

## STAFF MEETING SUMMARY

**Subject:** Marshall Place Staff Meeting

**Date:** May 9, 2024

**Time:** 10:30a-12:30p

- ❖ **Safety/Health Review** – Please be mindful of applying sunscreen when spending any time outdoors.
- ❖ **Nursing Inservice (JoAnn)** – Health Service Coordination and Care (see attached), Safe Medication Assistance and Administration (TEST on STAR Services), Diabetes/Healthy Eating and Nutrition (see attached)
- ❖ **Program policies** – No policies to review this month
- ❖ **Emergency Procedures** – May: Fire Drill – Family Room-Blocked Patio Door (*Holly Responsible*)
  - **Missing:** April: Fire Drill – WD bedroom (*Mary Kay responsible*)
  - **Missing:** September: Fire Drill – Bedroom #1 – empty room (*Holly Responsible*)

### Meeting Review:

- A. **March Calendar reviewed** – Please let Sabrina know if you have days you cannot work by the 15<sup>th</sup> of the month prior. Thank you for working together to fill shifts.
- B. **STAR Services:** Reminder to go onto STAR Services regularly and make sure you have completed all that is assigned to you. The website is <https://mcgh.edvance360.com/>. - Brandie's and Wayne's semi annual meeting notes are on there to be reviewed.
- C. **ISP programs** – Make sure everyone is documenting on ISPs every day you work. There are options to choose that apply to them choosing another activity or refusing to do it. If they refuse it, add a comment.
- D. **House concerns** –
  - Completing cleaning tasks
  - Jack's floor and briefs needing to be changed
  - 4<sup>th</sup> of July shift needs fill- Amanda/Mary Kay are short holiday hours
  - May shifts need to be filled- Fridays
  - Scheduling for church

### E. Consumer reports:

#### Wayne:

APPTS: Wayne had follow up with Whitney Sleep. He has been doing well using his CPAP. They did increase his pressure. Watch for signs that this is bothering him.

CONCERNS: -noticed his hand on mask when it whistled -filled bird feeders, empties house garbage's, watches TV in his room

OUTINGS: Harlem Globetrotters, Blue moose, Speedway, Circus, Church 3x, Library, Spaghetti supper, Charlotte Bday supper, Musical, DQ, Pancake fundraiser, Haircut, Shopping for shoes/eat

**Weight:** 191 (+1)

**Outcome (ISP):** Weekly, Wayne will write a letter or send a card to his mother or sister

**Jack:**

APPTS: Music Therapy 1 x week. He really enjoys this and likes when Ali will read a book, they talk about it after. Apr 30 had urine test. He has UTI, on antibiotic for 7 days

OUTINGS: Harlem Globetrotters, Blue moose, Speedway, Circus, Church 3x, Library, Spaghetti supper, Charlotte Bday supper, DQ, Pancake fundraiser, Haircut, Massage 2 x, Sister visited and brought him to DQ, Calls from Pat

**Weight:** 168 (-6)

Outcome (ISP): Jack will work on a paint by number project.

**Brandie:**

APPTS: -Amanda from Aluma visited 4 times. Apr 8 had an appt with Jessica in TRF

OUTINGS: Harlem Globetrotters, Blue moose, Professional Bull riding, Library, Spaghetti supper, Charlotte Bday supper, DQ, Pancake fundraiser, Hair trimmed, Personal shopping

CONCERNS: Refuses to go to church. Refuse to brush teeth most days. Plays video game. He has had couple outburst that did not last long

**Weight:** 134 (+7)

Outcome (ISP): Brandie will improve his drawing skills and develop an activity that is calming for him.

***The next monthly staff meeting will be held Thursday, June 6<sup>th</sup> at 10:30am.***

**STAFF MEMBERS PRESENT:**

<b>Name:</b>		<b>Position:</b>	<b>Name:</b>		<b>Position:</b>
Kristal Walen	EXC	Adm	Cheryl Lubarski	present	DCC
Sabrina Deschene	present	RPS	Mary Kay Stinar	present	DCS
Henrietta Linder	EXC	RN	Holly Confer	EXC	DCS
JoAnn Saunders	present	LPN	Amanda Mock	present	DCS
Madison Mock	present	ONP			

**Authorized By: Sabrina Deschene, RPS**

**Acknowledgement completed in STAR Services.**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Wk 1	28 9a-8p-Holly 8p-9a-Madison Kristal on Call	29 BS cleaning 11a-1p-Cheryl* 1p-9p-Cheryl 9p-9a-Madison	30 11a-1p-Cheryl/DCC 1p-9p-Cheryl 9p-9a-Madison	1 May JO music Therapy 1p-9p-Cheryl 9p-9a-Cheryl	2 1p-9p-Amanda 9p-9a-Mary Kay	3 9a-1p-Madison 1p-5p-Madison 5p-9p-Amanda 9p-9a-Amanda Sabrina on Call NO ODC	4 9a-9p-Amanda 9p-9a-Amanda Sabrina on Call
Wk 2	5 9a-8p-Amanda 8p-9a-Madison Sabrina on Call	6 BS cleaning 11a-1p-Cheryl* 1p-9p-Cheryl 9p-9a-Madison	7 BS - TRF 10a 9a-1p-Cheryl/DCC 1p-9p-Cheryl 9p-9a-Madison Grocery Shopping JO massage 3.30p	8 JO music Therapy 1p-9p-Cheryl 9p-9a-Cheryl	9 STAFF Mtg 10.30 1p-9p-Amanda 9p-9a-(AM) Holly	10 9a-1p-Holly 1p-5p-Madison 5p-9p-(HC) Amanda 9p-9a-(HC) Amanda Cindy On Call NO ODC	11 9a-3p-Holly 3p-9p-Holly 9p-9a-(HC) Madison Cindy On Call
Wk 1	12 9a-8p-(HC) Amanda 8p-9a-Madison Cindy On Call	13 BS cleaning 11a-1p-(CL) 1p-3p-(CL)Madison 3p-9p-(CL)Mary Kay 9p-9a-Madison	14 8a-9a JoAnn 9a-1p-Cheryl/DCC 1p-9p-(CL) Holly 9p-9a-Madison WD/JO-Cavalier 11a	15 JO music Therapy 1p-9p-Cheryl 9p-9a-Cheryl	16 1p-9p-Amanda 9p-9a-Mary kay	17 9a-1p-Cheryl 1p-5p-Madison 5p-9p-Amanda 9p-9a-Amanda Kristal On Call NO ODC	18 9a-9p-Amanda 9p-9a-Amanda Kristal On Call
Wk 2	19 9a-8p-Amanda 8p-9a-Madison Kristal On Call	20 BS cleaning 11a-1p-Cheryl* 1p-9p-Cheryl 9p-9a-Madison	21 8a-1p-Cheryl/DCC 1p-9p-Cheryl 1p-2p Madison 9p-9a-Madison Grocery Shopping JO-GF 9a JO massage 3.30p	22 JO music Therapy 1p-9p-(CL) 9p-9a-(CL)	23 1p-9p-Amanda 9p-9a-Amanda	24 9a-1p-Amanda 1p-5p-Madison 5p-9p-Holly 9p-9a-Holly Sabrina on Call NO ODC	25 9a-9p-Holly 9p-9a-Holly Sabrina on Call
Wk 1	26 9a-8p-Holly 8p-9a-Madison Sabrina on Call	27 Memorial Day BS No clean 9a-9p-Cheryl 9p-9a-Madison Sabrina on Call NO ODC	28 9a-1p-Cheryl/DCC 1p-9p-Cheryl 9p-9a-Madison BS-Nupdahl 10a	29 JO music Therapy 1p-9p-Cheryl 9p-9a-Cheryl	30 1p-9p-Amanda 9p-9a-(MS) Madison	31 9a-1p-Cheryl 1p-5p-Madison 5p-9p-Amanda 9p-9a-Amanda WD- 9.30p urology(gf) NO ODC	

