE** (MUST ALSO MEET REQUIREMENTS FOR GASTROSTOMY SERVICES PRIOR TO ADMINISTERING ANY MEDICATION, NUTRIENT OR LIQUID THROUGH A GASTROSTOMY TUBE!).

SCOPE OF PRACTICE:

The qualified medication administration Person (QMAP) is an individual who has successfully completed the medication administration course provided by Innovations Nursing & Residential Services approved training entity.

A QMAP is permitted to administer medications via oral, sublingual, ear, eye, topical, nasal, inhalant, rectal and vaginal routes. Gastrostomy tube medication administration may be done ONLY after additional approved training and under supervision of licensed nurse.

A QMAP is permitted to administer medications in the following authorized settings; assisted living residences, adult foster care facilities, alternative care facilities, residential care facilities, secure residential treatment centers, state certified adult day programs and program approved service agencies for people with intellectual and developmental disabilities.

As a QMAP and individual providing support to vulnerable adults, you are required to (to the best of your ability) report any suspicions regarding abuse, neglect or misappropriate of an individual's property. Adults with intellectual and developmental disabilities are at risk for mistreatment, abuse, neglect, and exploitation, (M.A.N.E.) due to their lack of ability in interpreting social cues, inability to report problems or concerns, inability to understand self-safety measures and more. The definitions (M.A.N.E.) will be reviewed during agency orientation. If you suspect that abuse, neglect, mistreatment or theft is occurring you need to report it to your supervisor. As you are working you need to be aware of what your co-workers are doing. Knowledge of what constitutes abuse, neglect, or mistreatment will help you prevent such occurrences. Substantiated allegations for M.A.N.E. or misappropriation will be reported to the proper authorities such as the police and the state.

CAUTIONS:

- This is NOT a course that leads to certification or licensure to administer medications. If you have passed this course you are considered QUALIFIED to administer medications, a **Q**ualified **M**edication **A**dministration **P**ersonnel (QMAP).
- Individuals successfully completing this course are NOT trained or authorized to make any type of medical or psychological judgment, assessment or evaluation of the individual being assisted.
- QMAPs may ONLY administer medications by the following routes: oral, sublingual, topical, eye drops/ointments, eardrops, nasal, transdermal, inhaled, rectal or vaginal.
- Completion of this course does NOT allow administration or monitoring of medications by injection, or performing fingers pricks for glucose testing.
- QMAPs MAY NOT administer any medication other than what the physician or other authorized practitioner (e.g. dentist, physician assistant, nurse practitioner, podiatrist, psychiatrist) has prescribed in writing.
- QMAPs MAY NOT take phone orders for any medications including changes in medications or orders.

REMEMBER: WHEN ADMINISTERING MEDICATION,  YOU ARE RESPONSIBLE FOR YOUR ACTIONS!

Chapter 1

Universal Precautions 

Universal Precautions are steps designed to protect one's self and others from infection if there is the possibility of contact with anyone's blood and/or bodily fluid.

Using medical asepsis and universal precautions for infection control

Performance Objectives

- Explain how infections can be transmitted from one individual to another
- Demonstrate proper hand washing techniques
- Demonstrate proper use of gloves
- Review facility Infection Control Plan or policies
- Identify when hands should be washed
- Identify when gloves should be worn
- Identify what to do if exposure to blood and body fluids occurs

Outline

A. How infections occur

- Pathogen
- Reservoir
- Portal of exit
- Transmission
- Portal of entry
- Host

B. Use of medical asepsis

- Common daily practices
- Hand washing routine and use of hand sanitizer
- Additional procedures including Universal Precautions

Activities

- Explain the rationale for close observance of infection control
- Explain how pathogens are transmitted from one individual or place to another
- Explain the Infection Control Policy for your facility
- Explain the importance of hand washing
- Demonstrate good hand washing technique
- Explain situations where gloves should be worn
- Demonstrate proper use and disposal of gloves
- Discuss disposition of contaminated equipment, linens
- Discuss what to do if exposure to blood or body fluids occurs
- Discuss use of hand sanitizers

Evaluation

- Trainee must explain the need for Infection control practices and facility policy
- Trainee must describe how infections are spread
- Identify practices that prevent the spread of infection
- Explain the procedure for handling of contaminated equipment or linens
- Explain what to do if you are exposed to blood or body fluids

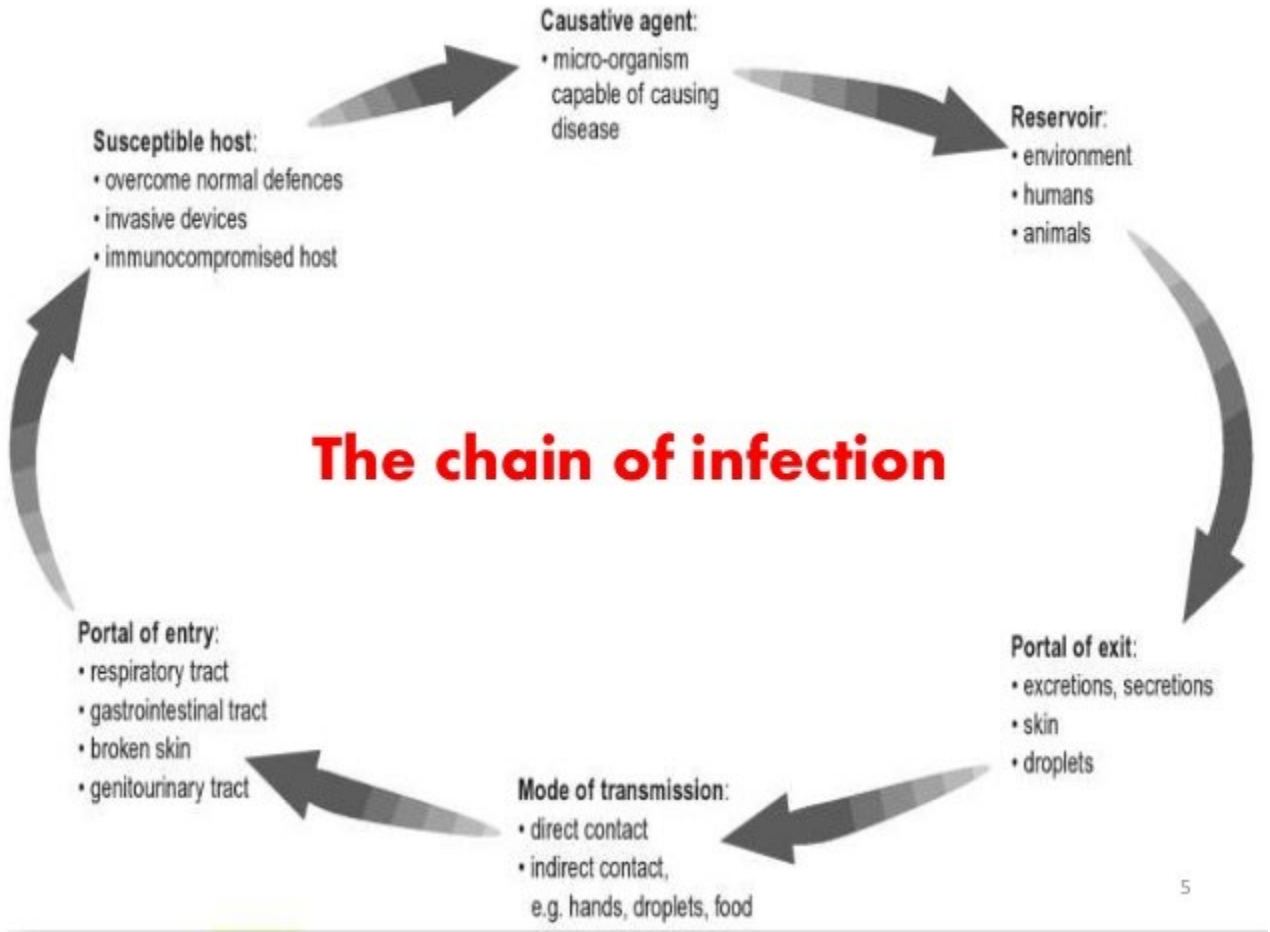
Discussion

Infection Control - Using Medical Asepsis & Universal Precautions

Staff/Host Home Providers must be responsible for protecting the individuals and themselves from infection. This can be achieved by utilizing good infection control practices.

Review how infections occur under the following circumstances:

1. An infectious pathogen (microorganism that causes infection) is present.
2. There is a reservoir (place) in which the pathogen can grow (i.e., human tissue).
3. There is a way that the pathogen can leave its reservoir through a portal of exit (i.e., blood, break in skin, respiratory, gastrointestinal, urinary and reproductive tracts).
4. There is a way the pathogen is transmitted (i.e., through the air, direct contact, contact with contaminated equipment, water, food).
5. There is a place for the pathogen to enter / portal of entry (i.e., break in the skin, through the respiratory system).
6. A new reservoir (host) that is susceptible to the pathogen (i.e., the elderly, at times, cannot fight infection as well as others)



Using medical asepsis (keeping free of disease-producing microorganisms) and the Blood borne Pathogen Standard issued by the Centers for Disease Control and Prevention (CDC) helps to prevent the spread of infection. This standard requires all health care workers to consider the body fluids of all individuals as potentially contaminated with communicable blood borne organisms by use of Universal Precautions.

Explain that Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for Human Immunodeficiency Virus (HIV), Hepatitis B Virus (HBV), and other blood borne pathogens. Review the common aseptic practices that should be practiced in all settings to prevent the spread of infections.

• **<u>Always wash hands</u> after urination, bowel movements and changing of sanitary products**

- Wash hands when there is any contact with a body fluid or substance (i.e. blood, urine, feces, vomit, saliva, respiratory secretions, any other body fluid or drainage)
- Wash hands before preparing or eating food
- Cover the mouth and nose when coughing or sneezing
- Practice good daily hygiene

One of the most important (and easiest) ways to prevent infection is hand washing. Hands are one of the most common transmitters of pathogens from one individual or item to either yourself or another individual. Hands should be washed BEFORE and AFTER providing any type of care.

Hand Washing Procedure

1. Make sure that soap, paper towels, and a wastebasket are available.
2. Move watch and sleeves (if applicable) up arms approximately 5 inches.
3. Turn the faucet on using a paper towel and adjust water temperature for comfort.
4. Toss the paper towel into wastebasket.
5. Wet the wrists and hands thoroughly, keeping them below elbow level to keep microorganisms from moving up your arms.
6. Dispense soap.
7. Lather hands and wrists by rubbing palms together for at least 20 seconds.
8. Wash each hand and wrist and between the fingers. Underneath the fingernails can be cleaned by rubbing the fingertips against the palm of the opposite hand.
9. The fingernails should be cleaned with the first hand washing of the day and if the hands become very soiled.
10. Rinse wrists and hands maintaining them at a lower level than the elbows.
11. Repeat steps 6, 7, 8, and 10 if required.
12. Pat dry with a paper towel starting at the wrist and moving down to fingertips of each hand.
13. Discard the paper towel.
14. Use a dry clean paper towel to turn off each faucet.
15. Discard paper towels in wastebasket.

Other Procedures for Maintaining Asepsis Including Universal Precautions

1. Use disposable items (i.e. medication cups, drinking cups, thermometer sheaths) once per individual and dispose of the items per facility policy.
2. Wear gloves ANY TIME there may be contact with blood, any body fluids, and mucous membranes (i.e., urine, feces, vomit, vaginal secretions, and respiratory secretions).
3. Use gloves when instilling eye or ear medications. Make sure you have verified whether the individual is allergic to latex prior to using a latex glove. (Be sure to wash off powder from gloves)
4. Wear gloves any time there is contact with items soiled by anything mentioned in #2 (i.e., soiled lines, equipment).
5. Wear gloves if you have any openings in your skin.
6. Change your gloves after contact with each individual.
7. Never wash your gloves. Dispose of them after each use.
8. Wash your hands after removing the gloves.
9. Place any linen that have been soiled with blood or anybody substances in leak-resistant bags. Carry dirty linens away from your body.
10. Follow facility policy for disposal of any contaminated waste, red bags as well as sharps containers.
11. If you should have any direct contact with blood or body fluids, wash your hands and/or other place where your skin is exposed.
12. If you have any open skin conditions, discuss with the RN.
13. If you would have any direct exposure to blood or body fluids, notify the RN.

Use of Hand Sanitizers

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

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

Medications

Medication: A medication is a substance that is taken into or placed on the body that does one of the following things:

- Treat disease or illness- For example, antibiotics are given to cure an infection.
- Treat symptoms- For example, pain relievers are given to reduce pain.
- Prevent disease - Vaccinations are given to prevent diseases.
- Promote or maintain normal body functions- Vitamin supplements
- Aid in diagnoses- For example, laxative before colonoscopy

Administration:

- Assisting an individual with medication according to a physician or other authorized practitioner. This can be the ingestion, application, inhalation, vaginal and rectal insertion medication, using universal precautions.
- Following the direction as written on the medication order and prescription label.
- Documenting the medication, time, and amount but not making judgements or assessments of individual's condition and medical needs.
- Medication Timing Options
  If the doctor states give medication at 8am – the med will be scheduled at 8am
  If the medication order is written as AM or PM without a specific time agency will designate the specific time the medication will be given.
  Medications should be given within one hour before/after the time of administration. If the medication is not administered within the time frame NOTIFY NURSE.
  The individual has the right to refuse the medication.

Monitoring:

- Reminding an individual to take medication at the proper time and route.
- Handing an individual a container or package of medication that has been labeled by a licensed or medication qualified individual for the individual.
- Observing an individual to ensure the medications were taken, documenting compliance with each medication, notifying proper person, supervisor, nurse or doctor of the individual's refusal to take medication or inability to take medication.

Self-administration:

- An individual is able to take medication without assistance of another person. Medication Reminder Box (MRB) may be used and a medication support plan should be in place to support individuals who self-administer their medications. The individual is completely responsible for taking his/her own medications. Staff is not involved other than to ensure safety of other individuals and encourage notification of updated information. There is no requirement for daily documentation. There should be a note on the plan of care at least once yearly, updated as appropriate, documentation the facility's knowledge of medications being self-administered. If a facility administers some medications and individual self-administers some medications the facility must have written physician approval for each self-administered medication.

