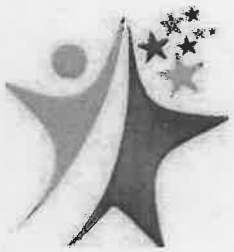


NorthStar

Community Services
Safe Medication Assistance and Administration Education

Outcomes

After reviewing this education and completing the test, each employee should be able to:

1. Identify different forms and routes of medication.
2. Recall the parts of a medication label.
3. Name the '7 Rights' of medication administration.
4. List the different types of medication errors.
5. Identify the process of notifying appropriate parties in the case of a medication error.
6. Explain how to give PRN medications.
7. List different medication abbreviations.

Policy

It is the policy of NorthStar Community Services to provide safe medication setup, assistance and administration:

- When assigned responsibility to do so in the person's coordinated service and support plan (CSSP) or the CSSP addendum
- Using procedures established in consultation with a registered nurse, nurse practitioner, physician's assistant or medical doctor
- By staff who have successfully completed medication administration training before actually providing medication setup, assistance and/or administration

For the purposes of this policy, medication assistance and administration includes, but is not limited to:

- Providing medication-related services for a person;
- Medication setup;
- Medication administration;
- Medication storage and security;
- Medication documentation and charting;
- Verification of monitoring of effectiveness of systems to ensure safe medication handling and administration;
- Coordination of medication refills;
- Handling changes to prescriptions and implementation of those changes;
- Communicating with the pharmacy; or
- Coordination and communication with the prescriber.

Definitions

For the purposes of this policy the following terms have the meaning given in section 245D.02 of the 245D Home and Community-based Services Standards:

A. "Medication" means a prescription drug or over-the-counter drug and includes dietary supplements.

B. "Medication administration" means following this policy to ensure that a person takes his or her medications and treatments as prescribed.

C. "Medication assistance" means medication assistance is provided in a manner that enables the person to self-administer medication or treatment when the person is capable of directing the person's own care, or when the person's legal representative is present and able to direct care for the person.

D. "Medication setup" means arranging medications according to the instructions provided by the pharmacy, prescriber or licensed nurse, for later administration.

E. "Over-the-counter drug" means a drug that is not required by federal law to bear the statement "Caution: Federal law prohibits dispensing without prescription."

F. "Prescriber" means a person who is authorized under section 148.235; 151.01, subdivision 23; or 151.37 to prescribe drugs.

G. "Prescriber's order and written instructions" means the current prescription order or written instructions from the prescriber. Either the prescription label or the prescriber's written or electronically recorded order for the prescription is sufficient to constitute written instructions from the prescriber.

H. "Prescription drug" has the meaning given in section 151.01, subdivision 16.

I. "Psychotropic medication" means any medication prescribed to treat the symptoms of mental illness that affect thought processes, mood, sleep, or behavior. The major classes of psychotropic medication are antipsychotic (neuroleptic), antidepressant, antianxiety, mood stabilizers, anticonvulsants, and stimulants and non-stimulants for the treatment of attention deficit/hyperactivity disorder. Other miscellaneous medications are considered to be a psychotropic medication when they are specifically prescribed to treat a mental illness or to control or alter behavior.

Medication Administration Responsibilities

It is your responsibility to pass medications to each client in a safe, effective, and timely manner. Before you administer any medication, you must know the intended use of the medication, possible side effects or reactions, warnings, and directions for use. Part of this responsibility includes reporting medication errors, medication refusals, failure to receive medications, and adverse reactions.

Individuals may respond differently toward a medication based on interactions with their other medications. Most of the clients we serve are taking multiple medications, which increases the chances of an interaction. Medications can also work differently based on a client's sex, weight, age, genetic factors, liver and kidney function, illness, or environment.

When administering medications, it is important to be familiar with the client's medications and limit distractions. Ensure that the medication is administered exactly as prescribed. Never administer a medication you did not personally set up for the client.