Inservice Training Report

Health Service Coordination

Nursing Department

Presenter: JoAnn Saunders LPN

Objective: Review Health Service Coordination Policy

Summary: As follows, see attached policy and form

The purpose of the Health Service Coordination policy is to meet the health needs of the person served.

To monitor health conditions as per written instructions from their health care providers.

To provide medication setup, assistance and administration.

Assist with coordinating medical dental and other health care service appointments.

The safe and correct use of medical equipment, devices or adaptive equipment aids or technology. Staff will be properly trained in the use of such.

Prompt notification to the legal representative and case manager of any changes to the persons mental and physical needs that may affect the services provided.

A form will be completed by the supervisor of the home indicating notification of legal representative and case manager. The licensed professional of that home will be notified to make the additions to the health care plan

# Marshall County Group Homes, Inc.

## POLICY AND PROCEDURE ON HEALTH SERVICE COORDINATION

### I. PURPOSE

The purpose of this policy is to promote the health and safety of persons served through establishing guidelines for the coordination and care of health-related services.

### II. POLICY

This company is designated as a residential program and will implement procedures to ensure the continuity of care regarding health-related service needs as assigned in the *Coordinated Service and Support Plan (CSSP)* and/or *CSSP Addendum*. These procedures will be implemented in a way that is consistent with the specific health needs of the person served and which follows the procedures stated in the *Policy and Procedure on Safe Medication Assistance and Administration*.

Decision making regarding the health services needs of the person served will be guided by person-centered philosophy and conservative medical practice. The company will defer to the judgment of the assigned nurse, nurse consultant, or other licensed health care professional regarding medical or health-related concerns. If the company does not have an assigned nurse or nurse consultant, the company will coordinate all health-related services with the licensed health care professionals of the persons served.

### III. PROCEDURE

- A. If responsibility for meeting the person's health service needs has been assigned to the company in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*, the company must maintain documentation on how the person's health needs will be met, including a description of the procedures the company will follow in order to:
1. Provide medication setup, assistance, or administration according to MN Statutes, chapter 245D.
  2. Monitor health conditions according to written instructions from a licensed health care professional.
  3. Assist with or coordinate medical, dental, and other health service appointments.
  4. Use medical equipment, devices, or adaptive aides or technology safely and correctly according to written instructions from a licensed health care professional.
- A. Unless directed otherwise in the *CSSP* or the *CSSP Addendum*, the company will ensure the prompt notification to the legal representative, if any, and the case manager of any changes to the person's mental and physical health needs that may affect the health service needs assigned to the company in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*. This notice will be made, and the date documented, when the change in mental and physical health needs of the person has been discovered by the company, unless the company has reason to know that the change has already been reported. . A copy of the Health Needs Change Report to be used and is attached to this policy. (See Attachment A)
- B. In coordination with the person's health care providers, the company and person's legal representative will determine how each person's health condition(s) will be monitored.
- C. When a person served requires the use of medical equipment, devices, or adaptive aides or technology, the company will ensure the safe and correct use of the item and that staff are trained accordingly on its use and assistance to the person. These items will only be used according to the written instructions from a licensed health care professional.
- F. When a person served requires the use of medical equipment to sustain life or to monitor a medical condition that could become life-threatening without proper use of the medical equipment, staff will be specifically trained by a licensed health care professional or a manufacturer's representative including an observed skill assessment to demonstrate staff's ability to safely and correctly operate the equipment according to the treatment orders and manufacturer's instructions. Equipment includes, but is not limited to ventilators, feeding tubes, and endotracheal tubes.

**Health Needs Change Notice**

Unless directed otherwise in the coordinated service and support plan or the coordinated services and support plan addendums, the program must report any changes in the person's physical health needs when assigned in the coordinated service and support plan or coordinated service and support plan addendum.

Person name: \_\_\_\_\_

Program name: \_\_\_\_\_

Date a change in physical and/or mental health needs was discovered: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date of this report: \_\_\_\_\_

Date of notification to:

Legal Representative: \_\_\_\_\_ Case Manager: \_\_\_\_\_

Describe in detail the change in the person's physical and/or mental health needs:

Was the Health Care Plan/Needs Record Form updated as a result of this notice?  Yes  No

If you have questions you can contact the Resident Program Coordinator at:

Address: 805 Pacific Ave, P O Box D, Argyle, MN 56713

Email: River / Marshall: [sabrinad6400@gmail.com](mailto:sabrinad6400@gmail.com) Cedar North / Cedar South: [cindyg6696@gmail.com](mailto:cindyg6696@gmail.com)

Phone: 218-437-6694

Inservice Training Report

Nursing Department

Objective: Review of proper nutrition

Summary: see attached

## Nutrition

Resource Book: The Calorie King Calorie, Fat and Carbohydrate Counter

### Weight control Tips

1. Eat and drink sensibly by avoiding fad diets. Eat 3 sensible portion- controlled meals daily.
2. Limit fats, high fat foods/snacks and sugar. Eat adequate fresh fruits and vegetables
3. Limit soft drinks, energy drinks, fruit juice and alcohol. Quench your thirst with water.
4. Exercise daily for at least 30 minutes a day even if you do it in 5-10 minute lots.