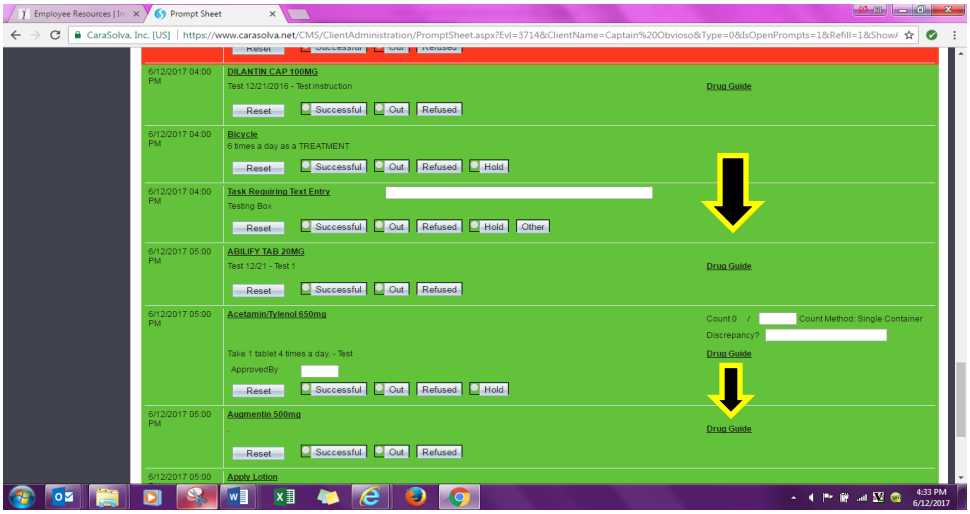
Seven Rights of Medication Administration

It is important to follow the seven rights of medication administration to ensure medications are given accurately and that the right of the individual taking the medications is respected.

1. Right individual
2. Right medication
3. Right dose
4. Right time
5. Right route
6. Right documentation
7. Right to refuse

Medications that are ordered to be given "am" or "pm" do not have a time indication set by the prescribing authority; however, the time is required for each med to be administered. Medication to be given after meals, before meals or on empty stomach should be followed as ordered. Imagine uses CaraSolva, which provides a

"Drug Guide" to help inform you about the medication you're administering. Please see The Drug Guide for what the drug is what is being used for, what are the side effects and adverse reactions you should watch for. If the drug guide through CaraSolva is not an option please utilize the drug information books or online at www.drugs.com



Chapter 1 Review

- Universal Precautions
- Hand Washing
- Review Medications

List three reasons why … A medication is taken and/or placed on the body?

_____

_____

_____

Define the three points of "medication administration"?

-
-
-

What are the seven rights of medications administration?

1.
2.
3.
4.
5.
6.
7.

When administering medications who is responsible for your actions?

What is one of the easiest ways to prevent infection?

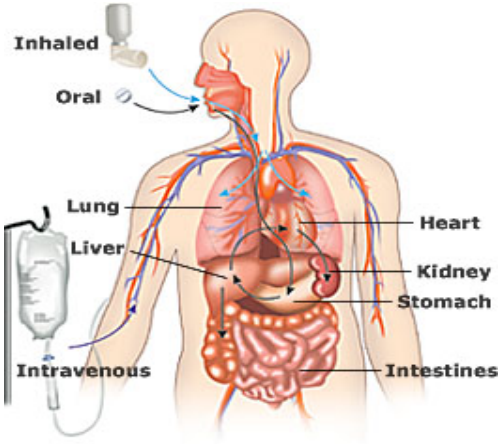
When providing any type of care what should be done before and after?

Gloves don't have to be changed out after each individual's medication administration, just after completion of medication administration? ◊T ◊F

Chapter 2
How Medications Work in the Body

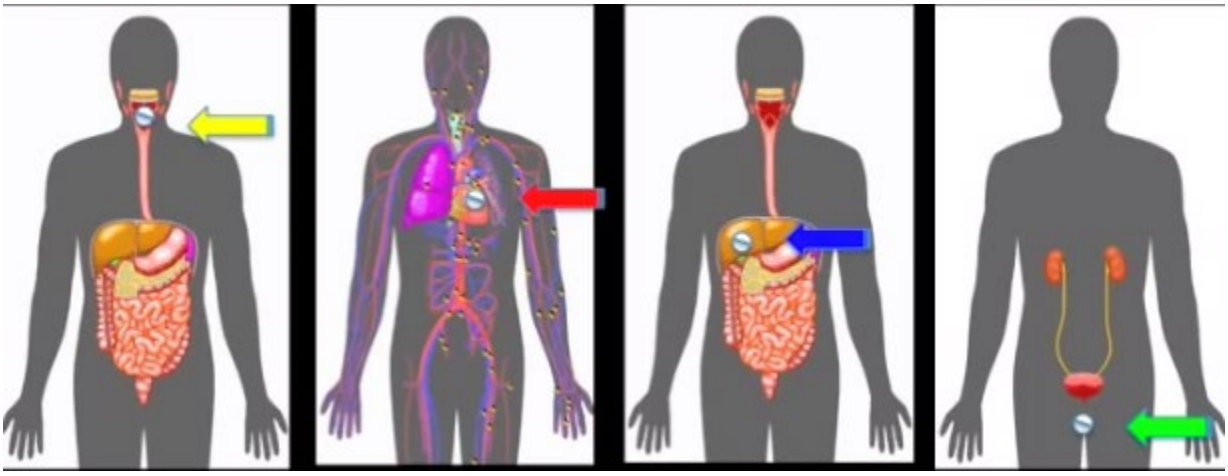
Medications enter the blood stream by different routes.

- Oral medications move through the digestive tract and enter the bloodstream through the intestines.
- Inhaled medications are absorbed through the lining of the respiratory tract into the blood.
- Topical medications are absorbed through the skin and into the blood.



As medications make their way through the body, many steps happen along the way. There are four major steps in this process:

The Life of a Drug

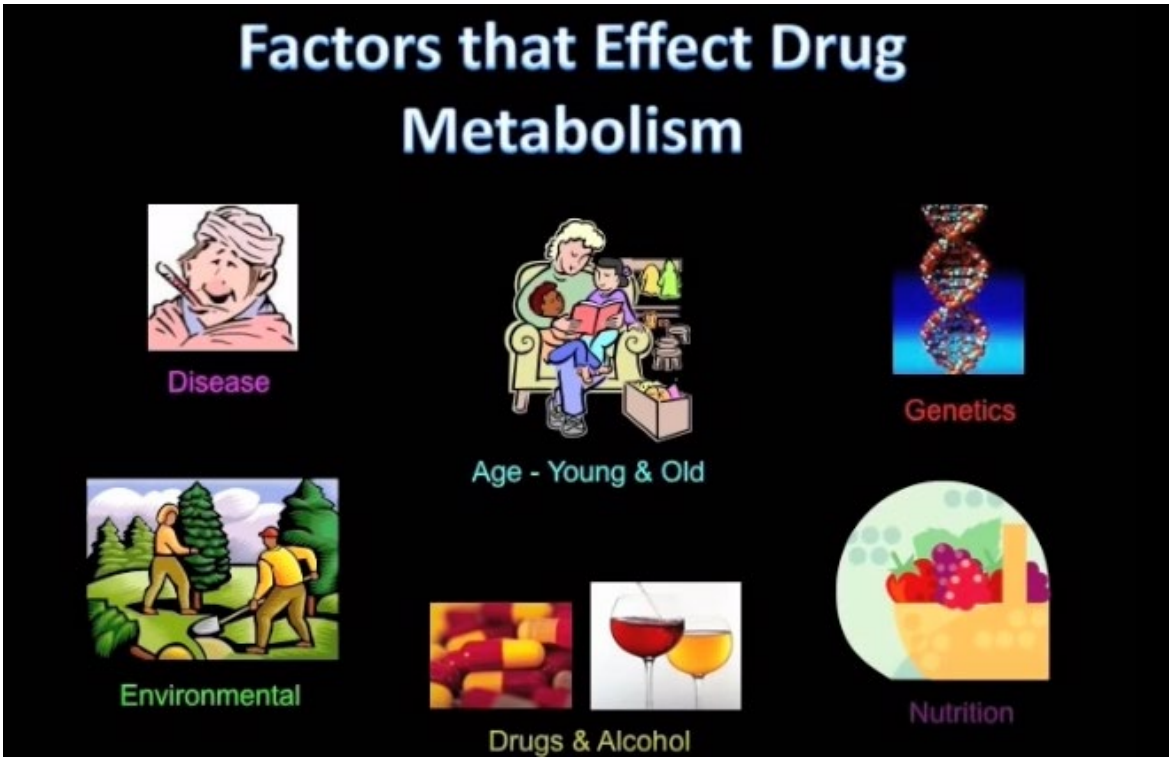


Absorption:	Distribution:	Metabolism:	Excretion:
Site of administration to blood	Blood to site of action (target organ)	Biotransformation of drug	Removal of drug from body

- **Absorption:** Getting into the blood stream- Once oral medications are taken, they move through the digestive tract and taken up by internal organs like the stomach and small intestine. Often, they are then sent to the liver, where they may be chemically altered before they are released into the bloodstream.

- **Distribution:** Carrying the substance to various parts of the body- As the bloodstream carries medicines throughout the body; the drugs can interact with many tissues and organs. Side effects can occur if the drugs have unintended effects anywhere in the body.

- **Metabolism:** Biotransformation- Chemical change at the liver- Most drugs taken by mouth enter the stomach or small intestine and then are sent to the liver, where they may be chemically altered. The liver contains protein molecules called enzymes that chemically modify drugs and other non-food substances. The chemical alteration of a medicine by the body is called drug metabolism. Often, when a drug is metabolized by the body, it is converted into products called metabolites. Usually, these metabolites are not as strong as the original drug. But in some cases, they can have effects that are stronger than the original drug. For example, codeine in the prescription pain killer Tylenol#3 becomes fully active only after the medicine is metabolized in the liver. Because most drugs and other "foreign" substances are broken down in the liver, the liver is known as a "detoxifying" organ. As such, the liver can be prone to damage caused by too much medicine in the body. Drug metabolites often return to the liver and are chemically altered once again before they exit the body. It is important that people on long term use of medication have their liver function tests (LFTs) done as recommended by their physician or other authorized practitioners.



- **Elimination:** Exiting the body- After a drug's metabolites have circulated in the bloodstream, where they work as medicine, the body eliminates them the same way it eliminates other wastes—the kidneys and GI system work to eliminate these wastes from the body urine and feces. Age-related changes in kidney function can have significant effects on how fast a drug is eliminated from the body.

Medication Routes

Ingestion:

- Oral tablets, capsules or liquids
- Lozenges (in the mouth, not swallowed)
- Sublingual tablets (under tongue, not swallowed)

*No crush or chew medications:

- Sublingual (SL)
- Extended release (XR, ER)
- Sustained release (SR)
- Controlled release (CR)
- Long acting (LA)
- Enteric coated (EC)

Application:

- Topical, skin ointments, gels, lotions
- Skin sprays
- Throat gargles
- Transdermal skin patches
- Ophthalmic, eye ointment or drops
- Otic, ear drops
- Nasal, nose drops or nasal sprays

Inhalation:

- Inhaler
- Nebulizer

Insertion:

- Rectal suppositories or cream
- Vaginal suppositories or creams

Common Medication Forms

There are several different forms, sizes, and shapes of medication, which can impact on ease of swallowing, tolerance, as well as absorption. Five main categories of medication forms are as follows:

Solid:

- Tablet – compressed powder form of medication that can be in different sizes and shapes, usually round or oblong. May be swallowed, chewed, crushed or administered sublingually depending on medication.
- Scored tablet – a tablet that has an indented line across the middle to facilitate in breaking it in half. Some may have an indented cross line to facilitate in dividing it into quarter.
- Enteric coated – a hard, smooth coating on tablets and caplets to protect stomach lining. NOT to be crushed.
- Caplet – a tablet that is shaped like a capsule for ease in swallowing. Some caplets are time released and not supposed to be crushed.

Semi-solid:

- Gel cap – liquid medication enclosed in a thick gelatin cap. Not designed to be opened or crushed.
- Capsule – gelatin container filled with powder. Some may be opened to sprinkle on food.
- Suppositories – semi-solid vaginal or rectal medications melted at body temperature and absorbed into body tissue.
- Lozenges – hard candy form that can be dissolved in the mouth.

Liquids:

- Syrup – liquid preparation that is water and sugar/starch based. Does not need to be shaken
- Suspension – liquid preparation that is usually water based with a powdered medication in it. Needs to be shaken prior to pouring.
- Elixir – liquid preparation that is alcohol based. Does not need to be shaken.

Topical:

- Transdermal patches: medicated adhesive pad applied to skin.
- Lotion: with or without oil.
- Cream: water or low oil.
- Ointment: oil based.

Inhalant/Aerosol/Spray:

- Aerosols – fine spray particles that suspended in gas to be absorbed by respiratory tissues.
- Sprays – liquid medications dispensed that propel into spray for topical use or other body cavity use.
- Inhalants – fine aerosolized medication designed to be inhaled into the lungs.

Medication Dosage

The dose is the amount of drug taken at any one time. This can be expressed as the weight of drug (e.g. 250 mg), volume of drug solution (e.g. 10 mL, 2 drops), the number of dosage forms (e.g. 1 capsule, 1 suppository) or some other quantity (e.g. 2 puffs).

Metric system is used for medication dosing. Below are a few examples and their abbreviation:

Cubic centimeter = cc
Milliliter = ml
Milligram = mg
Microgram = mcg
Gram =G or Gm
International Unit = IU
Milliequivalent = mEq (concentration of electrolytes that are often expressed as mEq per liter

Note: CC = ml mg ≠ ml

Dosage is based on the individual's:

- Age
- Weight
- Gender
- Ethnicity
- Liver and kidney function
- Smoking status
- Other medications

Dosage is always determined/ordered by MD or prescriber, as no two people have the same need, tolerance or metabolism for one drug.

Dosage instructions are written on the doctor's prescription, on medication administration record (MAR), and on the pharmacy label of a prescribed medicine. Dosage instructions are found on the manufacture label of over-the-counter medications, but a written order by the prescribing doctor is required.

The optimal dosage is the dosage that gives the desired effect with minimum side effects.

Dosage and frequency are determined by:

- Time of absorption- how long it takes for drug to get into the body.
- Duration of action- how long it will take to be effective.
- Rate of elimination- how long it takes to eliminate from the body.

QMAPs should NEVER change or alter dosage of a medication without a written order from a physician or other authorized practitioners. When in doubt about a medication or dosage, call a physician or a nurse for advice.

Medication Actions

Medication has local and or systemic drug actions:

- **Local drug actions**: Drug actions are on specific tissues or body part rather than on the whole body.
- **Systemic drug actions:** Drug actions that affect the whole body or at least multiple organ systems.