Forms and Routes of Medications

Medications are manufactured for various routes of administration and in different forms. These forms are:

- Tablets (Regular/Enteric Coated/Extended Release)
- Capsules (Regular and Extended Release)
- Ointments
- Pastes and Creams
- Oral Suspensions
- Syrups
- Ear and Eye Drops
- Suppositories
- Inhalers
- Subcutaneous Injections (Example: Insulin)

The routes of administration include the following:

- Oral: Swallowed by mouth as a Tablet, Capsule, Lozenge, or Liquid.
    - Tablets
    - Capsules: May be easier to swallow than tablets. **Can not be chewed or crushed.** Some Capsules may be opened and put into food or liquid upon approval from the Pharmacy and MD.

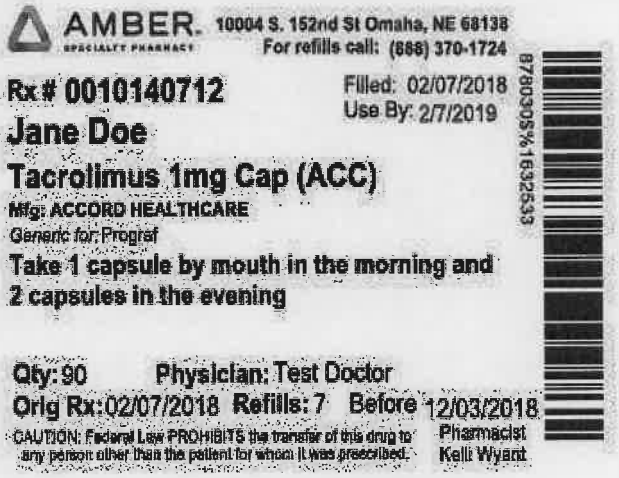
- Enteric-coated tablets: Have a protective layer that allows the pill to dissolve in the small intestine instead of the stomach. **Can not be chewed or crushed**
- Extended-release medications: Designed to disintegrate slowly and should be swallowed whole. **Can not be chewed or crushed**

- Subcutaneous: An injection where a short needle is used to inject a drug into the tissue layer between the skin and the muscle. Ex: Insulin
- Buccal: Placing a drug between your gums and cheek, where it also dissolves and is absorbed into your blood.
- Sublingual: Placing a drug under your tongue to dissolve and absorb into your blood.
- Topical: A medication applied directly to the skin as an Ointment, Cream, Lotion, Solution, Powder, or Gel.
- Ophthalmic/Ocular: A liquid, gel, or ointment that can be applied to the eye.
- Otic: Given by drops into the ear.
- Rectal: A drug is mixed with a waxy substance that dissolves or liquefies after it is inserted into the rectum.
- Nasal: Route of delivery of drugs through the nose that are absorbed through the nasal mucosa.
- Inhalation: This method is used to administer drugs that act specifically on the lungs, such as Metered Dose Inhalers, Dry Powder Inhalers, and Soft Mist Inhalers.
- Transdermal: A patch that is applied to your skin and contains medication. The drug from the patch is absorbed into your body over a period of time.

The oral route of administration is the preferred route of administration for all clients. However, the oral route is contraindicated for clients adversely affected with a swallowing disorder or a decreased level of consciousness. Some oral medications can be crushed and mixed with food or liquid for some clients who have difficulty swallowing pills and tablets. Do **not crush or chew** Extended Release Tablets or Capsules, Enteric Coated Tablets, Buccal, or Sublingual Medications.

Reviewing Pertinent Data Prior to Medication Administration

Review the MAR and medication label. A label must always include the client's full name, name of the medication, ordered dosage, form of the medication, route of administration, time or frequency of administration, expiration date, Rx number, prescribing MD, and number of refills.


AMBER. SPECIALTY PHARMACY
10004 S. 152nd St Omaha, NE 68138
For refills call: (888) 370-1724
Rx # 0010140712
Filled: 02/07/2018
Use By: 2/7/2019
Jane Doe
Tacrolimus 1mg Cap (ACC)
Mfg: ACCORD HEALTHCARE
Generic for: Prograf
Take 1 capsule by mouth in the morning and 2 capsules in the evening
Qty: 90 Physician: Test Doctor
Orig Rx: 02/07/2018 Refills: 7 Before 12/03/2018
CAUTION: Federal Law PROHIBITS the transfer of this drug to any person other than the patient for whom it was prescribed.
Pharmacist Kelli Wyant
8780305%1632533