### Body Fat Distribution

Moderate amount of body fat does not compromise health. However excess fat above the hips carries a greater health risk than fat on or below the hips. Abdominal obesity greatly increases the risk of developing diabetes, heart disease, arthritis and some cancers. So called cellulite carries no extra health risks. Body Mass Index or BMI is a general indicator of body fatness. BMI alone is not diagnostic but the higher the BMI the greater the health risk of developing diabetes, high blood pressure and heart disease. BMI is measured by height and weight.

### Calories

Calories are derived in food from protein, fat and carbohydrates. Alcohol provides calories. Vitamins, minerals and water provide no calories. Recommended servings a day are 6 servings of grains, 3-5 servings of vegetables a day, 3-5 servings of fruit, 2-3 servings of protein and 2-3 servings of dairy a day.

### Portion Size Counts

Super-sized servings have become the norm. A days' worth of calories can be consumed in one meal or even a snack being equivalent to a full meal. You can easily underestimate portion size of foods and drink and unwittingly consume excess calories even if the fat content is low or even zero. Example: Southwest Crispy Chicken Salad WITHOUT dressing at McDonalds is 450 calories. Sugar free vanilla crème wafer have 160 calories verse the regular vanilla crème wafers have 115 calories. Reduced fat and fat free foods are not necessarily low calorie. Just because a product advertises Zero Trans Fats does not mean it isn't loaded with other fats. READ YOUR LABELS!

### Carbohydrates

Carbohydrate food in their more natural form (not highly processed) are essential to good health. They are the major source of fuel for the body and are a main source of important vitamins, minerals, antioxidants and fiber. All of which help protect against heart disease, diabetes, hypertension, constipation ailments and many other diseases.

### Exercise

A person who exercises regularly lose more weight and keep it off longer than non-exercisers. Exercise is a good way to wake up your metabolism. Always check with your doctor to make sure the type of exercise you choose is safe for you to begin. Strength training is the key to retaining or rebuilding muscles. As we age we lose 6 pounds of muscle per decade. This results in lower metabolism and fewer calories being burned. Muscles are like furnaces. The more muscle you have the more calories you

burn. Avoid injury when beginning to exercise by starting slow and working your way up whether it is walking, low impact aerobics or weight supported exercise.

Inservice Training Report

Nursing Department

2021

All Staff Present

JoAnn Saunders LPN

Objective: Overview of Diabetes

Summary: See attached

### **Diabetes in America**

25.8 million children and adults in the US have diabetes. 18.5 million are diagnosed and 7 million are undiagnosed. 1.9 million cases of diabetes are diagnosed in persons aged 20 years and older each year. 79 million have pre diabetes

### **Diagnosing Diabetes**

Fasting blood glucose normal range is less than 100

Impaired fasting blood glucose or pre diabetes is 100-125

Fasting blood glucose greater than 126 or greater than 200 with symptoms is indicative of diabetes. The requirement to diagnose diabetes is two elevated values on separate days. An A1C test of greater than 6.5 is also diagnostic.

People diagnosed with diabetes are at the same risk for having a heart attack as those who have already had one heart attack.

### **Classifications of Diabetes**

Type 1; your body is unable to produce insulin.

Type 2; your body may produce some insulin for a time but not enough to cover your bodys blood sugar.

Pre Diabetes; blood sugar levels are higher than normal but are not high enough to be called diabetes.

### **Blood Sugar Targets**

Fasting: 90-130 (no calorie intake for 8 hours).

2 hours after the first bite of a meal should be less than 180.

### **Hyperglycemia**

Blood sugar level that rises and stays above normal; above 140 before meals and above 180 after meals.

Happens to everyone with diabetes at times.

Diet, medication and exercise adjustments may be necessary.

Causes of hyperglycemia may include certain medications like cold medications, steroids, phenytoin, phenobarbital and contraceptives and some anti-hypertensive agents. Increase in food intake, physical stress such as surgery, illness, emotional stress, lack of exercise, omission of diabetes medication, and growth hormone administration.

Signs and symptoms of hyperglycemia include increased thirst with or without a reasonable explanation such as being in the heat and/or intense prolonged activity. Increase in urination, unexplained fatigue, unexplained or unplanned weight loss, nausea/vomiting. Vision changes either blurred or double. Illness that does not improve with treatment. Recurring vaginal infections. Dry itchy skin and sores or wounds that do not heal.

Treatment of hyperglycemia include medication and or medication changes. Patient, family and or caregivers education on diabetes management. Meal planning, exercise, weight reduction, self monitoring of blood sugars and quarterly A1C tests which gives a good estimate of how well diabetes is being managed over 2-3 months at a time.

### **Type 2 Medications**

Metformin (Glucophage); decreases glucose production by the liver and helps the body use its own insulin better.

Actos; helps insulin work better in the muscles and fat cells and decreases glucose production by the liver.

Glyburide/Diabeta/Glipizide/Glucatorol; stimulates the pancreas to release more insulin.

Januvia; helps to improve the levels of insulin produced by your own body after a meal and decreases the amount of sugar made by the body.

Lantus Insulin; when given onset is 2-4 hours. There is no peak and lasts 12-24 hours. Should be given at the same time each day. It is given subcutaneous and should be given regardless of what the blood sugar is.

Levemir; when given onset is 1 hour. There is no peak and lasts 12-24 hours. It is given subcutaneously and should be given regardless of what the blood sugar is.

Rapid acting insulins or pre meal insulins Humalog and novolog; are convenient, they reduce the risk of exercise induced hypoglycemia, limits the need for snacks, can be used to cover snacks and should be given within 15 minutes of a meal before or after.

### **Hypoglycemia**

Low blood glucose with a level below 70.

Causes of hypoglycemia may be caused by a delay in eating a meal or skipping a meal, increase in exercise or too much diabetes medication.

Signs and symptoms of low blood sugar include shaking, sweaty, anxiousness, feeling dizzy, fast heart rate and difficulty concentrating. Weakness, irritability, impaired vision and headache.

Treatment of hypoglycemia would include giving 15 grams of a quick acting carbohydrate such as ½ cup of juice, ½ can of regular soda, 1 cup of milk or 3-4

glucose tabs. Wait 15 minutes if feeling better have them eat a meal or a snack.  
**If unconscious call 911.**

## **Nutrition Therapy**

Carbohydrate counting

15 grams of carbohydrate=1 choice or serving

Meal plans are based on age and weight, activity level, food preferences, medications and any pre-existing health condition.

Meal plans are individualized for each person. **There are no forbidden foods.** All carbohydrates need to be counted and healthy choices are encouraged.

Men; 4-5 carbohydrates breakfast , lunch and supper and 1-2 carbohydrates per snack am, afternoon and pm.

Women; 3-4 carbohydrates breakfast, lunch and supper and 1-2 carbohydrates per snack am, afternoon and pm.