Effects of Medication

Desired or Therapeutic effect -producing a useful or favorable result or effect intended.

Side effects- Side effects are natural, expected and predictable actions of the drug that may occur at the same time as the desired effect. Most side effects are minor and non-harmful (e.g. nausea, vomiting, diarrhea, constipation, dry mouth). For example: dry mouth and or drowsiness are considered the side effects of an antihistamine.

Adverse reactions: abnormal, unexpected and considered harmful or even dangerous (e.g. tachycardia, bradycardia, steep fluctuation of blood pressure, arrhythmia, cardiac arrest, liver disorder, hallucinations, severe allergic reactions or anaphylaxis).

Anaphylaxis: a severe and most dangerous type allergic reaction, potentially life-threatening. It can occur within seconds or minutes of the exposure. Anaphylaxis can cause the body to release a flood of chemicals that can cause the blood pressure to drop suddenly, swollen air way that blocks the breathing. Signs and symptoms include rapid and weak pulses, skin rash, nausea and vomiting. Anaphylaxis requires an injection of epinephrine (Epi-pen) and follows up at the emergency room. If Epi-pen is not available, call 911 immediately. It can be fatal if anaphylaxis is not treated right away.

An allergy is a reaction that occurs as the result of an unusual sensitivity to a medication or other substance. Allergic reactions can include rashes, swelling, itching and sometimes can be life threatening.
Document all allergies in the individual's record, or document "No Known Allergies", if the individual does not have any allergies. All allergic reactions or suspected reactions should be reported promptly to the supervisor, nurse, physician or pharmacist according to facility policy.

Drug Interactions

Drug interactions may result when two or more drugs taken together affect each other's action in some way. One or both drugs may become more or less effective, or undesirable actions may occur. The frequency of drug interactions increases with the number of mediations. Drug interactions fall into three broad categories:

Drug-drug interactions: occur when two or more drugs react with each other. This drug-drug interaction may cause an unexpected side effect. For example, mixing a sleep (a sedative) and an allergy (an antihistamine) can cause drowsiness, slow reactions, and make driving a car or operating machinery dangerous.

Drug-food/beverage interactions: result from drugs reacting with foods or beverages. For example, mixing alcohol with some drugs may cause tiredness or slow reactions. Drugs can also interact with food (drug-food interactions). Some drug absorption is increased by food. Therefore, these drugs are taken with food in order to increase their concentration in the body and, ultimately, their effect. Conversely, when a drug's absorption is reduced by food, the drug is taken on an empty stomach. Pharmacies usually provide label if medication is supposed to be given with food so make sure to follow directions on pharmacy label. Many dietary supplements and vitamins can interact with anticoagulants and can reduce the benefit or increase the risk of warfarin. Avoid garlic, ginger, glucosamine, ginseng, and ginkgo because they can increase the chance of bleeding. Some cholesterol medications [atorvastatin (Lipitor), lovastatin (Mevacor), simvastatin (Zocor)] are not to be given with grape fruit or grape fruit juice because grape fruit or grape fruit juice has a compound that can increase absorption of the drug and makes it more powerful than it meant to be and even toxic for the body.

Drug-condition interactions: may occur when an existing medical condition makes certain drugs potentially harmful. For example, nasal decongestant can increase blood pressure further for those who have that existing condition of hypertension.

Drug interactions are not always bad; in fact, some are brought about intentionally to increase the therapeutic effect of certain drugs.

Polypharmacy- Polypharmacy is the use of four or more medications by an individual, generally adults aged over 65 years. Polypharmacy is most common in the elderly, affecting about 40% of older adults living in their own homes. About 21% of adults with intellectual disability are also exposed to polypharmacy.

Chapter 2 Review

- How Medications Work in the body
- The Life of a Drug
- Medication Routes
- Common Medication Forms
- Medication Dosage
- Medication Actions
- Effects of Medication
- Drug Interactions

List the 4 major steps medications make their way through the body.

_____Getting into the bloodstream.
_____Carries the substance to various parts of the body.
_____Removal of drug from the body.
_____Biotransformation – chemical change of the drug.

List the four routes of medication.

1.
2.
3.
4.

Identify the route of medication by its definition

_____In the nose
_____Inhaled in the lungs
_____Applied to the surface of the skin
_____In the eyes
_____Under the tongue
_____In the mouth and swallowed
_____In the ears
_____In the vagina
_____In the rectum

QMAPS can alter the medication dosage at any time, as long as they notify the nurse? ◊T ◊F

Identify the medication form.

_____Semi-solid medication, melts at body temperature.
_____Contains time released medication.
_____Rubbed onto the skin.
_____Compressed form of drug.
_____Must be shaken before pouring.
_____Medicated adhesive pad applied to the skin.
_____Hard candy form that dissolves in the mouth.

Name the three locations dosage instructions are found for prescribed medication?

_____
_____
_____

What is the number of medications an individual needs to be taking to be considered “Polypharmacy”?

Chapter 3
Orders for Medications and/or Treatments

The items below should be followed whenever the individual attends a physician or other authorized practitioner (e.g. dentist, physician assistant, nurse practitioner podiatrist, and psychiatrist) appointment and new orders, or changes are given.

There should be written documentation of all physician or other authorized practitioners visits! This documentation should include the date of the visit (month, day and year) and the signature of the physician or other authorized practitioner.

1. All medications or treatments (new, changed or discontinued) must have a written and signed order from the physician or other authorized practitioner (the script). The physician or other authorized practitioner may write a prescription that the staff or provider may take to the pharmacy to fill (staff will need to get a copy of the prescription for the agency records), or the physician or other authorized practitioner may phone the pharmacy with the medication order and give the staff or provider a written order in different format. The script may also be for treatment and therapy and must be given to the agency that will provide services i.e. physical therapy or for a new walker.

    a. A script from a physician must have the date that the script was written. Many scripts include the number of refills that the physician will allow from the script. Once the number of refills have been filled, the script is no longer valid, it has expired and **a new script must be obtained**. If the script is a PRN medication, it will expire in one year from the writing of the script. Medications expire. The date for the expiration of medication is noted on the medication bottle or bubble pack. If there is medication remaining on the expiration date of the med, the med must be properly disposed of and a new supply obtained from the pharmacy or store (for OTC).

    b. If a refill of a medication must be requested (not supplied on a monthly basis from pharmacy) the refill should be requested 7 to 10 days prior to the day the last pill/medication will be administered. This ensures that there is time to obtain the new supply of the medication and eliminates the possibility of a gap in medication administration.

2. Staff or host home providers may <u>NOT</u> take a prescription order from the physician or authorized practitioner over the phone. They may either:
    a. Take an agency order form to the physician's or other authorized practitioner's office and ask him/her to write out and sign the order;
    b. Call the agency nurse who will then phone the physician or other authorized practitioner for the medication order and notify the staff or provider of this order (in writing); or
    c. Ask the physician or other authorized practitioner to fax the order to the staff or provider.

3. All medication or treatment orders from the physician or other authorized practitioner should be started in a timely manner. If any concerns, contact the agency nurse, physician or other authorized practitioner.

4. The agency nurse is responsible for ensuring that all orders, physician or other authorized practitioner's, are communicated to direct care providers and placed in the proper place for documentation such as the MAR/eMAR.

5. If an order for crushed meds (swallowing issues) insure pill splitter, mortar and pestle are cleaned appropriately to avoid contamination with other medications

Dose vs. Strength

A dose is the amount of medicine which has been prescribed for someone to take. Strength refers to the power of the drug itself, both in its healing ability and in its side-effects. The greater the strength of the medicine, the smaller the dose needs to be.

For example a medication like valium (diazepam) is usually given in anywhere from a 1 mg to a 10 mg dose because the strength or concentration of the drug is high. Whereas a medication like Tylenol (acetaminophen) is given from 325mg to 1000 mg dose because the strength or concentration of the drug is lower.

*note that these medication may be given in different doses and that the example doses above are being used as a for instance.

"Dosage" is measured by systems – The Metric System and the Household System are the most widely used. Household equivalents are sometimes used, but care must be taken to use standard measuring devices (e.g. measuring spoons). Never use serving spoons, tableware etc. due to the variation in amounts they hold (e.g. a tableware teaspoon may hold anywhere from 4-7ml.)

Please notice the difference in size of the spoons displayed

WEIGHTS & MEASUREMENTS ABBREVIATIONS

Abbreviation	Meaning	Abbreviation	Meaning
cc	Cubic centimeter	tsp	teaspoon
ml	Milliliter	Tbsp	tablespoon
Gm	Gram	oz	ounce
kg	kilogram	mEq	milliequivalent

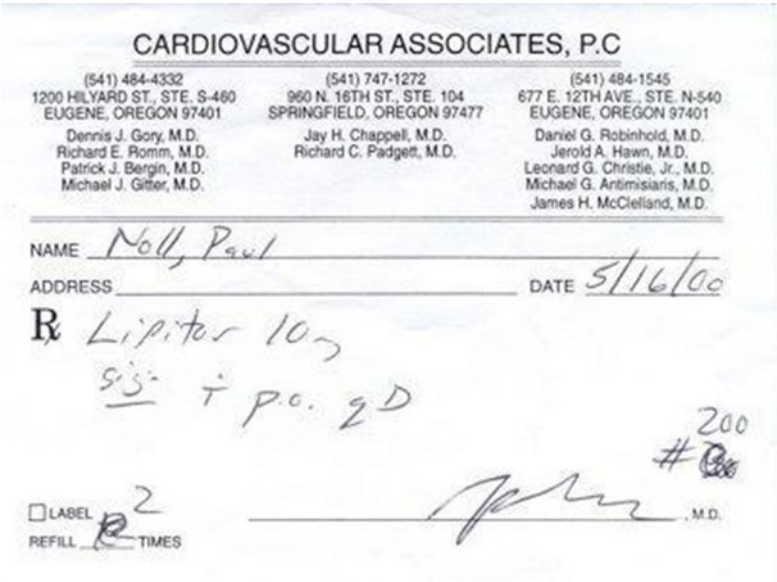
1. The Metric System includes:
   cc = cubic centimeter (no longer used as often)
   ml = milliliter
   mg = milligram
   mcg = microgram
   G or Gm = gram
   International Unit = IU
   Milliequivalent = mEq (concentration of electrolytes that are often expressed as mEq per liter, which is a measurement of the chemical combing power of the electrolyte in the fluid)

2. It is best to use standard measuring devices such as measured medication cups, a medication spoon, or a medication syringe (contains no needle). Syringes and medication cups show mL, cc's, teaspoon and/or tablespoons.

COMMON MEDICAL ABBREVIATIONS

Abbreviation	Meaning	Abbreviation	Meaning	Abbreviation	Meaning
ac	Before meals	Q	Every	oint or ung	Ointment
pc	After meals	Qd	Every day	sup	Suppository
bid	Twice a day	Qh	Every hour	sol	solution
tid	Three times a day	q6h	Every 6 hours	tab	Tablet
qid	Four times a day	Qod	Every other day	cap	capsule
HS	Hour of sleep	Prn	As needed	gtts	drops
H	hour	C	With	x	times
DC	discontinue	S	without	XL/XR/ER	Extended release

Abbreviation	Meaning	Abbreviation	Meaning
Ophth	Ophthalmic	Otic	Ear
OU	Both eyes	SL	sublingual
OS	Left eye	Buccal	Between cheek & gum
OD	Right eye	(R)	Right
PO	By mouth	(L)	Left
TP	Topical	IM	intramuscular



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NAME Noll, Paul
ADDRESS
DATE 5/16/00
℞ Lipitor 10 mg
sig: 1 p.o. qD
#200
LABEL
REFILL 2 TIMES
M.D.

** Review actual scripts for medications and services.

Medication Order Practice

From the above order, please answer the following questions:

How often is this medication given in a day?

How many times can this prescription be refilled?

What is the route this medication is to be taken?

What is the total dose given for the whole day?

Chapter Three Review

- Orders for Medications and/or Treatments
- Dose vs Strength
- Dose practice
- Weights, Measurements & Abbreviations

Providers and/or staff may take an order over the phone, as long as the doctor is on the other end? ◊T ◊F

When administering a liquid medication any spoon will work? ◊T ◊F

Fill in the missing abbreviations on the table below.

Abbreviation	Meaning	Abbreviation	Meaning	Abbreviation	Meaning
	Before meals		Every		Ointment
	After meals		Every day		Suppository
	Twice a day		Every hour		solution
	Three times a day		Every 6 hours		Tablet
	Four times a day		Every other day		capsule
	Hour of sleep		As needed		drops
	hour		With		times
	discontinue		without		Extended release

What type of surface should be used when pouring a medication into a medication cup?

Dose Practice

Answer the following questions about the appropriate dose.

John received a new order from his doctor for vitamin D. He is to take two 1000 IU capsules by mouth twice a day for a vitamin D deficiency.

1. How many IU's is John taking per administration time?
2. What is the total dose of vitamin D in IU's for the whole day?

Sherry went to her psychiatrist and was prescribed 200 mg of Seroquel PO TID.

1. How much Seroquel will she receive at each administration time?
2. What is the total dose of Seroquel for the entire day?

Chapter 4
Documentation Medication Administration Record

OBJECTIVES:
After studying this, the student will be able to:

- Demonstrate accurate documentation of medication administration on a MAR
- Describe the importance of confidentiality in documentation that is becoming part of an individual's chart.
- Identify the rules of documentation
- Document correctly the medications given.
- Demonstrate knowledge of the correct procedure involved in error documentation and reporting.

INTRODUCTION

Whenever medications are administered, the individual administering the medications must accurately document the event. The MAR is most frequently used for documentation by the unlicensed personnel. The individual's chart contains a collection of facts regarding this individual. This record is confidential. Materials and entries made in this chart should be accurate. The unlicensed personnel need to know their limitations, and understand how their limitations could affect their practice.

All that you have already learned and all that you will learn in this course finds its expression in a single document: - the individual's medical record. Each time you handle this record, remember that it is a legal summary of the occurrences and situations pertaining to the individual's care. When an individual places his/her life in the hands of a health-worker, he/she should be able to reasonably expect that his/her life and other human rights will be protected from inadequate care. If the caregiver does not meet this legal duty of "reasonable care", and if consequently some harm does come to the individual, the caregiver may be held liable as negligent. You should be aware that negligence may be the failure to give any care, or it may be the giving of poor care. A medical or health record is the collection of all pertinent facts of the individual's life history, his/her illnesses, and treatments given. Medical records are an important tool in the practice of medicine, nursing, and care in general. These records serve as a basis for planning care. They provide a means of communication between the MD and other workers. They furnish documentary evidence as to the course of illness and treatment. In addition, they serve as a basis for review, study and evaluation of health care rendered.
Each facility has records and other forms which meet its needs. You are responsible for using whatever types of records and forms currently used in your place of employment. Great care must be taken to ensure the accuracy of the record as it can be admitted into a court of law as evidence of the treatment and care that a individual received or did not receive while at an agency or facility. The record must be preserved for many years. You should record observed facts and not inferences and judgments.
Remember that the record is confidential in nature and its contents should neither be shown nor discussed with anyone not administering care to the individual.