The '7 Rights' of Medication Administration

Administering medication to clients safely is of the utmost importance. To ensure accurate and timely administration, follow the '7 Rights' of medication administration. Every time you give a medication to a client, check each of these rights:

1. **Right Client:** Compare the name on the Medication Administration Record with the name on the prescription bottle or bubble pack to ensure it was prescribed for that person.
2. **Right Drug:** All medication must be given from the original labeled container unless packaged for a leave of absence.
3. **Right Dose:** Compare the order on the Medication Administration Record with the medication label. Some medications are prescribed in certain dosages or strengths and you may be required to give more than one pill to obtain the correct dose.
4. **Right Route:** Ensure that pills, creams, and drops are administered correctly.
5. **Right Time:** Medications may be given 1 hour before or 1 hour after the assigned time.
6. **Expiration Date:** Ensure medications are not expired.
7. **Right documentation:** Ensure you have documented if the medication was given or refused. **NEVER DOCUMENT PRIOR TO ADMINISTRATION**. Ensure PRN medications are followed up appropriately for effectiveness.

Following these '7 Rights' will prevent errors in medication administration. In addition to the '7 Rights' of medication administration, it is important to remember to:

- Check the Medication Administration Record for any allergies to medications.
- Do not use medication if it is expired.
- Respect the client's rights at all times.
- Respect confidentiality and the privacy of every individual client.
- Talk to the client in terms or language they understand.
- Explain to the client what you are doing or will be doing whether it's giving medications or doing a treatment.
- If the client refuses, re-approach up to 3 times before documenting refusal of medication.
- **NEVER set up medications to be administered at a later time. ALWAYS set up one client's medications at a time (not all clients together), administer immediately and chart.**

Medication Administration

Staff must complete the following when responsible for medication administration:

1. Check the client's Medication Administration Record to see which medications and or treatments are due.
2. Prepare the medications and or treatments following the '7 Rights' of Medication Administration for each medications and or treatments that are to be given at that specific time. If medications are in a bottle, staff will pour the correct number of tablets or capsules into the lid of the medication container. If medications are in a bubble pack, staff will start at the highest number, push the correct dose into a medicine cup, and date and initial next to the popped out dose. If there is a discrepancy, the medication must not be administered. You must contact the Program Coordinator, House Lead or RN.
3. Administer the medications and or treatments following the '7 Rights' of Medication Administration.
4. Document in the Medication Administration Record:
    1) The administration of the medications and or treatments
    2) A dose of medication and or a treatment not being administered. If a client refuses a medication, this must be documented in the Medication Administration Record
    3) Medications and or treatments that are sent out of the facility
    4) Notation of when a medication or treatment is started, administered, changed, or discontinued;
5. Report any concerns about the medications and or treatments, including side effects, effectiveness, or a pattern of the person refusing to take the medication or treatment as prescribed, to the Program Coordinator, House Lead, or RN.
6. Side effects must be immediately reported to the Program Coordinator, House Lead or RN. If the Adverse reaction is life threatening, call 911. Document the adverse reaction in your shift note and to whom you made a report to.

WITH ALL ROUTES OF ADMINISTRATION
FOLLOW THE '7 RIGHTS' OF MEDICATION ADMINISTRATION

Oral Route Administration

Prepare each medication appropriately according to the client's Medication Administration Record, clicking "Verify" after each medication is set up, and give the client their medication to swallow with sufficient amount of water.

Remain with the client until the medication is swallowed; some clients may pocket and store medications in their cheeks rather than swallow them.

Liquid Medication Administration

- Check Medication Administration Record for the appropriate dose of liquid medication.
- Put graduated cup on a table or counter top - never pour liquid medications while holding the medicine cup as that will cause too much or too little medication.
- Before pouring liquid medications, always ensure that your hand is over the label and that you pour away from the label. This will ensure that none of the liquid gets on the label which can alter the clients information and directions.
- Pour the ordered dose of medication into the graduated cup while being at eye level with the table or counter top for dosing accuracy.
- Give the client the liquid medication to be administered.
- Document in the client's Medication Administration Record.

Buccal and Sublingual Route of Administration

Buccal medications are placed between the teeth and the inner aspect of the client's cheek. Sublingual medications are administered under the back of the tongue:

1. Put on gloves.
2. Place the buccal medication in the buccal pouch and the sublingual medication under the client's tongue.
3. Instruct the client to not chew or swallow the medication but, instead, to leave the drug in its position until it is completely dissolved.
4. Document in the client's Medication Administration Record.