1 carbohydrate choice =15 grams.

## **Food Labels**

Food labels include servings per container and carbohydrates per serving. Don't be fooled sugar free foods can have carbohydrates.

High fiber helps balance blood sugar because it slows the breakdown of carbohydrates into sugar. Everyone should have 25-30 grams of fiber a day.

Fat also helps to slow the breakdown of carbohydrates into sugar. Limit your fats, saturated fats and cholesterol to prevent heart disease. Trans fats include shortenings, processed foods and margarin. Hidden trans fats are listed as "partially hydrogenated oils" in the ingredient list.

## **Serving amounts**

6 servings of fiber rich whole grains, beans and starches a day. 2 servings of fruits a day. 2-3 servings of non- starchy vegetables a day and 6 ounces of lean meat or meat substitute (divided between meals).

Starchy vegetables include your potato, corn, peas, baked beans, winter squash and sweet potato.

Non meat or meat substitute include cheese, cottage cheese, eggs and tofu.

Protein sources include your meats beef, pork, lamb, chicken and fish. Non meat protein sources include cheese, cottage cheese, eggs, beans, humus, nuts, tofu and peanut butter. Remember some of these sources may not be a free food (meaning contains no carbs) so check your labels.

Remember to read your labels and watch your serving sizes. Most of the time serving sizes are a lot smaller than what is actually served. By watching your serving sizes and making healthy choices you will have better blood sugar control and weight reduction.

**A diabetic diet is actually a diet everyone should follow not just your diabetics.**

## Diabetes Guide

Diabetes occurs when the body has difficulty processing glucose sugar in the blood.

1. After digestion sugar and starches are changed into glucose which is the simplest form of sugar vital for body energy and growth. Insulin is the hormone which acts like a key that opens the door to body cells and allows glucose to enter.
2. Without enough insulin, glucose builds up in the blood and passes into the urine. High blood glucose levels can lead to frequent urination, extreme thirst and tiredness.
3. Untreated diabetes increases the risk of damage to nerves and blood vessels. This in turn increases the risk of heart disease, stroke, blindness, kidney damage, foot ulcers and gangrene, impotence and other complications.

### Symptoms of Diabetes

1. Frequent urination
2. Extreme thirst
3. Unusual hunger
4. Rapid weight loss
5. Extreme fatigue
6. Blurred vision
7. Skin infections that are slow to heal
8. Tingling/numbness in feet

Diabetes can be present even with no symptoms

### Type 1 Diabetes

1. Occurs in 10% of diabetes cases
2. Usually in children and young adults
3. Pancreas produces little or no insulin. Daily insulin injections are necessary along with matching pre meal insulin to the amount of carbohydrates eaten. Weight control and regular physical activity are factored in also in controlling your blood glucose levels.

4. Insulin acts like a key. It opens the door to body cells and allows glucose to enter.
5. People with type 1 diabetes and some with type 2 diabetes have too few or no keys and require insulin injections.
6. Others (primarily type 2 ) make enough but the body doesn't use it as well as it should particularly if obese or inactive.

#### Type 2 Diabetes

1. Occurs in 90% of diabetes cases
2. Occurs mainly in adults, particularly in overweight and inactive persons
3. Insulin is produced but body cells resist its action and glucose cannot enter cells
4. Usually treated with meal planning and physical activity. Sometimes requires medication (pills or insulin)

Gestational diabetes can occur during pregnancy and usually disappears after baby is born. Women who experience gestational diabetes have a high risk of developing type 2 diabetes within 5-10 years.

#### Risk Factors for Diabetes

Pre- diabetes means that your blood glucose levels are higher than normal but not high enough to be called diabetes. If you have pre-diabetes you have a higher risk of getting diabetes later on. If you are diagnosed with prediabetes you can take action to prevent diabetes by making healthy lifestyle changes such as losing weight if overweight and being more physically active.

1. Have I been told I have pre diabetes
2. Family history of diabetes
3. African American, Latino American, Asian American, Native American or Pacific Islander
4. I have had gestational diabetes
5. I am over age 45
6. I am overweight
7. My waist is larger than 35 inches (for a woman) or 40 inches (for a man)
8. I get little or no physical activity
9. My blood pressure is higher than 130 over 85

10. My HDL (good cholesterol) is too low
11. My triglycerides (blood fats) are too high

If you fall into 2 or more of these categories you may be more likely to develop type 2 diabetes

### Blood Glucose Classifications

1. Normal: below 100
2. Pre Diabetes: 100-125
3. Diabetes: fasting over 125

Everyone over the age of 45 should have a blood glucose level test every 3 years.

### Diabetes Guide to Meal Planning

1. Eat a wide variety of foods that are mainly low in fat, low in refined sugars and high in fiber.
2. The plate method is an easy way to eat sensibly: fill half of your plate with non-starchy vegetables, salad, and greens. Fill a quarter of your plate with carbohydrates like wholegrain bread, pasta, potato or brown rice. Fill the other quarter of your plate with 3-4 ounces of lean meat, poultry or fish. Add a small piece of fruit or 8 ounces of skim/low fat milk or yogurt.
3. Maintain a healthy weight
4. Don't skip meals
5. If on insulin eat meals at the same time each day. Eat similar amounts of food at each meal.
6. Read your labels and know which foods contain carbohydrates and the amount of carbohydrate is in the food. All carbohydrates break down into sugars after digestion.
7. Choose wholegrain breads, cereals and pasta. Foods containing fiber help to slow the release of glucose into your blood stream after a meal.
8. Limit goods high in saturated fat, trans fat and cholesterol. Instead enjoy fish, soy or other foods rich in omega 3 fats.
9. Limit sugars and foods high in added sugars. Remember when a label says lo fat or nonfat the fat has been replaced with sugar.

## Carbohydrate Counting

A dietician can best determine the amount of carbohydrates to consume for each meal and snack throughout the day

1. 15 grams of carbohydrates equals one carb choice
2. Breakfast generally 3-4 carbohydrate choices or 30 -45 grams
3. Lunch and Dinner generally 3-4 carbohydrate choices or 30 -45 grams
4. Snacks if needed should include 1-2 carbohydrate choice

## Lower Glycemic Foods

Lead to better control of your blood glucose and insulin levels which in turn lowers the risk of damage to blood vessels and nerves. More slowly digested and absorbed. Use these foods regularly but continue to limit portion size for weight control

1. Dried beans, peas, lentils
2. Nuts and seeds
3. Wholegrain breads
4. Bran cereals, oats
5. Sweet corn, barley, buckwheat
6. Whole grain pasta, basmati rice
7. Fresh fruits: apples, avocados, bananas, cherries, grapefruit, grapes, olives, oranges, peaches, pears, plums and fresh juices.
8. Vegetables: broccoli, yam, sweet potatoes, salad greens
9. Milk, yogurt, soy drinks
10. Dark chocolate
11. Sugar alcohols (sorbitol and maltitol)

## Higher Glycemic Foods

Higher glycemic foods more rapidly raise blood glucose levels and therefore requiring more insulin by the body. Eat in moderation.