The Medication Administration Record (MAR)

The column named medication lists all medications that have been administered to the individual during that particular month. The listed medications are from the PCP's orders.
Transcribing is copying the PCP's orders or onto the medication administration record.
The hour column of the medication record simply tells at what times the medications are to be administered. Unless the PCP specifies times to administer a medication, each facility sets up its own schedule of administration times.

POINTS TO REMEMBER: 

1. No one can receive a medication without an authorized prescriber order, including over-the counter (otc) drugs. OTC drugs are those anyone can purchase off the store shelves - not from a pharmacy.

2. This order is then transferred to a Medication Administration Record (MAR).

3. This MAR is used in preparing and administering the medications. The MAR should contain the following

    a. individual's full name
    b. the name of the medication ordered
    c. the dosage of the medication
    d. the hours to be administered :
    e. the route of administration
    f. any specific directions necessary for the medication administration
    g. the date the medication was ordered
    h. the date the medication should be discontinued

4. Each time a PRN (as needed)medication is given the above items apply, as well as the staff or other provider will note the reason the PRN medication was given and the results of the medication.

5. In addition, the Electronic MAR/ Paper MAR has a place to sign initials after every medication administration plus an area for the complete signature and title of the individual giving the medication. The MAR remains with the medication until it has been administered. The MAR is used for document the medication has or has not been administered.

6. The MAR should be kept in a place where it is readily available. The documentation is accomplished immediately **after** the individual takes the medication. Never document that a medication was taken before actually giving it to the individual.

7. The medications are dispensed by the pharmacy and **must remain in the original container** with the following information on the label:

    a. individual's name
    b. medication name
    c. strength/dosage of medication
    d. route
    e. frequency
    f. prescription number
    g. quantity issued
    h. expiration date
    i. pharmacy name, address and phone number
    j. date medication dispensed

8. Changes in medication orders i.e. stop a medication require a written physician's order. **Verbal and phone orders cannot be accepted by a QMAP**. Facilities may accept faxed orders from a physician, nurse practitioner or physician assistant but may **not** accept faxes from a pharmacist, unless it is a copy of a signed physician order.

DOCUMENTATION RULES
Below are listed general rules that are applicable to documentation on the MAR.

1. An authorized individual should complete the medication column. Make sure you are familiar with the medications listed, doses ordered, (abbreviations are discouraged.)

2. Entries on the paper medical record must be legible, in permanent ink, blue or black and all entries must be recorded exactly how the prescriber has written.

3. For each medication administered by you, your initials must appear below the correct date and opposite the medication administered.

4. Your initials and full signature must be found in the designated space on the medication administration record sheet (Paper MAR). Your title must be written or abbreviated following your signature. The electronic MAR also has a designated space for your information.

5. **Do not erase or use "white-out"/liquid eraser**. If the chart is called into court, erasures provider reason for legal questions to be raised. If you make an error in recording, **draw a single line through the error and write above the line your initials and date the "error" and, if possible, explain the reason for the "error".**

6. Record **immediately after** administering the medication on the Medication Administration Record (MAR). This is the only way you can be sure that you are documenting the right medication, the right dosage, given to the right individual, at the right time, for the correct duration, and by the right route.

7. If a medication cannot be administered as ordered due to a contraindication, print your initials in the appropriate box, circle the initials, and note reason for withholding in on back of the MAR. Notify your Nurse, or HHC immediately regarding your actions and reasons for withholding.

8. If the individual refused the medication, after three (3) attempts within the designated time frame, place a circle in the appropriate box. Write your initials inside the circle and document the reason for this refusal in the progress notes or on the back of the MAR. Notify the Nurse or PCP. The electronic MAR has options such as OUT, HOLD etc…

9. Remember that documentation is not done correctly unless it contains your initials, verified with full signature and on the MAR, when logged into an electronic MAR insure it is your account.

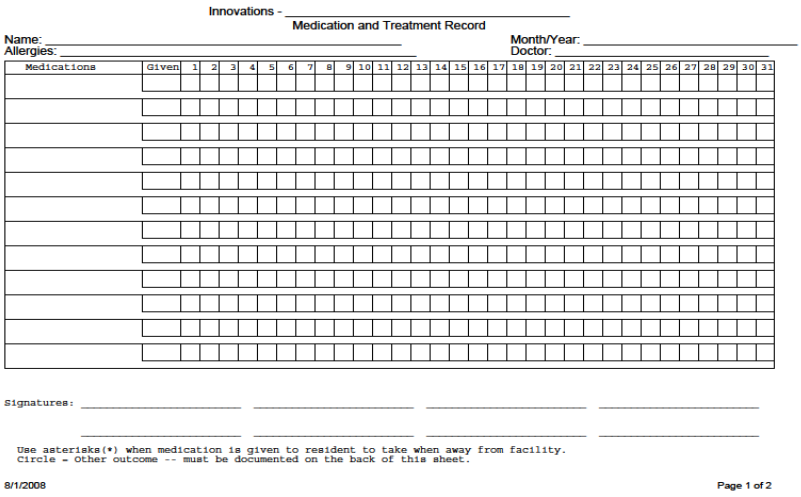
- Only document medications that **you**  administer or monitor.
- Initial medications given or monitored in the box for the corresponding date and time.
- Always use black or blue ink, never use pencil
- Never use white out or attempt to erase an error.

Always have a paper MAR backup just in case the internet goes down or there is loss of power.

DOCUMENTATION

Document on the individual's MAR. The information documented will include:

1. The medication given
2. The dosage given
3. The method of administration, e.g., oral or sublingual
4. The time administered
5. Documentation of the individual administering the medication of initials if a complete signature and title is recorded on the MAR
6. Observations, interventions and refusals



Innovations - _____

Medication and Treatment Record

Name: _____ Month/Year: _____

Allergies: _____ Doctor: _____

Medications	Given	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Signatures: _____ _____ _____ _____

_____ _____ _____ _____

Use asterisks(*) when medication is given to resident to take when away from facility.
Circle - Other outcome -- must be documented on the back of this sheet.

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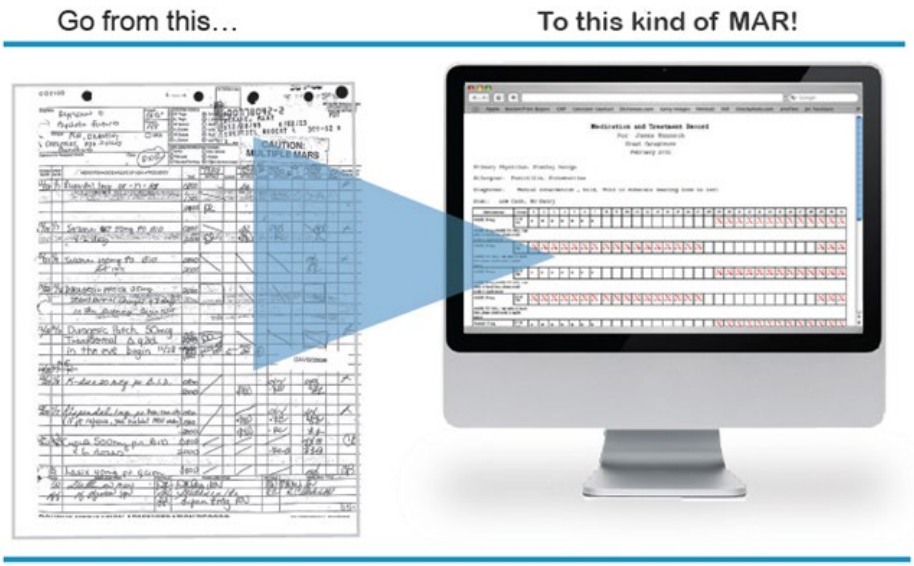


Chapter 4 Review

Documentation / MAR

What does MAR stand for?

What color of ink should you use on a paper MAR?

If a mistake is made while filing out the MAR it's okay to use white-out and start over? ◊T ◊F

Chapter 5

Administration of medications from Medication Reminder Boxes (MRB)

Successful completion of this course allows you to fill MRB's with supervision by a licensed professional or qualified manager. You cannot fill an MRB until you have *specialized training* to do so.

Regulations also allow medication reminder boxes used in designated facilities to be filled by the individual, the family or a friend.

Medication Reminder Box (MRB) is a container that is compartmentalized and designed to hold medications for distribution according to a time element such as day, week, or portions thereof. MRB's can be filled up to fourteen (14) days in advance.

Guidelines for filling MRBs – *REQUIRES SPECIALIZED TRAINING*

• There must be a complete label firmly attached to the box. This requires the name of the individual, the name of each medication, dosage, quantity, route, and the specific time that each medication is to be administered. If the design of the box does not permit firm attachment of the complete label, the MRB cannot be used by the QMAP

.

• There must be a MAR for recording all drugs placed in the MRB and monitored or administered by staff. A individual "self-administering" medications may fill his/her own MRB and utilize this method for storing medication prior to taking his/her medication.

• Medications that are "self-administered" from a MRB must be properly labeled but may not need to be documented on a MAR.

• If there is a physician ordered change in the individual's medications, the facility must stop the use of the MRB until the designated QMAP, nurse or family member/friend has corrected the MRB according to the new order.

• Certain medications may not be placed in a MRB:

- PRN medications
- liquid medications
- medications with special instructions, such as "30 minutes prior to lunch"
- powders, inhalers, ointments and creams

QMAP's "shall be familiar with the type and quantity of medication in each compartment of the box." If the QMAP suspects that the tabs/caps in the MRB are not consistent with the label on the MRB, the QMAP administering medications must not proceed with administration of medications from the MRB until the problem is resolved. The QMAP should not correct the discrepancy; a licensed individual, qualified manager or the QMAP who filled the MRB should resolve difference(s).

• A qualified medication manager must oversee a QMAP filling a MRB. The qualified manager should check the filling of the MRB's weekly during at least the first two (2) times the MRBs are filled by a new QMAP, or by a QMAP who is a new employee and periodically thereafter.

A qualified manager must be available for consultation whenever a MRB is being filled. There must be documentation of who filled the MRB.

• MRBs cannot be filled more than two weeks at a time.

1. Fill the MRB in a safe, quiet, secured area, free from interruptions from staff, individuals and telephone calls. This avoids errors caused by distractions

2. Check all MRBs prior to filling for cleanliness and good repair.

3. Fill the MRB for only one individual at a time.

Step 1: Cross-check the MRB label with the physician order, the MAR and the medication bottle or bubble pack.

a. The label on the MRB should reflect the exact number(s) of each tablet/capsule of medication being placed in the MRB

b. If the label on the MRB does not match the information on either the physician order, the MAR or the medication bottle, you must resolve the discrepancy before filling the MRB. This includes verifying that trade and generic names used are the same drug

c. Always ask for assistance when unsure of an order, a medication, a label or the procedure used in filling MRB's. You are responsible to know your facilities policies and procedures for filling and for administering or monitoring medications from MRB's

Step 2: Wash hands immediately before opening medication bottles.

a. Transfer medications from bottle lid to MRB. Never touch pills with bare hands.
b. Never touch the lid to the MRB with bare hands or other objects.
c. If desired, you may use clean tweezers in transferring medications from bottle lid to MRB; alcohol wipes are acceptable for cleaning tweezers

Step 3: Using an organized system, each medication on the MRB label is filled, one at a time, until all medications for the individual have been completed. Count the number of medications in the MRB and compare to the MRB's label.

Step 4: After filling is completed, count or estimate the number of pills remaining in the bottle/bubble pack. Enough medications should be in the bottle for at **least ten (10) days**, or reordering needs to be done. Find out from your facility your responsibility regarding the reordering of medications.

Filling an MRB requires specialized training – administering medications from an MRB can be done after you pass this class.

Chapter 5 review
MRB

If staff or provider administering medications notice an extra tablet in a compartment of the medication reminder box, staff should remove the extra tablet and administer the remaining medications. ◊T ◊F

Medication reminder boxes may be used for PRN medications. ◊T ◊F

The label on the medication reminder box gives the following information: Name of individual, name of medication, quantity to be given, and time to be administered. What information is missing?

Chapter 6
Types of Medication

Psychotropic Medications

Psychotropic medication is any medication capable of affecting the mind, emotions, and behavior. In other words, these medications alter the way the brain works and changes the way an individual acts, behaves, and feels. Informed consent is needed when these medications are used related to risk of side or adverse effects versus the benefit of changed behavior. Informed consents must include voluntariness, comprehension, and disclosure. The individual must be agreeable to take the medication, understand what the medication will do and also the possible side or adverse effects. In some cases, the guardian is the one who makes these decisions, but every effort should be made to involve the individual with decisions.

Antipsychotic Drugs

Antipsychotics, also known as neuroleptics, are a class of medication primarily used to manage psychosis (including delusions, hallucinations, paranoia or disordered thought), principally in schizophrenia and bipolar disorder. They are increasingly being used in the management of non-psychotic disorders including depression and other mood disorders. Antipsychotics are usually effective in relieving symptoms of psychosis in the short term. Antipsychotics can be used to treat schizophrenia, schizoaffective disorder, bipolar disorder, psychotic depression and treatment-resistant major depression. These are prescribed by a psychiatrist.

Examples of antipsychotics that you may administer are Zyprexa (olanzapine), Seroquel (quetiapine), Clozaril (clozapine), Latuda (lurisadone), Geodon (ziprasidone), Thorazine (chlorpromazine), Risperdal (risperidone), and Abilify (aripiprazole).

Side effects of Antipsychotics

The following are side effects of the medications that can be troublesome and annoying but do not have an adverse effect: nausea, sedation, weight gain, headaches, dizziness, diarrhea, anxiety, galactorrhea — unusual secretion of breast milk, gynecomastia – breast enlargement in males, sexual dysfunction, osteoporosis, and orthostatic hypotension. Anticholinergic side-effects are also possible and include blurred vision, constipation, dry mouth, and reduced perspiration.