Nasal Spray

1. Before applying, have the client gently blow their nose. This will clear their nasal passages and clear the way for the medicine.
2. If directed to do so, shake the bottle or squirt out a small amount, which is called "priming" a nasal inhaler.
3. Take the top of the Nasal Spray and lay on its side to avoid contamination.
4. Position the bottle opening under one nostril. To use the nasal spray properly, it's important to make

sure to point the spray toward the back of the client's nose so the medicine makes it into the sinuses.

5. Gently squeeze or pump the bottle and, with the client's mouth closed, have them inhale through their nose slightly and gently to ensure that the product remains inside of their nose. Usually, the pump action on the spray is enough to drive the spray into the nose and sinus. They can take a gentle sniff, but they don't want to taste it in the back of their throat.
6. Document in client's Medication Administration Record..

Topical Route Administration

Some topical medications are only suitable on intact skin and others that contain a medication are used for the treatment of broken skin or a wound.

1. Put on gloves.
2. If instructed to or necessary, cleanse the area with mild soap and water and pat dry.
3. Open the tube or container, putting the cap on its side to prevent contamination to the inner aspect of the cap.
4. Apply the topical medication onto the ordered areas using a gloved hand, tongue depressor, cotton tipped applicator or sterile gauze in long even strokes following the direction of hair growth when applicable.
5. Document in client's Medication Administration Record.

Transdermal Route Administration

Transdermal medications are absorbed from the surface of the skin. Transdermal medications are commercially prepared with the ordered dosage on the patch.

1. Put on gloves.
2. Remove the old transdermal patch.
3. Fold patch in half and discard into garbage unless otherwise instructed.
4. Depending on the type of Transdermal patch, rotating sites will be necessary.
5. Wash and dry area that Transdermal patch will be applied.
6. Put on new gloves.
7. Apply a new Transdermal patch ensuring the patch is secure to skin.
8. Date and initial new Transdermal patch.
9. Document in client's Medication Administration Record.

Ophthalmic Route Medication Administration

Ophthalmic eye medications are applied using sterile technique which is one of the few routes that require more than medical asepsis or clean technique.

1. Put on gloves.
2. Position the client in a sitting position or in a supine (laying) position.
3. Take the lid off of eye drops and place on its side to ensure no contamination to the inner lid.
4. Have the client tilt their head back and towards the eye getting the drops or ointment in order to prevent the medication from entering and collecting in the client's tear duct.
5. Have the client look up and away to prevent the tip of the tube or dropper from touching the client's eye.
6. Rest your hand against the client's forehead to steady it.
7. To administer drops, pull down the lower lid and instill the ordered number of drops into the conjunctival space.
8. To administer an ointment, pull down the lower lid and squeeze the ointment into the conjunctival space moving from the inner to the outer eye without letting the tip of the tube touch the client's eye.
9. Instruct the client to close their eyes, roll their eyes and blink. Blinking will spread the drops and rolling the closed eyes will spread the ointment over the eye.
10. Clean off any excess drops or ointment gently using a facial tissue moving from the inner to the outer of the client's eyes.
11. If more than one eye drop medication is to be given at the same time, allow 5 minutes between eye drops.
12. Document in client's Medication Administration Record.

Otic Route Administration

1. Instruct the client to lie on their side so that the ear to receive the medication is upright.
2. Straighten out the ear canal by gently pulling the upper ear up and back for anyone over the age of 3.
3. Administer the ordered number of drops against the side of the inner ear and hold the upper ear in place until medication is no longer visible.
4. Encourage the person to remain in side lying position for at least a couple of minutes to ensure medication gets into the inner ear.
5. Apply a cotton ball to the affected ear and repeat to the other ear if ordered to do so.
6. Document in the client's Medication Administration Record.

Inhalation Route Administration

The different types of inhalers that administer medications via the inhalation route are metered dose inhalers, turbohaler, and nebulizers.