1. White bread, rice cakes, bagels, croissants, doughnuts
2. Low fiber cereals: cornflakes, rice krispies, froot loops
3. White potatoes, white rice
4. Watermelon, ripe bananas, cantaloupe, pineapple

5. Soda, sugar sweetened sport drinks and energy drinks
6. Sugar, candy, popcorn
7. Ice cream (lowfat), frozen yogurt

High glycemic fruits and potatoes are still healthy choices when eaten in moderation.

# DIABETES

## American Diabetes Association Preventative Care Guidelines For Adults

Tests/Exams/Teaching	How Often	Goal	If your A1C is	Then your Average Blood Glucose is
A1C	Two to four times per year, depending on control	less than 7%		
Blood Pressure	Each visit	less than 130/80		
Dilated Eye Exam	Once a year			
Lipid Profile (Cholesterol, HDL, LDL, Triglyceride)	At least annually ♦ May repeat every 2 years if low risk (i.e. individuals with LDL < 100, HDL > 50, Triglycerides < 150.)	<ul style="list-style-type: none"> <li>♦ Total cholesterol less than 200</li> <li>♦ LDL less than 100 (less than 70 if heart disease)</li> <li>♦ HDL greater than 50 in women; greater than 40 in men</li> <li>♦ Triglycerides less than 150</li> </ul>	13	326
Kidney function (urine microalbuminuria screening)	Once a year	♦ Less than 30	12.5	312
Serum creatinine	Once a year	♦ 0.6 - 1.3	12	298
Vaccine ♦ Flu ♦ Pneumovax	<ul style="list-style-type: none"> <li>♦ Once a year</li> <li>♦ Once in your lifetime or as recommended by your doctor</li> </ul>		11.5	283
Foot Exam	<ul style="list-style-type: none"> <li>♦ Every regular visit</li> <li>♦ Comprehensive exam yearly</li> </ul>		11	269
Diabetes Self-Management Education	See a diabetes nurse educator at time of diagnosis and as needed thereafter		10.5	255
Nutritional Assessment	Individualized medical nutrition therapy as needed to achieve treatment goals		10	240
Aspirin Therapy*  *Some people cannot take aspirin, so talk to your health care provider to make sure it is right for you.	Daily (75-162mg/day)	<ul style="list-style-type: none"> <li>♦ All adults with diabetes and cardiovascular disease</li> <li>♦ Men with diabetes over age 50 and at risk for cardiovascular disease and women over 60 with diabetes</li> </ul>	9.5	226
Tobacco Cessation	Each visit	No tobacco use	9	212
Health Care Goals	Each visit	Individualized	8.5	197
Weight and BMI	Each visit	Individualized	8	183
			7.5	169
			7	154
			6.5	140
			6	126

Inservice Training Report

Nursing Department

2022

JoAnn Saunders LPN

Objective: Overview of Medication Administration guidelines

Summary: see as follows and attached Policy

Staff providing medication administration to persons served will be trained and demonstrate competency in proper medication administration. They will be trained by a licensed health care professional followed by an observed skill assessment. This will be completed during the orientation period.

The 6 rights of administering medications will be followed: Dose, time, route, person served, right medication and date.

A medication can be given 60 minutes before or after the prescribed scheduled time.

Staff should be familiar with side effects and special instructions regarding each medication.

If injectable medications are prescribed a licensed health care professional can delegate and provide necessary training to unlicensed staff.

Documentation of prescribed scheduled medications and prescribed PRN medications will be in Therap under MAR.

The MAR in Therap must correspond with the label on the prescribed medication and physicians' orders.

All medications will be stored in a locked cabinet. Each person served will have their own medication compartment.

Standing order medications will be stored separately from persons served medications.

All prescribed medications will come in blister packs from the pharmacy. Staff from the home picking up medications will view the blister pack so make sure all bubbles are appropriately filled. If not will notify the pharmacy. Medications supplied in a blister pack will be counted and documented in the MAR daily. Medications not supplied in a blister pack such as supplements and over the counter medications will not be counted.

When administering a medication from the blister pack staff will pop the medication out and initial on the front of the blister pack over the medication they removed with their initials. The medication will be administered to the person served and then documented on the MAR. The count that remains is the number documented in the MAR. Never document a medication that it was given before it has been successfully given. Medications may need to be crushed and mixed with food before given. Always check with a pharmacist to make sure if a med can be crushed or not. There are some meds that cannot be crushed and may need to be ordered in a different form. If a medication is inadvertently removed

Safe dose

**POLICY AND PROCEDURE ON SAFE MEDICATION  
ASSISTANCE AND ADMINISTRATION**

**I. PURPOSE**

The purpose of this policy is to establish guidelines to promote the health and safety of persons served by ensuring the safe assistance and administration of medication and treatments or other necessary procedures.

**II. POLICY**

The company is responsible for meeting health service needs including medication-related services of persons as assigned in the *Coordinated Service and Support Plan (CSSP)* and/or *CSSP Addendum*.

Persons served will be encouraged to participate in the process of medication administration to the fullest extent of their abilities, unless otherwise noted in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*. The following procedures contain information on medication-related services for the administration of medication as well as the assistance staff may provide to a person who self-administers their own medication.

All medications and treatments will be administered according to this policy and procedure and the company's medication administration training curriculum.

**III. PROCEDURE**

**Staff training**

- A. When medication set up and/or administration has been assigned to the company as stated in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*, staff who will set up or administer medications to persons served will receive training and demonstrate competency as well as reviewing this policy and procedure.
- B. Unlicensed staff, prior to the set up and/or administration of medication, must successfully complete a medication set up or medication administration training course developed by a registered nurse or appropriate licensed health professional. The training curriculum must incorporate an observed skill assessment conducted by the trainer to ensure staff demonstrate the ability to safely and correctly follow medication procedures. The course must be taught by a registered nurse/licensed practical nurse, clinical nurse specialist, certified nurse practitioner, physician's assistant, or physician, if at the time of service initiation or any time thereafter. This may occur if the person has or develops a health care condition that affects the service options available to the person because the condition requires specialized or intensive medical or nursing supervision and nonmedical service providers to adapt their services to accommodate the health and safety needs of the person.
- C. Upon completion of this course and prior to the setting up and/or administering medications, staff will be required to demonstrate medication set up and/or administration established specifically for each person served at their location, if this has not already been completed.
- D. This training will be completed for each staff person during orientation, within the first 60 days of hire. Staff who demonstrate a pattern of difficulty with accurate medication administration may be required to complete retraining at a greater frequency and/or be denied the responsibility of administering medications.
- E. Documentation for this training and the demonstrated competency will be maintained in each staff person's personnel file.