Adverse side effects of Antipsychotics

Extrapyramidal side effects (EPS)

Characterized by akathisia - an often distressing sense of inner restlessness, inability to sit still
and dystonia - involuntary muscle contractions that cause repetitive or twisting movements.
Abnormal muscle movements, including flaccid and tense muscles can also be seen. The neck, tongue, jaw and eyes are most often affected and move from spasms of the muscles.

Parkinson Syndrome

This is more likely in the elderly and includes tremor, drooling, mask-like face, rigidity, impaired gait and coordination, loss of voice volume, and difficulty swallowing. Stooped posture with a shuffling gait is also a characteristic.

Tardive dyskinesia (TD)
Tardive dyskinesia may appear after chronic, and not acute treatment with antipsychotics. It is characterized by slow repetitive, involuntary and purposeless movements, most often of the face, lips, legs, or torso, which tend to resist treatment and are frequently irreversible. The rate of appearance of TD is about 5% per year of use of antipsychotic drug (whatever the drug used). Other medications are available to aid in controlling TD.

Neuroleptic Malignant Syndrome (NMS)
Neuroleptic malignant syndrome is a potentially fatal condition and needs to be treated as an emergency. The individual would need medical attention immediately. Symptoms include autonomic instability, which can display as tachycardia, nausea, vomiting, diaphoresis, hyperthermia- an elevated body temperature, mental status change (confusion, hallucinations, coma), and muscle rigidity. Immediate medical attention is needed.

Jaundice
Jaundice causes skin and the whites of eyes to turn yellow. The liver processes many products of the body and breaks them down. When the liver isn't working right, the products can build up and be deposited in different parts of the body. Seizure medications are processed by the liver and doses that are controlling seizures can also damage the liver. If the yellowing of skin or eyeballs is seen, this could be jaundice and the individual should be assessed by the nurse or prescribing provider.

Antianxiety/Sedatives/Hypnotics

This group of drugs can have different effects dependent on the dosage. Decreasing anxiety, producing a calming effect or mood, and inducing sleep can all occur with these medications. Benzodiazepines are the class of medication used to produce these effects, along with some other medications. Antianxiety drugs or anxiolytics are medicines that calm and relax individuals with excessive anxiety, nervousness, or tension, or for short-term control of social phobia disorder or specific phobia disorder. A sedative or tranquillizer is a substance that induces sedation by reducing irritability or excitement. A hypnotic or sleeping pill will help induce, sustain, or lengthen sleep and treat insomnia. Psychiatrists, primary care physician, or sleep specialist can prescribe these medications.

Examples of anxiolytic and sedative medications would be Xanax (alprazolam), Klonopin (clonazepam), Ativan (lorazepam), and Valium (diazepam). These are controlled medications which means federal and facility policies need to be followed for storage.

Hypnotic medications include: Ambien (zolpidem), Lunesta (eszopiclone) and Sonata (zaleplon). As with the anxiolytics, hypnotics are controlled, storage and documentation rules need to be followed.
Other medications used are melatonin, Desyrel (trazodone), and Elavil (amitriptyline). These medications may have another use but also help induce sleep or decrease anxiety.

Side Effects of Antianxiety/Sedatives/Hypnotics
Lethargy, cognitive impairment, daytime drowsiness, dizziness, and dry mouth are common symptoms of these medications. Most of the above medications are controlled meaning the potential for abuse is high. Physical dependency can occur as well as psychological dependency. If these medications are going to be stopped, they need to be weaned to avoid Withdrawal Syndrome which can include hallucinations, panic, nausea, tremor, anxiety, increased heart rate, muscle spasms. Seizures can also occur with abrupt decreases, and be deadly.

Antidepressants

Antidepressants are drugs used for the treatment of major depressive disorder and other conditions including dysthymia, anxiety disorders, obsessive compulsive disorder, eating disorders, chronic pain, neuropathic pain, attention-deficit hyperactivity disorder (ADHD), and sleep disorders. They may be prescribed alone or in combination with other medications. Psychiatrists or primary care physicians can prescribe these medications; therapy should be included in the care plan.

The classes of antidepressants include the selective serotonin reuptake inhibitors (SSRIs), serotonin–norepinephrine reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MAOIs), tetracyclic antidepressants (TCAs). St John's wort is also used in the treatment of depression. Examples of antidepressant medications that you may administer include: Zoloft (sertraline), Prozac (fluoxetine), Celexa (citalopram), Effexor (venlafaxine), Cymbalta (duloxetine) and Remeron (mirtazapine).

Side Effects of Antidepressants

Nausea, increased appetite and weight gain, loss of sexual desire and other sexual problems, such as erectile dysfunction and decreased orgasm, fatigue and drowsiness, insomnia, dry mouth, blurred vision, constipation, dizziness, agitation, irritability, increased anxiety, abnormal thinking, headache, sedation, tremor, sweating, diarrhea, and rash are all possible side effects of these medications. As these are bothersome effects, the dose or medication can be adjusted and the side effects will go away.

Withdrawal Symptoms

Antidepressants may cause withdrawal symptoms if abruptly discontinued. Withdrawal symptoms include nausea, vomiting, dizziness, headache, irritability, sleep disturbance, nightmares, psychosis, and seizures. The prescribing provider should taper off any medication being discontinued to avoid this.

Suicidal Thinking and Behavior

Antidepressants increased the risk of suicidal thinking and suicidal behavior. This usually affects younger patients. Along with medication anyone on an antidepressant should also have therapy of some kind to talk about any issues.

The medications mentioned above**: Antipsychotics, Antianxiety and Antidepressants** are all psychotropics and require an informed consent. When these medications are prescribed, they must be reviewed by a prescriber annually; it must be the minimum effective dose (to avoid overmedication of the individual); the individual must be knowledgeable of side effects and adverse effects; and the medication CANNOT be ordered as a PRN or as needed basis.

Seizure Medications

Seizure or anticonvulsant medications are prescribed to individuals with seizure disorders or epilepsy. A neurologist will prescribe and follow individuals with this diagnosis. Seizures are symptoms of a brain problem. They happen because of sudden, abnormal electrical activity in the brain. When people think of seizures, they often think of convulsions in which a person's body shakes rapidly and uncontrollably. Not all seizures cause convulsions. There are many types of seizures and some have mild symptoms. Seizures fall into two main groups. Focal seizures, also called partial seizures, happen in just one part of the brain. Generalized seizures are a result of abnormal activity on both sides of the brain. Status epilepticus is when seizures occur

without a return to consciousness in between. This is a medical emergency and the individual must be evaluated immediately. The neurologist monitoring the individual will prescribe these medications.

Names of common seizure medications are Depakote (Valproic acid), Tegretol (carbamazepine), Dilantin (phenytoin), Lamictal (lamotrigine), Keppra (levetiracetam), and Neurontin (gabapentin). These drugs are prescribed at specific doses and need to be given on time. If the drug is ordered two or three times a day, that means that the medication is used up in the body and more is needed to prevent seizures. Administering these medications on time is crucial to the health of the individuals we serve.

Side Effects of Seizure Medication

Dizziness, drowsiness, confusion, fainting, gum or dental abnormalities, hypertension, weight gain, and abdominal pain are common side effects of these medications.

Rash

Can occur and needs to be evaluated by a nurse or the prescribing provider.

Jaundice

Jaundice causes skin and the whites of eyes to turn yellow. The liver processes many products of the body and breaks them down. When the liver isn't working right, the products can build up and be deposited in different parts of the body. Seizure medications are processed by the liver and doses that are controlling seizures can also damage the liver. If the yellowing of skin or eyeballs is seen, this could be jaundice and the individual should be assessed by the nurse or prescribing provider.

Toxicity

Concentrations of seizure medication in the body can become too high causing toxicity. An individual may present with dizziness, feeling lightheaded, feeling tired or sleepy, double vision or blurry vision, poor coordination or balance, unsteady walking, headache or stomach upset or pain. The nurse or prescribing provider should be notified if any of these symptoms are seen. The levels of seizure medication can build up in the body magnifying the effect it has. Although feeling tired and sleepy are common side effects of seizure medications when therapy is started, the above symptoms can occur at any time during therapy. Lab draws and blood work will be ordered regularly by the prescribing provider to monitor concentration of the medication in the blood, as well as liver function and blood counts.

Seizure medications should never be stopped without medical supervision because sudden withdrawal could cause seizure activity or possibly status epilepticus.

Hormone Medication

Hormonal medications are used to replace or alter body functions. Normal functioning bodies produce these hormones naturally. Genetic disorders, removal of glands, dysfunction of glands, disease of glands and deprivation or enhancement of hormones are all examples where hormone medications are needed and used. An endocrinologist will follow the individual and prescribe these medications.

Synthroid (levothyroxine), Premarin, growth hormone, testosterone, steroids, and Calcitonin (thyrocalcitonin), birth control pills, and insulin are all hormone medications. These medications come in all different forms: pills, inhalants, transdermal patches, lotions, and injections (only can be done with specialized training).

Side effects of hormone medications vary greatly. The side effects will be directly related to the specific gland and hormone they are replacing, enhancing, or blocking,

Herbal Remedies

Unlike prescription and non-prescription medications, natural supplements such as herbal remedies are not controlled by and have not been approved by the FDA or other government entity for safety and effectiveness. Herbal remedies, just like prescription and non-prescription medications, can cause serious side effects and toxicity. There can also be interactions with other medication, and some herbal remedies can be dangerous for some medical conditions. The potential for misuse of herbal remedies is great and their use must be approached with great caution. It CANNOT be assumed that because something is "natural" it is also safe.
Examples of herbal remedies that are used would be St John's Wort, Echinacea, turmeric, red yeast rice, ginseng, goldenseal, black cohosh, eucalyptus, garlic, flaxseed oil, valerian root, Aloe Vera, cranberry, and tea tree oil.

The following are the DIDD guidelines for the use of herbal remedies by individuals in services.

- Herbal remedies and other natural supplements should be approached in the same way as over the counter medications. **This means that the individual must have a physician's order to take herbal supplement**. In addition, requirements for labeling containers and recording the administration of herbal remedies would also be the same as over the counter medications. This is already required for vitamins and minerals.
- The individual receiving services, the guardian, physician or other practitioner should specifically request or write for the use of the herbal supplement.
- The agency must guard against any recommendations by staff or providers concerning the use of herbal or other natural supplements. Staff and providers should not impose their beliefs or practices concerning herbal remedies on individuals in services.

Chapter 6 Chapter Review

What is not a regulation regarding administration of a psychotropic medication?

1. Review at least annually.
2. Can be ordered on a PRN basis.
3. Be the minimum effective dose
4. Be knowledgeable of potential side effects.

What is not an adverse side effects of antipsychotic drugs?

1. EPS
2. Parkinson's
3. Neuro malignant syndrome
4. Nausea
5. Tardive Dyskinesia

Tardive dyskinesia is a potential long term neurological side effect of anti-psychotic medications? □T □F

Evidence of adverse side effects of seizure medications are the following except for?

1. Jaundice
2. Toxicity
3. Rash
4. Constipation

Chapter 7
MEDICATION ERRORS

Objective 1: Define a medication error:

Medication administered contrary to a physician's order that either causes, or has the potential to cause, harm to the individual.

The possibility of making a medication error is always present. By following the 7 rights of medication administration, the chance of errors can be minimized. The opportunity and job requirement to administer medications has to be taken seriously. Focus and minimizing interruptions during medication administration is crucial for a successful medication pass.

When an error does occur or is discovered, the proper procedures need to be followed to ensure the safety of the individual. Follow your agency's protocol. (See Medication Error Policy for Innovations)

This is Blue – Blue is about to make a medication error. Blue is a new employee and is afraid to "look stupid". Blue is going to administer an ear medication into the individual's eye.

Helpful Hints

Never assume if uncertain!

It is okay to "look stupid" for the sake of someone's eyesight and/or life.

Objective 2: Examples of medication errors

- Failure to comply with physician orders
- Failure to administer only upon current orders
- Failure to follow hands-on procedures taught in class
- Failure to follow the 7 rights
- Improper documentation on MAR
- Improper medication storage
- Running out of medications
- Giving the wrong individual the wrong medication
- Wrong dose of medication given
- Medication given at the wrong time
- Medication is forgotten or not given at all
- The wrong route of administration

Note: These are examples only

Medication Errors:

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

1. Administering wrong medication
2. Administering wrong dose of medication
3. Administering medication at the wrong time
4. Administering the medication in the wrong route (i.e. topical ointment administered to eye)
5. Administering medication to wrong individual
6. Failing to document medication was given or inaccurate documentation of medicine given, including inaccurate pill counts
7. Medication errors may result in adverse reactions to the individual. These reactions could range from a rash to death.

Objective 3: Considerations in determining if a medication error occurred:

- Medication left in bubble pack or pill bottle on the designated day
- No medication available for the designated day in the bubble or pill bottle and MAR
- Delay between getting the physician order and starting the medication
- Medication error resulting in medical treatment
- Medication error resulting in harm or potential to cause harm

There will be some detective work needed to determine if a medication error has occurred. This will be more involved in staffed sites where numerous staff has hands in administering medications. Who was the staff administering medications on the day in question, was the individual ill and the dose held, was the medication refused, was there a wasted dose, did the individual have a procedure where the medication needed to be held, was there a true medication error? These are all possibilities that can occur every day with the individuals we serve.

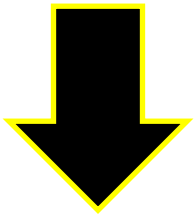
Objective 4: Medication error procedures:

1. Check on the individual
2. Immediately document details of the error on the MAR
3. Immediately notify the nurse and supervisor
4. Know and follow your facility's policy for medication errors

Objective 5: Refusal of medications:

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

QMAPs must follow agency policies for notifying the licensed practitioner when a medication has been refused. Refusing medications is NOT considered a medication error, and should be documented on the Medication Administration Record (MAR) as a "refusal of medication". This documentation ensures the individual has been offered the medication as ordered, and also proves QMAP competency in management/administration of medications.



Objective 6: Knowing the medications you are administering

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

- Name (generic and trade)
- Purpose
- Effect
- Length of time to take effect
- Side effects
- Adverse effects
- Interactions
- Special instructions
- Where to get help
- Seven rights of medication administration
- Utilize the drug guide if available in med support, the drug guide book and/or www.drugs.com

Having this knowledge will make QMAPs better prepared to recognize and prevent med errors.