The procedure for using a **Metered Dose Inhaler** is:

1. Shake the Inhaler and remove the cap.
2. **IF SPACER IS USED:** Attach the mouthpiece of the Inhaler to the end of the spacer.
3. Ensure that there are doses available. Doses are in number form on the inhaler.
4. Instruct the client to exhale as fully as possible.
5. Have the client then firmly place their lips around the mouthpiece immediately after the exhalation.
6. Press down on the canister against the mouthpiece to release the medication while the client is taking in a long, slow inhalation. If more than one dose is needed, wait at least a full minute between doses.
7. Instruct the client to hold their breath for a couple of seconds and then slowly exhale.
8. Have the client rinse their mouth with water and then spit it out to prevent a fungal infection of the mouth.
9. Document in client's Medication Administration Record.

The procedure for using a **Dry Powder Inhalers** (also known as breath-activated inhaler):

Dry Powder Inhalers are user specific as some of the Dry Powder Inhalers are preloaded and some you may have to load the medication into the Inhaler.

1. Follow the manufacturer's instructions for Inhalers that need to have medications set up by staff.
2. Instruct the client to fully exhale and then to deeply inhale and hold their breath for a couple of seconds.
3. Repeat inhalations until all of the medication has been used.
4. Have the client rinse their mouth with water and then spit it out to prevent a fungal infection of the mouth.
5. Document in the client's Medication Administration Record.

Nebulizers:

Nebulizers are machines that turn the liquid form of your short-acting bronchodilator medicines into a fine mist, like an aerosol. You breathe this in with a face mask or a mouthpiece.

Rectal Route Suppository Administration

1. Position the client onto their left side in the side lying position.
2. Drape the client exposing only the buttocks.
3. Remove the suppository from the wrapper and lubricate it with a water soluble jelly.
4. Put on gloves.
5. Lift the person's upper buttock with the nondominant hand and insert the suppository with the tapered end first into the rectum for about 3 inches beyond the rectal sphincter while the patient is taking deep breaths to relax the sphincter.
6. Instruct the person to lie still so the suppository can be retained.
7. Document in the client's Medication Administration Record.

Subcutaneous Route Injections

Subcutaneous injections can be given in the abdomen, upper back arms and the lateral thighs. Subcutaneous injections are used for the administration of Insulin, Heparin and other medications. The sites for these injections should be rotated. **Staff are not allowed to administer Psychotropic medications by injection.**

- Select the site.
- Don gloves.
- Clean the injection site with an alcohol swab in an outward circular pattern of 1 inch around the selected site.

- Gently pinch the site so a 1 inch fat fold appears.
- Position the needle with the bevel up as it decreases the pain of the injection and insert at a 90 degree angle unless you CANNOT pinch an inch or more. In this case, use a 45 degree angle with the exception of heparin. Heparin is always injected at a 90 degree angle.
- Slowly inject the medication.
- Withdraw the needle, never recap the needle, and discard immediately into the proper container.

Subcutaneous Injection with an Insulin Pen: Insulin pens need to be dated upon being opened and will expire in 28 days. There will be a sticker on each pen, so ensure you are dating the pen appropriately with the open and expiration date.

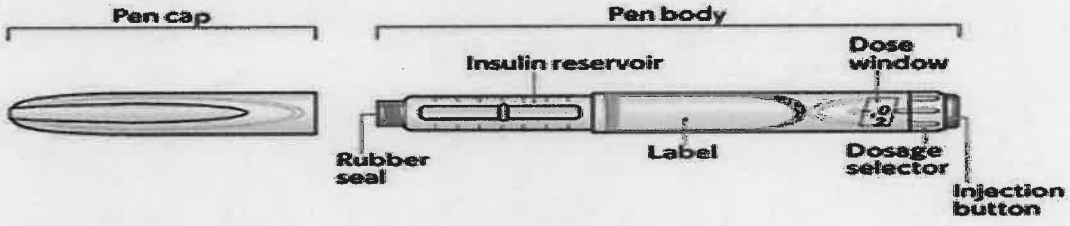
Put on Gloves

Take the pen cap off the insulin pen and place the pen cap on the table.