**Medication set up**

- A. Medication setup means the arranging of medications according to instructions from the pharmacy, the prescriber, or a licensed nurse, for later administration when the company is assigned responsibility in the

# Marshall County Group Homes, Inc.

*Coordinated Service and Support Plan or the CSSP Addendum.* A prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.

- B. Staff will document the following information in the person's served medication administration record:
1. Dates of medication set up.
  2. Name of medication.
  3. Quantity of dose.
  4. Times to be administered.
  5. Route of administration at the time of set up.
  6. When the person will be away from the service location,
  7. To whom the medication was given.

## **Medication assistance**

- A. There may be occasions when the company is assigned responsibility solely for medication assistance to enable a person served to self-administer medication or treatments when the person is capable of directing their own care or when the person's legal representative is present and able to direct care for the person.
- B. If medication assistance is assigned in the *Coordinated Service and Support Plan* and/or *CSSP Addendum*, staff may:
1. Bring to the person and open a container of previously set up medications, empty the container into the person's hand, or open and give the medication in the original container to the person under the direction of the person.
  2. Bring to the person food or liquids to accompany the medication.
  3. Provide reminders, in person, remotely, or through programming devices such as telephones, alarms, or medication boxes, to take regularly scheduled medication or perform regularly scheduled treatments and exercises.

## **Medication administration**

- A. Medication may be administered within 60 minutes before or after the prescribed time. For example, a medication ordered to be given at 7:00 am may be administered between 6:00 am and 8:00 am.
- B. Medications ordered to be given as an "AM medication" and/or "PM medication" may be administered at a routine daily time. The routine time may fluctuate up to two hours in order to accommodate the person's schedule. For example, if a person typically receives their medication at 7:00 am, then on the weekends, the medication may be given between 5:00 am and 9:00 am.
- C. Staff administering medication must know or be able to locate medication information on the intended purpose, side effects, dosage, and special instructions.
- D. General and specific procedures on administration of medication by routes are included at the end of this policy. Routes included are:
1. Oral tablet/capsule/lozenge.
  2. Liquid medication.
  3. Buccal medication.
  4. Inhaled medication.
  5. Nasal spray medication.
  6. Eye medication.
  7. Ear drop medication.
  8. Topical medication.

## **Medication Authorization**

- A. Prior to administering medication for the person served, the company will obtain written authorization from

# Marshall County Group Homes, Inc.

the person served and/or legal representative to administer medications or treatments, including psychotropic medications.

- B. This authorization will remain in effect unless withdrawn in writing and it may be withdrawn at any time.
- C. If authorization by the person served and/or legal representative is refused, the company will not administer the medication or treatment. This refusal will be immediately reported to the person's prescriber and staff will follow any directives or orders given by the prescriber.

## **Injectable medications**

- A. Injectable medications may be administered to a person served according to their prescriber's order and written instructions when one of the following conditions has been met:
  - 1. A registered nurse or licensed practical nurse will administer injections.
  - 2. A supervising registered nurse with a prescriber's order can delegate the administration of an injectable medication to unlicensed staff persons and provide the necessary training.
  - 3. There is an agreement that must be signed by the company, the prescriber, and the person served and/or legal representative will be maintained in the service recipient record. This agreement will specify:
    - a. What injection may be given;
    - b. When and how the injection may be given;
    - c. That the prescriber retains responsibility for the company to give the injection.
- B. Only a licensed health care professional is allowed to administer psychotropic medications by injection. This responsibility will not be delegated to unlicensed staff.

## **Psychotropic medication**

- A. When a person served is prescribed a psychotropic medication and the company is assigned responsibility for the medication administration, the requirements for medication administration will be followed.
- B. The company will develop, implement, and maintain the following information in the person's *CSSP Addendum* according to MN Statutes, sections 245D.07 and 245D.071. This information includes:
  - 1. A description of the target symptoms that the psychotropic medication is to alleviate.
  - 2. Documentation methods that the company will use to monitor and measure changes to these target symptoms, if required by the prescriber.
  - 3. Data collection of target symptoms and reporting on the medication and symptom-related data, as instructed by the prescriber, a minimum of quarterly or as requested by the person and/or legal representative. This reporting will be made to the expanded support team.
- C. If the person and/or legal representative refuse to authorize the administration of a psychotropic medication as ordered by the prescriber, the company will not administer the medication and will notify the prescriber as expediently as possible. After reporting the refusal to the prescriber, the company must follow any directives or orders given by the prescriber. A refusal may not be overridden without a court order. Refusal to authorize administration of a specific psychotropic medication is not grounds for service termination and does not constitute an emergency.

## **Documentation requirements on the Medication Administration Record (MAR)**

The following information will be documented on a person's medication administration record

- 1. Information on the current prescription labels or the prescriber's current written or electronically recorded order or prescription that includes the:
  - a. Person's name
  - b. Description of the medication or treatment to be provided
  - c. Frequency of administration
  - d. Other information needed to safely and correctly administer medication or treatment to ensure effectiveness

# Marshall County Group Homes, Inc.

2. Easily accessible information on risks and other side effects that are reasonable to expect and any contraindications to the medications use.
3. Possible consequences if the medication or treatment is not taken or administered as directed.
4. Instruction on when and to whom to report:
  - a. If a dose of medication is not administered or treatment is not performed as prescribed, whether by staff error, the person's error, or by the person's refusal
  - b. The occurrence of possible adverse reactions to the medication or treatment
5. Notation of any occurrence of a dose of medication not being administered or treatment not performed as prescribed, whether by staff error, the person's error, or by the person's refusal, or of adverse reactions, and when and to whom the report was made.
6. Notation of when a medication or treatment is started, administered, changed, or discontinued.