MEDICATION STORAGE

Objective 1: **Learn storage requirements for medications kept in labeled containers or medication reminder boxes.**

Prescription and non-prescription medications

Store "in a manner that ensures the safety" of individuals

- Individuals shall not have access to medication which is kept in a locked central location.
- Keep internal and external medications separate.
- OTC medications without a pharmacy label must be labeled with the individual's full name, not the initials. The original directions/instructions should not be covered.
- Keep medications in the originals containers.
- If a label becomes soiled, damaged or the directions change notify the nurse, site supervisor or coordinator.

A locked central location recommended, however, alternatives are acceptable if:

- Closed and locked drawer in individual's room in assisted living residence
- Closed backpack, purse or on the individual of individual of sound mind in adult day facility
- Closed wheelchair bag of non-ambulatory individual in adult day facility
- Closed and locked file drawer in administrative area inaccessible to individuals

Medications requiring special storage instructions

- Medications requiring refrigeration will be kept either in a refrigerator designated for medications, or in a lockable container secured in the refrigerator. Per Drug Enforcement Administration (DEA) regulations, if the medication is a controlled substance, it will be double locked. Medications requiring refrigeration shall be stored separately in locked containers or compartmentalized packages, containers, or shelves for each individual in order to prevent intermingling of medication.
- Drugs that need to be refrigerated, need to be kept separate in a locked box, if there is a designated medication refrigerator and the refrigerator is in a locked room, then the medications do not need to be stored in locked containers.
- Exposure to excessive heat or any exposure to light may damage the medications and make them less or more potent.
- Bottles must always be capped and clean. Allowing air into the bottle when not in use can deteriorate the medication. Chemicals changes can take place which affect the potency of the medication.

Medication should not be stored with other items, must never be in areas with: 

- Disinfectants
- Insecticides
- Bleaches
- Household cleaners
- Poisons

Controlled substances

ALL medications will be kept locked in accordance with agency policies and procedures following Drug Enforcement Agency (DEA) requirements. Regulations for accountability and record keeping of controlled substances are much greater than regular prescription drugs, OTC and PRN medications. Controlled medications must be kept separate from other medications and under double lock and key. These medications must also be counted and signed for using a second individual for verification. Example: Locked medication box stored inside locked cabinet. QMAP counts number of pills, second QMAP watches and agrees the count is correct. Shift to shift count for accuracy should include the date, time, quantity remaining, and signatures of both staff.

Definition of Controlled Substance Schedules

Drugs and other substances that are considered controlled substances under the Controlled Substances Act (CSA) are divided into five schedules. An updated and complete list of the schedules is published annually in Title 21 Code of Federal Regulations (C.F.R.) §§ 1308.11 through 1308.15. Substances are placed in their respective schedules based on whether they have a currently accepted medical use in treatment in the United States, their relative abuse potential, and likelihood of causing dependence when abused. Some examples of the drugs in each schedule are listed below.

Schedule I Controlled Substances
Substances in this schedule have no accepted medical use in the United States, a lack of accepted safety for use under medical supervision, and a high potential for abuse.

Some examples of substances listed in Schedule I are: heroin, lysergic acid diethylamide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine ("Ecstasy").

Schedule II Controlled Substances (2)
Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence.

Examples of narcotics include: hydromorphone (Dilaudid), methadone (Dolophine), meperidine (Demerol), oxycodone (OxyContin, Percocet), and fentanyl (Sublimaze, Duragesic). Other Schedule II narcotics include: morphine, opium, and codeine.

Examples stimulants include: amphetamine (Dexedrine, Adderall), methamphetamine (Desoxyn), and methylphenidate (Ritalin).

Other Schedule II substances include: amobarbital, glutethimide, and pentobarbital.

Schedule III Controlled Substances (3)
Substances in this schedule have a potential for abuse less than substances in Schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence.

Examples of Schedule III narcotics include: combination products containing less than 15 milligrams of hydrocodone per dosage unit (Vicodin), products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with Codeine), and buprenorphine (Suboxone).

Examples of Schedule IIIN non-narcotics include: benzphetamine (Didrex), phendimetrazine, ketamine, and anabolic steroids such as Depo-Testosterone.

Schedule IV Controlled Substances (4)
Substances in this schedule have a low potential for abuse relative to substances in Schedule III.

Examples of Schedule IV substances include: alprazolam (Xanax), carisoprodol (Soma), clonazepam (Klonopin), clorazepate (Tranxene), diazepam (Valium), lorazepam (Ativan), midazolam (Versed), temazepam (Restoril), and triazolam (Halcion).

Schedule V Controlled Substances (5)
Substances in this schedule have a low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.

Examples of Schedule V substances include: cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussin AC, Phenergan with Codeine), and ezogabine.

A. It will be the responsibility of individuals 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 immediate action needs to take place to identify why the count is off. With any discrepancy, report immediately to supervisor/nurse for suspicion or investigation of drug diversion.

B. What if a second individual is not available? QMAP counts number of pills and signs. Next QMAP on duty shall verify the count and sign the narcotic count sheet prior to administering; discrepancy immediately reported to supervisor/nurse.

C. Count how often?

- At the end of each shift
- Anytime medication is given to a third party to take outside facility; count leaving and count upon returning.

Before and after each controlled med is administrated.

D. Most often, controlled medications do not have refills. The doctor or prescribing practitioner must write a new prescription each month. The original paper prescription must be given to the pharmacy.

Counts will be done in accordance with agency policy and procedures, with counts performed by two separate staff when possible.

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Shift Change Narcotic/Controlled Medication Count

All controlled substances shall be stored under double lock, counted and signed for at the end of every shift in the presence of either two (2) QMAPS or a QMAP and a qualified manager. If the above procedure is not possible, the QMAP going off-duty shall count and sign for the controlled substances and the next on-duty QMAP shall verify the count and sign. If the count cannot be verified, the discrepancy shall be immediately reported to the facility administrator.

Controlled medications must be counted at every shift change by two individuals. One of these individuals must be one of the signers from the previous count.

Client Name: _____ **Medication and Dosage:** _____

Date	Time	# of Pills	Staff Initials	Time	# of Pills	Staff Initials	Time	# of Pills	Staff Initials

Objective 2: Learn the difference between the expiration date and the refill through date.

- Expiration date - the date on the actual container, or one year after a medication with no date, was filled.

- Refill through date = is variable and determined by the prescribing authority

Objective 3: Drug Disposal

Disposal of expired or discontinued medications is done by dropping the medication off at the nursing office. Flushing medications down the toilet or throwing in the trash is not advised as this will contaminate the water and soil. Medications may be able to be returned to the pharmacy for credit in some cases. Controlled medications must be destroyed by licensed personnel. Any unused, discontinued or expired controlled medications must be turned in to the nursing office.

Chapter 7 review questions

All of the following are considered reasons for medication errors, **EXCEPT**:
A. Transcribing information incorrectly onto the MAR.
B. Administering medications by the directions on the medication label without using the MAR.
C. Checking the medication label with the MAR when administering medications.
D. Administering medications by memory.

Medication errors may:

A. interfere with how effective the medication will be.
B. produce bad reactions.
C. threaten the individual's life.
D. all of the above.

Regulations for the accountability or recordkeeping of controlled substances differ from the regulations for non-controlled medications.

A. True
B. False

Controlled Drugs are a
A. Designated as controlled substances
B. Have a high potential for abuse
C. Require special storage and reporting requirements
D. All of the above

Chapter 8
ADMINISTRATION of MEDICATIONS

Preparing for Medication Administration

A. Use a designated area to prepare and administer medications. The area must be:
□ Clean & free from clutter
□ Well lit
□ Have adequate supplies available

B. Practice good hand hygiene and/or universal precautions
□ Wash your hands prior to preparing medications and anytime there has been any physical contact
□ Use gloves when instilling eye or ear medications
□ Be aware of allergies to latex
□ Wash your hands to remove powder from gloves

C. Educate Yourself on the Medication
□ Provide adequate amount of water for easy swallowing
□ Review medicines that require checking of vital signs

D. Follow the Seven Individual Rights When TRIPLE CHECK
□ Removing the medication from storage
□ Read and compare the label to the written physician's order and the MAR.
□ Removing the medication from its container
□ Returning the medication to storage

E. Identify the individual that is receiving medication. Then identify yourself and what you are doing

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

G. Give the medication and observe the individual taking it
□ Monitor for cheeking
□ Read and compare the label to the written physician's order and the MAR

H. Document

I. Observe the individual after they have taken the medication & report to the Nurse:
□ As soon as possible, any change in the individual's normal condition

Medication Administration

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

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

Oral Medications (This procedure is the same for all medication administration)

EQUIPMENT:

- Medication ordered
- Medicine cup
- Any measuring utensils necessary

1. Verify that medication is not outdated and then:

2. Handle tablets and capsules in such a way that the fingers do not come in contact with them. Use the cap of the container to drop the tablet into the medicine cup. Modify procedure for a unit dose system

3. When preparing liquid medications. **READ LABEL DIRECTIONS**,

- Check to see that the cap of the bottle is on securely
- Shake the bottle to mix its contents thoroughly (vigorously) if the medication is in the form of a suspension or emulsion.
    - Remove the cap and place it top side down on the table
    - Pour the medication in the graduated medicine cup placed on a flat surface, read at eye level.
    - Wipe the lip of the bottle with a moist piece of clean paper towel or gauze before recapping it.
    - Recap medicine securely

Check the medicine listed on the MAR with the label on the medicine container. The label should be checked three times: TRIPLE CHECK Read and compare the label to the written physician's order and the MAR.

- When taken from the individual's supply
- When removed from the container
- When returned to the individual's supply

5. Many individuals have a great deal of difficulty in swallowing medications, especially tablets and capsules of large sizes. The following techniques may be helpful in gaining a individual's cooperation as well as enabling the individual to take all the medications.

If the individual has a specific Swallowing Protocol, it must be followed and the individual administering medication must have specific training on the plan:

- Have the individual in a sitting position. If the individual is in bed, elevate the head of the bed. It is much easier to swallow if in a well aligned sitting position, or head and trunk are aligned and inclined against gravity.

- If several tablets and capsules must be taken, offer them one at a time. If necessary, place them in the mouth, well back on the tongue. QMAP should be wearing gloves.

- Give sips of water before administering medication and after each tablet or capsule. Use drinking straw, if necessary.

- Allow individual to rest a minute or two after each tablet. This often quiets the cough reflex and enables the individual to take all the medications. Patience and allowing sufficient time for the individual to take the medicine and the water are the keynotes to success.

- Give liquid medicine slowly (5 to 10 ml or 1 to 2 tsp. should be given in several sips). Follow with sips of water.

- A tablet or capsule may .be swallowed easily if given in a teaspoon of pudding or applesauce if these foods are permitted the individual.

- If the individual has difficulty in swallowing tablets or capsules, consult the health care provider to see if the medications can be crushed or maybe can be taken in a different form. The PCP will need to write an order to change the form of the medication.

PROCEDURE

1. Select MAR to be used for the given individual at the given time

2. Check the information on the medication MAR by comparing it to the physician's order, or prescription label for the individual's name, medication ordered, route of administration, dosage, time and duration, as well as texture and/or position, when indicated (TRIPLE CHECK)

3. Wash hands, using proper techniques and apply gloves as appropriate

4. Check the medicine listed on the MAR with the label on the medicine container. The label should be checked three times: **Read and compare the label to the written physician's order and the MAR.**

    • When taken from the individual's supply
    • When removed from the container
    • When returned to the individual's supply

5. When preparing solid forms (tablets, capsules, etc.), pour the number of tablets in the lid or cap of the bottle and then into the medicine cup.

6. Refer to CaraSolva/MAR when given each medication

7. Take the medication to the individual

8. Identify individual before administration of medication

9. Explain to the individual what you are going to do

10. Note any unusual reactions, symptoms before, or following administration of any oral medication. Report this to the PCP or Nurse Case Manager immediately and then document these observations and your interventions

11. Remain with the individual until the medication has been swallowed

12. Clean and replace equipment, which has been used

13. Remove gloves and wash hands using proper technique

14. Document the medication administered

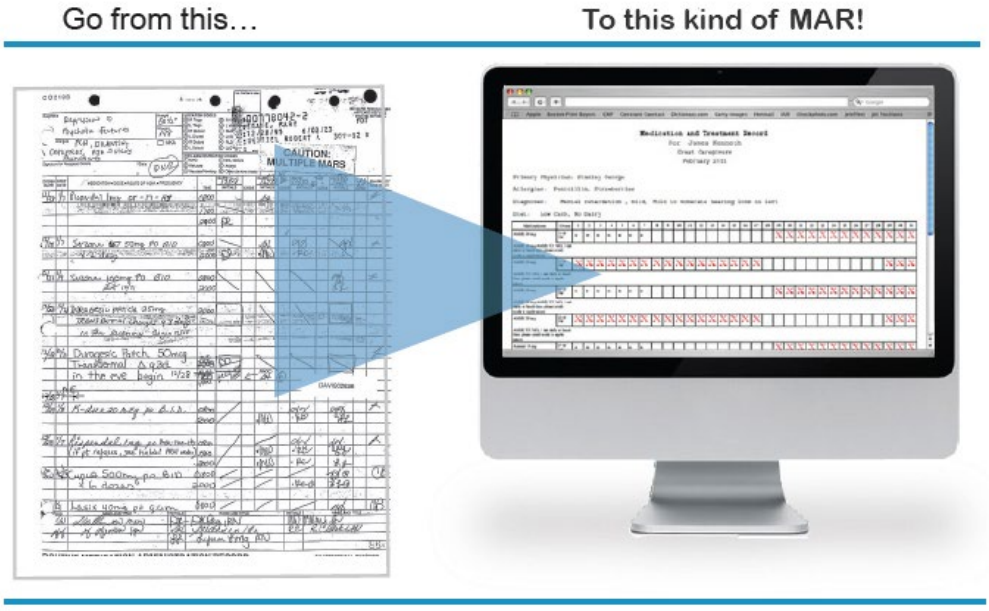
*NOTE: **A sublingual medication** is not chewed or swallowed. It is placed under the tongue where it must be retained until it is dissolved and absorbed. Be sure that the individual understands the medication is not to be swallowed whole. If several medications are being given, give the sublingual medication last and DO NOT GIVE ANY LIQUID.

A spray or gargle is applied topically to the oral cavity. The individual must be instructed that drinking of liquids is to be avoided for a specific time period after applying the medication because the effect of the drug agent would be destroyed. If several medications are being given, give the medication last and DO NOT GIVE ANY LIQUID.