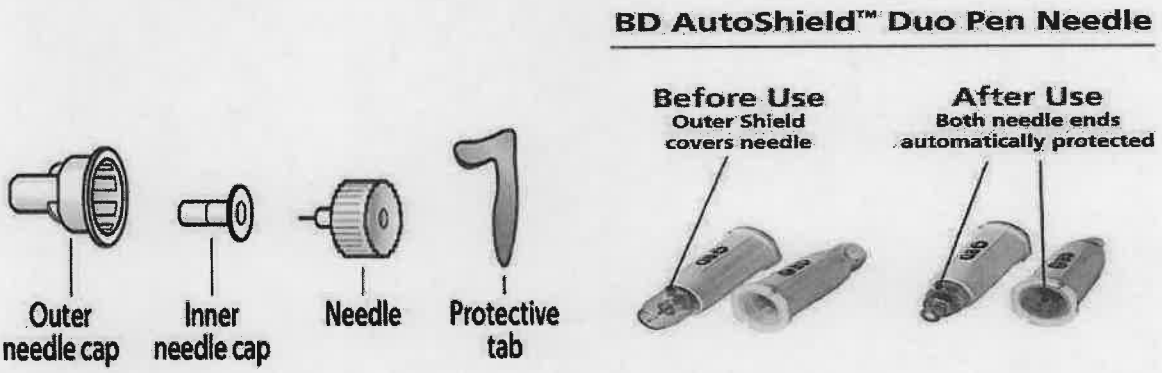
Some types of insulin are meant to be clear. Others are meant to be cloudy.

Clear insulin: If the insulin is supposed to be clear, make sure it's completely clear. If it's discolored or cloudy, don't use it. Throw it away and get a new insulin pen.
Cloudy insulin: If the insulin is supposed to be cloudy, mix it gently by rolling the pen between your hands. The insulin should look evenly white/cloudy with no lumps and pieces floating in it. If you see any, keep mixing it until you don't.

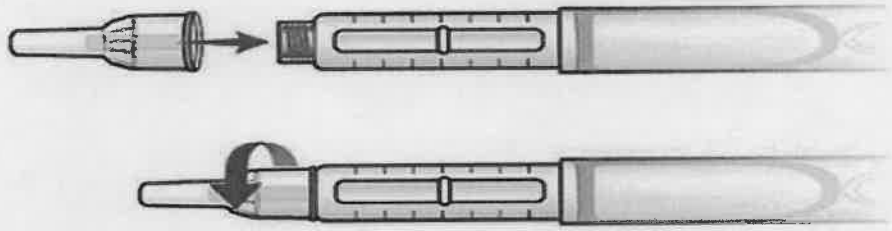
Open an alcohol wipe and clean the rubber seal at the top of the insulin pen. Then throw the alcohol wipe away in the trash can.



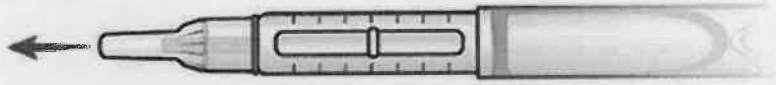
Take the protective tab off the new pen needle and throw the tab away.



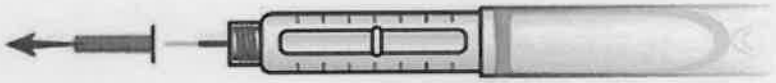
Twist the pen needle onto the top of the insulin pen until it stops turning. Make sure to keep the pen needle straight as you twist it on.



Once the needle is on the pen, take off the outer needle cap if applicable and place it on the table to use later.



Take off the inner needle cap and throw it away.



Prime the pen

Priming the insulin pen will help you make sure the pen and needle are working as they should. This will also help you make sure that the needle fills with insulin, so the full dose is administered. It's important to prime the pen before every insulin injection.

Hold the insulin pen so you can read the name of the insulin. Look at the dose window. Turn the dose selector forward to dial it to 2 units. The arrow in the dose window should line up exactly to the number you need. It's ok to turn it back if you go too far. If you dial past 2 units, turn the dosage

selector back until you're at 2 units.

Hold your insulin pen so the needle is pointing up.

Firmly press the injection button with your thumb. Look for drops of insulin coming out the tip of the needle. If no insulin comes out, repeat the process up to 3 times.

If insulin still doesn't come out, put the outer needle cap back on the needle. Twist the needle off the insulin pen, put it in the appropriate sharps container, put a new needle on the insulin pen and repeat the steps for priming the pen.