## **Medication documentation and charting**

- A. Staff will transcribe a prescriber's new, changed, and discontinued medication/treatment orders to the monthly medication sheet by:
  1. Comparing the label on the medication with the prescriber's to ensure they match. Any discrepancy must be reported to the pharmacy immediately.
  2. Copying any new medication/treatment or change from the original prescriber's orders to the monthly medication sheet.
  3. When there is a change in a current medication/treatment, the revision is written on the MAR in order to implement the medication change.
  4. Entering the medication/treatment name, dose, route, frequency, and times to be administered.
  5. Drawing a line to the start date for each assigned time.
  6. Discontinuing a medication/treatment as ordered by writing "D/C" or "Discontinued," on the date, then drawing a line through the remaining boxes on the MAR.
  7. Completing any applicable health documentation regarding the entry and notifying the necessary personnel.
- B. Staff will document administration of medications/treatments on the monthly medication sheet by:
  1. Ensuring the person's name, allergies, month, and year are on the monthly medication sheet.
  2. Completing documentation on the monthly medication sheet in black or blue ink.
  3. Ensuring white-out, erasing, or disfigurement, such as scratching out are not used at any time.
- C. Each month, staff administering and documenting medication/treatment administration will enter their initials on the MAR. Full name, and initials are documented on the designated signature sheet annually beginning in January each year.

## **Medication storage and security, including Schedule II medication storage; Medication Destruction**

- A. The medication storage area/container will be appropriate for the person served, which may include being locked by the person or by the company, when unattended by staff and will be kept clean, dry, and within the appropriate temperature range.
- B. Each person served will have a separate container for their medications and a separate container for their external medications. Standing order medications will be in a separate container.
- C. Medication will not be kept in the same area as food or chemicals (in the case of refrigerated medications, they will be kept in a locked container and separated from food).
- D. Schedule II controlled substances, names in MN Statutes, section 152.02, subdivision 3, will be stored in a locked storage area permitting access to the person served and staff authorized to administer medications.
- E. Medications will be disposed of according to the Environmental Protection Agency recommendations.

# Marshall County Group Homes, Inc.

## **Verification and monitoring of effectiveness of systems to ensure safe medication handling and administration (reporting and reviewing)**

- A. The designated person will be responsible for reviewing each person's medication administration record to ensure information is current and accurate. This will include a review of the monthly medication sheets, referrals, medication orders, etc.
- B. At a minimum, this review will occur quarterly or more frequently if directed by the person and/or legal representative or the *Coordinated Service and Support Plan* or *CSSP Addendum*.
- C. Based upon this quarterly or more frequent review, the reviewer will notify the manager, as needed, of any issues. Collaboratively, a plan must be developed and implemented to correct patterns of medication administration errors or systemic errors when identified. When needed, staff training will be included as part of this plan to correct identified errors.
- D. The following information will be reported to the legal representative and case manager as they occur or as directed by the *Coordinated Service and Support Plan* or *CSSP Addendum*:
  - 1. Concerns about a person's self-administration of medication or treatment.
  - 2. A person's refusal or failure to take or receive medication or treatment as prescribed.
  - 3. Any reports as required, regarding:
    - a. Pattern of missed dose of medication not administered or treatment is not performed as prescribed, whether by staff error, the person's error, or by the person's refusal
    - b. Occurrence of possible adverse reactions to the medication or treatment

## **Coordination and communication with prescriber**

- A. As part of medication set up and administration, the company will ensure that clear and accurate documentation of prescription orders has been obtained by the prescriber in written format.
- B. Initiations, dosage changes, or discontinuations of medications will be coordinated with the prescriber and discussed as needed to ensure staff and/or the person served has a clear understanding of the order. If the order has only been done verbally, staff will request a written, telephone, or electronically recorded copy from the prescriber. Staff will not make any changes to medications or treatment orders unless there is a written or electronically recorded copy. Telephone order may be written by nursing or staff member.
- C. All prescriber instructions will be implemented as directed and within required timelines by staff and/or the person served and documented in related health documentation.
- D. Concerns regarding medication purpose, dosage, potential or present side effects, or other medication-related issues will be promptly communicated to the prescriber by staff, the manager, assigned nurse, or nurse consultant.
- E. Any changes to the physical or mental needs of the person as related to medication will be promptly made to the prescriber in addition to the legal representative and case manager.

## **Coordination of medication refills and communicating with the pharmacy**

- A. The manager or other assigned staff person will be responsible for checking medication supply routinely to ensure adequate amount for administration.
- B. Some pharmacies may automatically refill prescriptions of persons served. If this is the case, staff will contact the pharmacy if a medication or treatment is discontinued.
- C. The company will ensure that the pharmacy has the contact information for the service location and the main contact person who can answer questions and be the primary person responsible for coordinating refills.

# Marshall County Group Homes, Inc.

## **Handling changes to prescriptions and implementation of those changes**

- A. All written instructions regarding changes to medications and treatments are required to be documented through a prescription label or the prescriber's written, telephone order or electronically recorded order for the prescription.
- B. Changes made to prescriptions will be immediately communicated to the manager and nurse, as applicable.
- C. Any concerns regarding these changes and the order will be resolved prior to administration of the medication to ensure safety and accuracy.
- D. Staff will implement changes and document appropriately on the monthly medication sheet.
- E. Discontinued medications or medications that the dosage is no longer accurate due to the changes will be discarded appropriately.

## **IV. GENERAL AND SPECIFIC PROCEDURES ON ADMINISTRATION OF MEDICATION BY ROUTES**

- A. **General procedures completed before administering medication by any route**
  1. Staff must begin by washing their hands and assembling equipment necessary for administration.
  2. The person's monthly medication sheet is reviewed to determine what medications are to be administered and staff remove the medication from the storage area.
  3. Staff will compare the medication sheet with the label of each medication for the following:
    - a. Right person
    - b. Right medication
    - c. Right date
    - d. Right time
    - e. Right route
    - f. Right dose
    - g. Expiration date
  4. If there is a discrepancy, the medication will not be administered. Instructions will be verified by contacting the nurse, pharmacist, or prescriber.
  5. Staff will compare the label with the medication sheet for the second time.
  6. Immediately prior to the administration of any medication or treatment, staff will identify the person and will explain to the person what is to be done.
  7. Staff will compare the label with the medication sheet for the third time before administering it, according to the specific procedures below, to the person.
  8. After administration, staff will document the administration of the medication or treatment or the reason for not administering the medication or treatment.
  9. Staff will contact the nurse, or prescriber regarding any concerns about the medication or treatment, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed.
  10. Adverse reactions will be immediately reported to the nurse, or prescriber.
- B. **Additional procedures for administration of oral tablet/capsule/lozenge**
  1. If medications are in a bottle, staff will pour the correct number of tablets or capsules into the lid of the medication container and transfer them to a medication cup.
  2. If medications are in bubble packs, staff will, beginning with the highest number, push the correct dose into a medication cup, and write their initials on the card next to the dose popped out.
  3. If medication is in lozenge form, staff will unwrap the lozenge and transfer it to a medication cup.
  4. Staff will administer the correct dosage by instructing the person to swallow the medication. If the medication is in lozenge form, staff will instruct the person not to chew or swallow the lozenge so it is able to dissolve in their mouth.
  5. If the medication is to be swallowed (tablet/capsule), staff will offer at least 4 ounces of a beverage or soft food and remain with the person until the medication is swallowed.