DOCUMENTATION

Document on individual's MAR. The information documented will include:

1. The medication given
2. The dosage given
3. The method of administration, e.g., oral or sublingual
4. The time administered
5. Documentation of the individual administering the medication or initials if a complete signature and title is recorded on the MAR
6. Observations, interventions and refusals



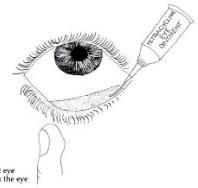


Figure 26
How to put eye medicine in the eye

How to Apply Eye Drops

When applying eye drops, follow the following guidelines: TRIPLE CHECK

NEVER USE EAR DROPS IN THE EYE

• Wash hands thoroughly
• Individual should be sitting up straight and looking at the ceiling
• Pull down the lower lid (NEVER PLACE DROPS ON THE COLOR OF THE EYE)
• Place one drop inside the lower lid

Direct Administration of Eye Medication (Ophthalmic Preparations)

Performance Objective

Given an eye medication and the necessary supplies, directly administer eye medications according to Medication Administration Record (MAR). Performance must be acceptable.

Outline

Administration of eye medications
A. Proper use of eye drops
1. Identify the person. Read and compare the label to the written physician's order and the MAR.
2. Identify the medication
3. Identify which eye (right, left or both) to receive medication
3. Wash hands
4. Put on gloves
5. Clean eye with warm moist cloth prior to administering medication.
6. Remove and discard gloves and contaminated items, wash hands and re-glove.
7. Re-read and compare the label to the written physician's order and the MAR.
8. Check dropper for patency (if dropper being used)
7. Hold dropper tip down
8. Do not let dropper touch anything
9. Shake drops if indicated and extract desired amount of medication into dropper.
10. Instruct individual to lie down or tilt head back
11. Use index finger of one (1) hand to pull lower lid down to form a pocket, bracing remaining fingers against cheek
12. With other hand, place dropper or dispensing bottle as close to eye as possible without touching it.
13. Drop prescribed amount into pocket of lower lid
14. Keep eyes closed for one to two minutes. Press finger against inner corner of eye one (1) minute to prevent medication from entering tear duct if medication is for glaucoma or inflammation. Tell individual to avoid blinking.
15. Replace cap
16. With eye closed, gently wipe off excess from skin surrounding the eye with a tissue. Use a separate tissue for each eye
17. Remove and discard gloves
18. Wash hands.
19. Re-read and compare the label to the written physician's order and the MAR.
19. Complete appropriate documentation
20. **When two (2) or more eye medications are being administered, they should be scheduled at least 5 minutes apart**

B**. Proper use of eye ointment, follow the same outline of eye drops**

1. Identify the person. Read and compare the label to the written physician's order and the MAR.
2. Identify the medication container.
2. Identify which eye (right, left, or both) to receive medication
3. Wash hands
4. Put on gloves
5. Wash eye with warm moist cloth
6. Instruct individual to tilt head back and up
7. Remove cap and keep tip of applicator from touching anything
8. Use index finger of one hand to pull lower lid down to form pocket, brace remaining fingers against cheek
9. Hold tube between thumb and forefinger of other hand, placing tube close to eye without touching it
10. Place 1/3 inch strip of ointment in pocket
11. Close eye for 1 to 2 minutes
12. Wipe the tube with a clean tissue
13. Replace cap promptly
14. Remove and dispose of gloves
15. Wash hands
16. Complete appropriate documentation

Activities

Review trainee handout.

Explain and demonstrate the procedure for proper administration of eye drops and eye ointments. If conducting a simulated demonstration, show each step of the procedure without actually putting drops or ointment into the eye.

How to Apply Otic (Ear) Drops

When applying ear drops, follow these guidelines: TRIPLE CHECK

Identify the person. Read and compare the label to the written physician's order and the MAR.

Identify which ear, right / left / or both

 Wash hands and dry completely before administering medications check the physician's order to the MAR.
 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

Re-read and compare the label to the written physician's order and the MAR.

 Tilt the head to one side
 In adults, hold the earlobe up and back
 In children, hold the earlobe down and back
 Place the correct number of drops in the ear – **DO NOT SQUEEZE THE DROPPER TOO HARD**
 Return the dropper to the medicine bottle right away

Re-read and compare the label to the written physician's order and the MAR.

Wash hands

ADMINISTRATION OF INHALANT MEDICATION EQUIPMENT:
Identify the person. Read and compare the label to the written physician's order and the MAR.

- **T**RIPLE CHECK
- Explain to the individual what you are going to do.
    a. **Have the individual clear the lung passage before administration of medication. If able, the individual is to cough before beginning.**
- Attach the stem of the canister into the hole of the mouthpiece so that the inhaler looks like an "L".
- Shake the canister to distribute the drug within the pressurized chamber.
  Re-read and compare the label to the physician's order and the MAR, before giving the medication
- Instruct the individual to slowly exhale through pursed lips
- Instruct the individual to seal lips around the mouthpiece
- Compress the canister between the thumb and fingers and instruct the individual to inhale at the same time
- Release pressure on the canister. However, instruct the individual to continue inhaling as much as possible
- Withdraw the mouthpiece
- Instruct the individual to hold his/her breath for a few seconds
- Instruct the individual to exhale slowly, again through pursed lips
- Remove gloves and wash hands, using proper technique
- Disassemble the stem from the canister and return to medication storage area
- Re-read and compare the label to the written physician's order and the MAR.
- Document the administration of inhalant medication on the MAR

NOTE: If more than one drug is used or more than one puff is to be given, follow instructions carefully. Some drugs require the oral cavity to be rinsed after use to prevent mouth sores

DOCUMENTATION

Document on the individual's MAR. The information charted will include:
1. The inhalant medication given
2. The amount of the medication inhaled (number of puffs)
3. The signature of the individual administering the medication
4. The time of administration
5. Observations, interventions and refusals.

Administration of Nasal Drops (Triple Check)

1. Follow the "Seven rights" of medication administration.
2. Identify the person.
3. Identify the medication, read the label and compare the label to the Physicians order and the medication record.
4. Wash hands.
5. Put on gloves.
6. Instruct the resident to blow nose gently.
7. Re-read the label and compare the label to the Physicians order and the MAR
8. Instruct resident to tilt head back while standing or sitting up or lie down and tilt head
9. Check the dropper for patency.
10. Do not let the dropper touch anything.
11. Draw medicine into the dropper.
12. Place prescribed number drops into nostril.
13. Remain in position for few minutes.
14. Rinse the tip of the dropper in hot water and dry with a tissue. Replace cap promptly.
15. Remove and dispose of gloves.
16. Wash hands.
17. Re-read the label and compare the label to the Physicians order and the MAR

Complete appropriate documentation.

Topical Skin Medications

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

1. Identify the person
2. Identify the medication, read the label and compare to the Physicians order and the MAR
3. Wash hands thoroughly
4. Put on gloves
5. Cleanse the skin with warm water and soap
6. Re- read the label and compare to the Physicians order and the MAR
7. When opening the container, place the cap so that the grooved side is up
8. Apply the cream or ointment as directed by the label, the MAR and the doctor's order
9. Remove loves and wash Hands
10. Re-read the label and compare to the Physicians order and the MAR
11. Document

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

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

How to Use Suppositories / To Use a Rectal Suppositories TRIPLE CHECK

Identify the person.
Read and compare the label to the written physician's order and the MAR.

1. Wash your hands
2. If the suppository is soft, hold it under cool water to harden it before removing the wrapper
3. Remove the wrapper.
4. If you are to use half of the suppository, cut it lengthwise.
5. Put on a finger cot or a disposable glove.
6. Re-read and compare the label to the written physician's order and the MAR.
7. Lubricate the suppository tip with a water-soluble lubricant such as KY Jelly
8. Lie on your side with your lower leg straightened out and your upper leg bent forward toward your stomach
9. Lift upper buttock to expose the rectal area
10. 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
11. Hold buttocks together for a few seconds
12. Remain lying down for about 15 minutes
13. Discard used materials
14. Re-read and compare the label to the written physician's order and the MAR.
15. Wash hands
16. Document

To Use Vaginal Suppository or Cream TRIPLE CHECK

Identify the person. Read and compare the label to the written physician's order and the MAR.

1. Read and compare the label to the written physician's order and the MAR.
2. Wash your hands thoroughly
   To use the cream, fill the applicator that comes with the cream to the level indicated
3. To use the suppository, unwrap it, wet it with lukewarm water, and place it on the applicator
   Lie on your back with your knees drawn upward and spread apart
   Re-read and compare the label to the written physician's order and the MAR.
4. Insert the applicator high into the vagina (unless you are pregnant), and then push the plunger to release the medication
5. If you are pregnant, insert the applicator gently. If you feel resistance (hard to insert), do not try to insert if further; call your doctor.
6. Withdraw the applicator
7. Pull the applicator apart and clean it with soap and warm water after each use
8. Wash your hands
9. Re-read and compare the label to the written physician's order and the MAR.
10. Document

How to Use an Epi-Pen TRIPLE CHECK

Review the MAR and follow the seven rights of medication administration

1. Unscrew the cap off the carrying case and remove the Epi-pen
2. Grasp the unit with the tip pointed downward
3. Form a fist around the unit with tip down
4. With the other hand, pull off the safety release
5. Hold tip near outer thigh
6. 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)
7. Hold firmly against thigh for approximately 10 seconds
8. Call 911 and seek immediate medical attention
9. Carefully place the used auto-injector (without bending the needle) needle end first, into the storage tube of the carrying case
10. Screw the cap of the storage tube back on completely, and take it with you to the hospital emergency room
11. At the emergency room, tell the doctor that you have received an injection of epinephrine in your thigh
12. Give your used epi-pen to the doctor for inspection and proper disposal
13. Never hesitate to use if a reaction is suspected. Dose lasts approximately 15 minutes and will not cause harm if used unnecessarily.
14. Document

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

For disposal of unused medication or expired medication**:**

FOLLOW AGENCY POLICY – Imagine's policy is as follows…PLEASE GIVE ALL UNUSED MEDICATIONS BACK TO PDC PHARMACY, THE NURSE AND/OR TURN INTO THE NURSING DEPARTMENT

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

Note: Medications are not to be preset and/or pre-poured for any individuals. Only set up and administer one individual's medication at a time.

Refusal of Medications:
It is an individual's right to refuse medications. Each individual should be told why the medication is being used, and also any common side effects.

Refusing medications is NOT considered a medication error, and should be documented on the Medication Administration Record as a "refusal of medication".

Understanding Effects of Medications/Adverse Drug Effect

It is very important to familiarize yourself with any medication that is being administered. Imagine! uses PDC pharmacy. They 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. Also, if drug book not available www.drugs.com will be able to inform you about the medication.

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

By its nature, diversion is a clandestine activity, and methods in place in many institutions leave cases undiscovered or unreported. Drug diversion: transfer of any legally prescribed controlled substance from the individual to another person for illicit use.

Who and Why?

The major factors impacting the incidence of drug misuse by staff and healthcare professionals are **access** and **availability** of controlled substances.

Generally, healthcare workers divert for personnel use and are extremely secretive about it. Employees who possess, sell, use or divert controlled substances will subject themselves not only to State or Federal prosecution.

- Employer will immediately determine status of continued employment by assessing the seriousness of the violation, the position of responsibility held by the employee, past record of employment, etc. Current and accurate records must be kept of the receipt and disposition of all scheduled drugs. All drugs and biologicals must be kept in a secure area, and locked when appropriate!

- Abuses and losses of controlled substances must be reported, in accordance with applicable Federal and State laws, to the individual responsible.

Impact on the individuals we serve

- Impairment and addiction put the individuals we serve at risk
- Strong likelihood of denying the individual appropriate pain relief
- Potential to expose individuals to bloodborne pathogens (needles)
- Falsification of records (fraud)
- Theft

Essential Components of Diversion Prevention and Detection Program

• Policies to prevent, detect and properly report diversion
• Collaborative relationship between nursing, pharmacy and other key departments
• Method of surveillance/auditing including concurrent review of medical records.
• Prompt attention to surveillance data received.
• Collaborative relationship with law enforcement and regulatory agencies
• Education, education and education

Personal observation is vital! It may be the only clue

Education

Most essential component of any diversion program!

• All-inclusive
• Emphasize **recognition** and **reporting**

Goal – Develop a culture in which employees recognize the risks and feel individual responsibility for reporting

Why Many Don't Report

• Uncertainty or disbelief
• Turning a blind eye to signs and symptoms (surely I was mistaken)
• Hoping the problem will go away-this is an isolated event
• Concern about what getting involved will mean for them

Enabling

Some well-intended staff may enable by:

• Ignoring what is going on
• Trying to protect their colleague by taking responsibility for his/her actions (it's my fault-I didn't train him properly)
• Covering up and making excuses or minimizing what is happening
• Doing their colleague's work for them

Drugs of Choice

• Fentanyl

Pills and liquids:
Hydrocodone
Oxycodone

Methods of Diversion

Removal of/diversion from fentanyl patches

Removal too frequently

• Gets an extra dose in

Giving less than ordered more frequently

Methods of Diversion

Substitution in administration and wasting

• Substitution of look-alike pills

Frequent null transactions and discrepancies (attempt to confuse and discourage further investigation)

Removal of larger doses than necessary

• Determine employment disposition
• Report to law enforcement and all relevant state and federal agencies
• Consider billing implications and rebill if necessary
• Notify the individual/family if applicable

Imagine! is dedicated to providing a drug free workplace. Alert and rational behavior is required for the safe and adequate performance of job duties. Therefore, working after the use or apparent use of alcohol, a controlled substance or abuse of any other substance is prohibited. This includes working after the use or apparent use of marijuana, whether or not you are a lawfully registered user. Furthermore, the possession, purchase, consumption (use), or sale of illegal drugs on Imagine! premises or while conducting business for Imagine! is prohibited. The possession, purchase, consumption (use), or sale of a controlled substance on Imagine! premises or while conducting business for Imagine! is prohibited (except that an employee may possess or purchase on behalf of a individual if required by their job).

Failure to adhere to the drug and alcohol guidelines and expectations will not be tolerated. Imagine! may require drug or alcohol testing under the provisions of our Drug and Alcohol Use and Testing Policy, including when there is evidence or reasonable suspicion that substance use is affecting job performance and/or the safety of individuals receiving services and/or other employees. Each employee must acknowledge the Employee Drug and Alcohol Use and Testing Policy and Procedure.
Consumption of permitted alcoholic beverages at Imagine! sponsored events must be done responsibly. Disorderly conduct and property destruction are not tolerated. Possession and/or use of illegal substances at any Imagine! sponsored event will not be tolerated.

When an employee is prescribed a medication that may impair the employee's ability to safely perform his or her job responsibilities, a statement shall be obtained from the prescribing medical professional indicating any work restrictions and the duration of the restriction. The employee shall present that statement to his or her supervisor prior to working scheduled shifts.

Drug Diversion – Investigation Steps

1) Medication administration documentation will be reviewed to determine if there may be any explanation for the missing medication (such as an accidental double-dose).
2) Access to controlled medications will be restricted to the Site Supervisor and Program Manager
3) Documentation will be reviewed to identify all potential perpetrators
    a. Drug testing may be done if a staff-individual appears to be under the influence of the diverted drug
4) Law enforcement will be notified if there is evidence that a crime may have been committed
5) If the individual was harmed by the diversion and/or if police will be investigating the incident, then the incident will be reported as a Critical Incident
6) If the individual lives at a Group Home, the incident will be reported as an Occurrence to CDPHE
7) A thorough investigation of the incident will be completed, which could include investigations by
    a. Law Enforcement
    b. Adult Protective Services
    c. Community Centered Board
    d. Internal PASA
8) If a staff individual is identified as the perpetrator of the incident, disciplinary actions will be considered up to and including termination
9) Retraining for all staff will be considered to prevent recurrence
10) System procedures will be reviewed and may be changed to prevent recurrence

Chapter 8 Review

Checking the medication label against the MAR three times should **always**: (TRIPLE CHECK)

A. Be done with each medication administered to each individual.
B. Be done by the new staff members.
C. Be done if you do not know the individual.

D. Be done if it is a new medication order.

Never administer medications that:

A. are discolored.
B. are outdated or expired.
C. both A and B.

When administering medications, the main concern with leaving medications at the bedside is that:
A. the individual may never take the medications and someone else may.
B. the medications may accumulate dust.
C. it may increase confusion.
D. a staff member might report you.

What is the impact of drug diversion on the individuals we serve?

1. Impairment and addiction put the individuals we serve at risk
2. Strong likelihood of denying the individual appropriate pain relief
3. Potential to expose individuals to bloodborne pathogens
4. Falsification of records (fraud)
5. Theft
6. All of the above

If you are unable to read the physician's handwriting on a prescription or health services record or the directions for a medication are incomplete, you should:

A. Leave the orders for the staff on the next shift.
B. Contact your supervisor, nurse, the pharmacist or the physician.
C. Ask the individual or a family member.
D. Use your best "guess."

Incident Reporting (IR's)

Imagine! Protocol for Reporting Incidents – January 2017

Imagine! will ensure that reporting of incidents will be conducted in accordance with federally approved home and community based waiver, Colorado Revised Statutes, and the Colorado Code of Regulations relative to services to people with intellectual and developmental disabilities and licensure requirements.

Incident Reporting – General
Incident reports will be written in accordance with the Imagine! Incident Reporting Policy and Procedures and for all required categories defined in HCPF regulation at 8.608.6 A:

- Injury to an individual receiving services
- Lost or missing individual receiving services
- Medical emergencies involving individuals receiving services
- Hospitalization of individual receiving services
- Death of individual receiving services
- Errors in medication administration
- Incidents or reports of actions by individuals receiving services that are unusual and require review

- Allegations of abuse, mistreatment, neglect, or exploitation (Imagine! will use statutory definition at 25.5-10-202 to meet this requirement)
- Use of safety control procedures
- Use of emergency control procedures
- Stolen personal property belonging to an individual receiving services

Critical Incidents

Critical Incidents will be reported to the Division for Intellectual and Developmental Disabilities in accordance with definitions in HCBS waivers. Additionally, as referenced in these waivers, the categories defined in the 2006 (2007) Guidelines for Critical Incident Reports will be reported. These categories are defined in the Investigation Manual. Only these incidents, which meet definition, will be reported. These definitions, in conjunction with information shared by the Division for Intellectual and Developmental Disabilities in November, 2015 is used to create criteria for Imagine's reporting of Critical Incidents.

Procedures:

- Prior to reporting any incident to the DIDD CIR Web, Imagine! will ensure that criteria is met for the reporting. If Imagine! screens out the incident report, the department, which submitted the IR will be notified that it will not be reported.
- If an incident report has been reported to Imagine!, which is determined to meet criteria for a critical incident, but is not classified as such, the department will be contacted *prior* to the submission to ensure the incident warrants reporting. (example – peer to peer aggression being reclassified as MANE).
- When an incident may be determined by the department or case management to meet criteria for a Critical Incident, but will not to be reported as such, a notation will be made on the Incident Report to provide the reason for not reporting.

Waivers define critical incidents, requiring reporting to the Critical Incident Reporting System as:

- ***Mistreatment, abuse, neglect, and exploitation*** **incidents that involve injury, death, adverse medical outcome, crime committed against a participant or by a participant, exploitation in excess of $300, police involvement, and allegations identified through trend analysis of incident data (e.g., pattern of suspicious bruising, multiple medication errors, etc.).**

Guidelines further define Critical Incident as:

NOTE: The 2006 Guidelines for Critical Incident Reports state that ***ONLY*** *those allegations of MANE committed by agency staff, contractors, or volunteers are to be reported as CIRs. As this is inconsistent with waiver definition and recent DIDD webinars, Imagine! will ensure that allegations meeting these criteria will be reported, regardless of the alleged perpetrator.*

- *Allegations of mistreatment, abuse, neglect, and exploitation that involve one of the following factors:*
    - Injury or death (Injuries do not necessarily require emergency medical treatment)
        - Welts, bruises, discoloration, which may indicate abuse
        - Burns (i.e. cigarette burns, scalding, iron burn)
        - Fractures of any bone
        - Cuts, lacerations, puncture wounds, or other injuries
    - Adverse medical/health outcome. Examples include:
        - Need for medical treatment as a result of abuse or neglect
        - Death
        - Seizures as a result of missed medication

        - Malnutrition resulting from neglect
        - Serious medical crises involving neglect (see below)
    - When a crime against a individual may have been committed by an *employee, contractor or volunteer of an agency* (i.e. alleged sexual abuse by an employee or contractor)
    - Exploitation of a individual in services that results in potential loss *in excess of $300*
    - Where there is any police *involved* (when there is an active investigation) in an allegation of mistreatment, abuse, neglect, or exploitation.
    - When an incident is identified through trend analysis as an allegation of MANE due to a reoccurring pattern requiring further investigation.

- *Serious injuries or other medical crises or occurrences requiring immediate emergency medical attention to preserve life or limb or emergency **admission** to the hospital.*
    - Serious injuries or medical emergencies may include:
        - Fractures of a major bone
        - Dislocation of a major joint
        - Spinal injuries with possible loss of sensation or function
        - Internal injuries
        - Head injuries with loss of consciousness
        - Lacerations associated with damage to nerves, tendons, organs, or serious blood loss
        - Third degree burns on any body part or second degree burns on over 10% of the body
        - Prolonged seizures
        - Bowel obstructions
        - Diabetic crises
        - Pneumonia
        - Medication emergency (e.g. overdose, toxicity, etc.)
        - Near drowning
        - Attempted suicide
        - Emergency admission into a psychiatric facility needed to protect the individual or others.

- *Death* of a individual receiving services, including unexpected and anticipated deaths.

- Missing individuals in which:
    - The safety of the individual is at serious risk (medical, mental health concerns, risk for victimization) or absent for a period of time that causes concern for the individual's safety
    - The missing individual may pose a risk to the general public
    - Other circumstances which may increase risk, such as severe weather.

- Unusual Incident:
    - Effective 2015, this new category is intended for those incidents in which there is the potential for harm to the individual, which does not meet other reporting categories.
    - On the DIDD CIR Web, subcategories for this category include the *victim of a crime or a criminal offense by the individual in services*. These categories differ from those above involving police, in that the incident may not be the result of alleged MANE.

Communication and inter-personal skills needed for addressing individuals who are elderly or have impaired physical capacity.

This module reviews how to care for the individuals with dementia, mental illness and impaired cognitive ability. The individuals in your home come from a variety of backgrounds, have different life experiences and have unique personalities. Some are easy-going and cheerful. Some may like to argue. Some are very active. Others are relaxed and content. In addition to the basic differences, many may also have impaired mental abilities, whether it has been a condition all of their life or a more recent onset. As a direct care staff individual, it is important to have a good understanding of each individuals with whom you will be working, including those who have mental deficits and/or impairments.

In this session we will look at the three main causes of cognitive impairment. You will be able to identify the symptoms, describe some of the behaviors common to these conditions and identify methods of interaction that are most effective in dealing with challenging behaviors.

Every individual is different, and everyone has good days and bad days. It will be important to get to know each individual and develop your skills in working with each of them as such.

Impaired Cognitive Ability:

What is impaired cognitive ability? An individual with impaired cognitive ability has lower intellectual functioning – meaning his/her IQ is significantly below average. He/She may need help with the daily living skills needed to live, work and play in the community. These include communication, self-care, social, leisure and work skills.

Impaired cognitive ability can be caused by any condition that impairs development of the brain. Some common causes of impaired cognitive ability include genetic conditions, problems during birth, alcohol and drug use by the mother, some childhood illness and exposure to toxic materials.

The abilities of people with impaired cognitive ability vary and are mildly affected and are able to learn new skills with the appropriate supports all individuals with impaired cognitive ability can live satisfying lives in the community.

Individuals with impaired cognitive ability have social interests and needs that match their age. Keep this in mind as you consider the music they like, the clothes they want to wear and the activities they enjoy. It is important to get to know the abilities of each individual and allow as much independent decision-making as possible. It is also important not to talk to or treat an individual with impaired cognitive ability like a child. He/She is an adult who likes adult activities and has adult interests.

Mental illness:

What is mental illness? A mental illness is a disturbance in behavior, mood, thought process, social skills or inter personal relationships. There are many different types of mental illnesses and different levels of severity.

An individual with a mental illness may be younger and in the home due to his/her care needs, or the individual may be elderly with a mental illness. These will be important issues to know about each individual. An individual with a mental illness may feel deep sadness, may hear voices, may be very suspicious of others, may

change moods quickly or may have emotional highs and lows. These are symptoms of mental illness and not a individual's choices or bad behaviors.

Many people with mental illness are treated with medication under the care of a doctor. These medications can greatly reduce the symptoms of the illness, but many often have unpleasant side effects. It will be helpful to you and the individual if you take the time to learn what medication is being taken, and the side effects. You may also notice that there is frequently a cycle that occurs with some mental illnesses. A individual can be doing quite well for a period of time, and then start to slip into some of the symptoms of their illness. This can be a challenging time for everyone. There needs to be a re-evaluation by the doctor and possibly an adjustment in medication or in the individual's program or environment. As a direct care staff individual, you are part of the team that observes behavior. If you are noticing changes in behaviors, be sure to follow the home's system for reporting and documenting. This will be very helpful to others in considering treatment options.

Dementia:

What is dementia? Dementia is a gradual decline in mental and social functioning compared to an individual's previous level of functioning. An individual may have memory loss, personality change, behavior problems, and loss of judgment, learning ability, attention and orientation to time and place and to oneself. Alzheimer's disease is the most common cause of dementia, and we will spend more time on this as it will likely be one of the more frequent causes of cognitive impairment of individuals in your facility.

Alzheimer's disease is a chronic, progressive debilitating illness. At first the symptoms are mild and might include difficulty remembering names and recent events, showing poor judgment and having a hard time learning new information. At this early stage the individual often tries to deny their problems. Most difficulties at this time are with performing ADLs.

As the disease progresses, the individual is unable to judge between safe and unsafe conditions and will need help to dress, eat, bathe and make decisions. There may be personality changes such as increased suspiciousness. Unfamiliar people, places and activities can cause confusion and stress. The individual shows less interest in others and wants to withdraw to familiar, predictable surroundings and routines. The individual in later stages has difficulty performing basic ADLs.

Some common behaviors associated with Alzheimer's disease are rapid mood changes, crying, anger, pacing, wandering, doing things over and over, asking the same question, following people closely and inappropriate sexual behaviors.

Behavior management skills for working with individuals with cognitive impairment:

Now that we have a basic understanding of three of the most frequent reasons for cognitive impairment, we will look at some basic behavior management skills.

As stated throughout this training, you are likely to be faced with challenging behaviors on a regular basis. If you develop strong skills in managing these behaviors and in communicating effectively with the individuals, this will help you in dealing with difficult situations and provide better care for the individuals in all aspects of your job, from helping with ADLs, to encouraging individuals to take part in social activities in the home or in the community.

"Behavior management" involves using certain techniques and ways of interacting in order to increase or decrease certain behaviors. It can be very effective, but it is not a quick fix, and it must be used consistently.

Think of your behavior management skills as **tools in a toolbox**. In this toolbox you have many different and effective ways of dealing with people and behaviors. Depending on the behavior, the individual and the situation, you will affect the decision about which tool to use. Sometimes it may take a few tries to figure out what will work best, and some days it will be harder than others, but we will begin by placing some tools in our toolbox.

Remember, we are just touching on these basic principles. There is much to be gained by learning more about positive behavior techniques, and you are encouraged to seek out additional training, observe people who use these techniques effectively and take notice of your own interactions and how you can improve upon them. In addition to the basic ideas we will discuss here, individuals in your care will have specific support plans developed by the care team. It is important to become familiar with these plans and use your skills to follow them.

Tool # 1 – Ask questions to figure out the *reason* for the behavior.

There are many causes of behavior. If you notice a change in an individual's behavior, talk with other members of the care team to find out what might be going on. If it is an ongoing problem, first look to see what the cause might be. You may need to observe for a while to see what might be happening.

If an individual is in pain, for example, it is important to take note of things such as whether he/she had a recent fall or whether they have recently been ill. If an individual is not eating enough at meal time, this may be a problem with his/her dentures fitting okay, it may be a problem with chewing and swallowing or it may be that he/she does not like the food. Watch to see when and how much the individual eats. Watch the individual's facial expressions. Watch the individual reactions to the people sitting at the table. What has changed recently?

Tool # 2 – Use positive reinforcement/rewards.

If you see a good behavior by an individual, praise the good behavior. Behavior that is rewarded will be repeated.

Tool # 3 – Listen with understanding.

When we show an individual that we are interested and want to understand their feelings we are showing that we care about them as an individual. We connect with them on a more personal level which can help them feel less lonely. We show this by listening to the individual and talking with the individual. Try to understand the individual's feelings.

Tool #4 – Smile and keep it positive! 

Believe it or not, a smile can go a long way when working with people. The times you feel least like smiling are when it will be the most important that you make your best effort. Take a deep breath, go into the room with a smile and be positive.