# Marshall County Group Homes, Inc.

6. If the medication is in lozenge form, staff will stay in the vicinity until the lozenge is completely dissolved; checking periodically to ensure the lozenge has not been chewed or swallowed.
- C. Additional procedures for the administration of **liquid medications**
1. Staff will shake the medication if it is a suspension (staff will check the label if in doubt).
  2. Staff will pour the correct amount of medication, at eye level on a level surface, with the label facing up, into a plastic medication measuring cup or measuring spoon.
  3. Staff will wipe around the neck of the bottle with a damp paper towel, if sticky, and replace the cap.
  4. Staff will dilute or dissolve the medication if indicated on the label or medication sheet with the correct amount of fluid.
  5. Staff will administer the correct dose according to the directions in an appropriate container.
  6. Staff will remain with the person until the medication is swallowed.
- D. Additional procedures for the administration of **buccal medication**
1. Buccal medications are usually given in a liquid form and administered into the cheek.
  2. Staff will open the container and measure the correct dose of liquid medication into a syringe or dropper.
  3. Staff will position the person on their side.
  4. Staff will administer the medication by squeezing the syringe or dropper into the person's cheek, with gloved hands, avoiding going between the teeth.
  5. Staff will remain with the person to ensure that the medication has been absorbed into the cheek and that they have not drank any liquids.
- E. Additional procedures for the administration of **inhaled medications**
1. If more than 1 inhaled medication is to be given, staff will state which one is administered first.
  2. Staff will position the person sitting, if possible.
  3. Staff will gently shake the spray container (Diskus style inhalers do not require shaking).
  4. Staff will assemble the inhaler properly, if required, and remove the cover (Diskus style: staff will slide lever to open inhaler, then cock internal lever to insert dose into mouthpiece).
  5. Staff will instruct the person to exhale through their mouth completely.
  6. Staff will place the mouthpiece into the person's open mouth and instruct the person to close their lips around the mouthpiece.
  7. Staff will press down the canister once, while instructing the person to inhale deeply and slowly through the mouth (Diskus style: staff will instruct the person to inhale the powdered medication).
  8. Staff will wait 1 minute and repeat steps 5-7, if more than one puff is ordered.
  9. Staff will instruct the person to rinse their mouth with water if directed.
  10. Staff will return the medication to the locked area.
  11. Staff will wash the inhaler mouthpiece daily with soap and warm water and dry it with a clean paper towel (Diskus style: staff will wipe the mouthpiece with a clean dry cloth).
- F. Additional procedures for the administration of **nasal spray medications**
1. Staff will ask the person to blow their nose or will gently wipe the nose with gloved hands.
  2. Staff will gently shake the spray container.
  3. Staff will ask the person to tilt their head slightly forward.
  4. Staff will remove the cap from the nozzle and will insert the nozzle into one nostril, aiming away from the septum (middle of the nostril).
  5. Holding the other nostril closed, staff will instruct the person to inhale and squeeze once to spray.
  6. Staff will repeat steps 4 and 5 to deliver the correct dosage to the other nostril.
  7. Staff will rinse the nozzle with warm water, dry it with a clean paper towel, and replace the cap.
- G. Additional procedures for the administration of **eye medications**
1. Staff will open the medication container.
  2. Staff will position the person in a sitting or lying down position.
  3. Staff will observe the eye(s) for any unusual conditions which should be reported to the nurse or prescriber prior to administration.

# Marshall County Group Homes, Inc.

4. Staff will cleanse the eye (unless otherwise noted) with a clean tissue, gently wiping from the inner corner outward once (if medication is used in both eyes, staff will use a separate tissue for each eye).
  5. Staff will assist or ask the person to tilt their head back and look up.
  6. With gloved hands, staff will pull correct lower eyelid down to form a 'pocket' or ask the person to pull down their lower eyelid and will administer the correct dose (number of drops/strand for ointments) into the correct eye(s).
  7. If different eye medications are prescribed, staff will five (5) minutes before administering the second medication.
  8. Staff will avoid touching the tip of the dropper or tube to the person's eyelid or any other object or surface and replace the cap.
  9. Staff will offer the person a tissue for each eye or blot the person's eye with separate tissues.
- H. Additional procedures for the administration of **ear drop medication**
1. Staff will have the person sit or lie down with the affected ear up.
  2. If sitting, staff will have the person tilt head sideways until the ear is as horizontal as possible.
  3. If lying down, staff will have the person turn their head.
  4. Staff will observe ears and notify the nurse or prescriber of any unusual condition prior to administration of the medication.
  5. Staff will administer the correct number of drops, which are at room temperature, into the correct ear by pulling the ear gently backward and upward. For children, under 3 years of age, staff will pull the ear gently back and down.
  6. Staff will have the person remain in the required position for one (1) to two (2) minutes.
  7. Staff will have the person hold their head upright while holding a tissue against the ear to soak up any excess medication that may drain.
  8. Staff will repeat the procedure for the other ear if necessary.
  9. Staff will replace the cap on the container and will avoid touching the tip of the dropper to the person's ear or any other surface.
- I. Additional procedures for the administration of **topical medications**
1. Staff will position the person as necessary for administration of the medication.
  2. Staff will, prior to administering the medication, observe for any unusual conditions of the affected area of the body which should be reported to the nurse or prescriber.
  3. Staff will wash and dry the affected area unless otherwise indicated.
  4. Staff will administer medication to the correct area, according to directions, with the appropriate applicator or with gloved hands.
  5. If the topical is in powder form, staff will instruct the person to avoid breathing particles in the air that may result from the application.
  6. If the topical is a transdermal patch, staff needs to be aware of the appropriate site location to place the transdermal patch.
  7. If the topical is a transdermal patch, staff will remove the old patch and select a new patch site (new patch should be applied to clean dry skin which is free of hair, cuts, sores, or irritation on upper torso unless otherwise directed).
  8. If the topical is a transdermal patch, staff will unwrap the new patch, sign and date the patch, remove the backing, and apply it to the new patch site.
  9. Staff will replace the cap on the container, if needed, avoiding contact with any other surfaces.
- J. Staff will throw away all disposable supplies and place all medications in the locked medication storage area/container prior to leaving the area.
- K. Staff will wash their hands.

This policy and procedure was established in consultation with and approved by:

Name: Cindy Winter

Title: Registered Nurse

Company: STAR Services

# Marshall County Group Homes, Inc.

Date of consultation and final approval: July 31, 2015