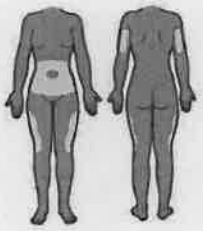
Set the insulin dose

After you prime the pen, the dose selector should go back to zero. If it doesn't, turn the dose selector back until it does.

Dial the pen to the correct dose. Make sure the arrow is exactly lined up with the dose you're injecting. If you can't dial to the number of units you need, the insulin pen is almost empty and you will need to make up the additional doses with a new pen.

Choose an injection site

Once your pen is ready, choose an injection site. **Don't inject insulin into the same spot you used the last time, or near incisions, scars, bruises or stretch marks.**



Inject the insulin dose

Once you've chosen your injection site, gently clean the skin with an alcohol wipe. To inject the insulin:

Hold the insulin pen in your fist but be careful not to push down on the injection button before you push the needle into your skin.

Gently pinch up your skin at the injection site. In one smooth, quick motion, push the whole needle into your skin. Make sure it's at a 90-degree angle (straight up and down), not tilted. Move your thumb to the top of the insulin pen. Hold the pen stable and push the injection button down firmly.

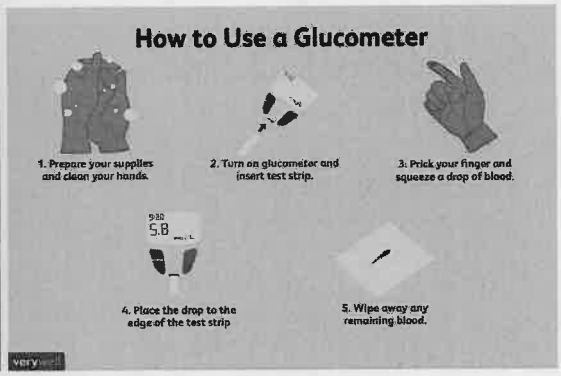
After you count to 10, pull the needle straight out of your skin. Never rub the injection site after the injection as this can make the insulin work too fast.

Remove the pen needle and dispose of it into the proper sharps container.

Document in the Medication Administration Record and the site administered in.

Blood Glucose Monitoring

1. Gather your supplies: Alcohol Swab, Lancet or Lancing Device, Glucometer, and Test Strip.
2. Put on gloves.
3. Using the alcohol swab, cleanse the area that will be used to collect the blood. Let the area air dry and do not blow on it.
4. Turn on the glucometer. This is usually done by inserting a test strip. The glucometer screen will tell you when it's time to put blood on the strip.
5. Use the Lancet or Lancing Device to pierce the side of the client's finger, but not too far to the side or in the middle of the finger pad as this can be painful.
6. Squeeze the client's finger until it has produced a sufficient-size drop of blood.
7. Place the drop of blood on the strip.
8. Blot the client's finger with the alcohol swab or cotton ball to stop the bleeding.
9. Wait a few moments for the glucometer to generate a reading.
10. Throw Lancet (If safety Lancet) into the appropriate sharps container and throw Blood Glucose Test strip into the garbage
11. Document Blood Glucose number in MAR.



EpiPen

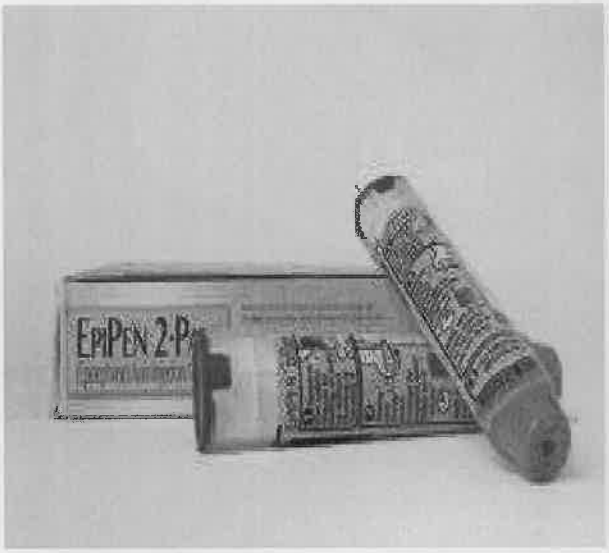
EpiPen is an auto-injector that contains epinephrine, a medication that can help decrease your body's allergic reaction by:

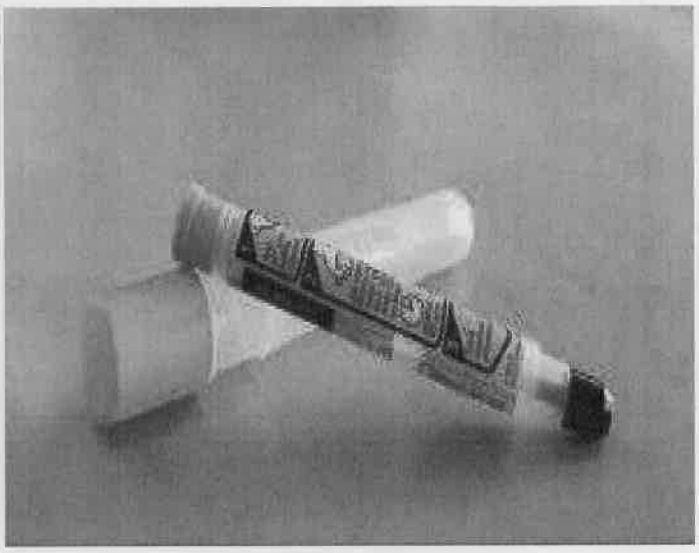
-Relaxing the muscles in your airways to make breathing easier
-Helping to reverse the rapid and dangerous decrease in blood pressure
-Relaxing the muscles in the stomach, intestines, and bladder

Epipens are used during an allergic emergency and are user friendly.

During an allergic Emergency:

- Retrieve client's Epipen
- Remove blue safety cap straight up without bending or twisting
- Swing and push firmly the orange tip against outer thigh so it "clicks"
- Hold firmly in place for 3 seconds to ensure delivery of drug





Medication Classifications

There are several classifications of medications. Some common ones you will administer are detailed below.

Vitamins and Minerals:

- Treat deficiencies that can result from inadequate dietary intake or poor absorption of nutrients.
- When prescribed by a physician, they are categorized as any other medication and may have side effects.
- A family member or friend is not allowed to give the client vitamins/minerals or other over-the-counter medications without a physician order.

Antibiotics:

- Medications that kill or inhibit the growth and spread of infectious bacteria. They are not effective against viruses.
- Prior to giving an antibiotic, always check the pharmacy printout for any special administration instructions. Gastrointestinal upset can occur and some antibiotics should be administered with food.
- If a client is allergic to an antibiotic from one class (ex: penicillin), it is possible they will be allergic to a related antibiotic (ex: amoxicillin). Observe the client after administering antibiotics for signs of an allergic reaction such as a skin rash, hives, severe itching, or wheezing. If the client shows a severe allergic reaction call 911, otherwise notify the Program Coordinator, House Lead or RN.
- Always check how many days or doses a client should receive and ***Always finish the full course of antibiotics!*** Stopping antibiotics before the completion date can cause antibiotic resistance.

Analgesics:

Relieve pain and inflammation.

Psychotropic Medications:

- A medication prescribed by a physician or provider to treat symptoms of a mental illness. They affect mental function, behavior, or experience.
- The onset of action may be one to three weeks.
- They should not be discontinued abruptly.
- Always obtain authorization from client or client's legal representative to give a psychotropic medication. If the client or client's representative doesn't give authorization, notify the Program Coordinator, House Lead, or RN.

Psychotropic Classes:

- Antipsychotics - A type of drug used to treat symptoms of psychosis. These include hallucinations (sights, sounds, smells, tastes, or touches that a person believes to be real but are not real), delusions (false beliefs), and dementia (loss of the ability to think, remember, learn, make decisions, and solve problems).
- Mood Stabilizers - Mood stabilizers are medications used in the treatment of bipolar disorder, where a person's mood changes from a depressed feeling to a high "manic" feeling or vice versa. These drugs can help reduce mood swings and prevent manic and depressive episodes.
- Antidepressants - Antidepressants are prescription medications that treat depression and other mental health conditions. They work by affecting neurotransmitters, chemicals in the brain that impact mood. Antidepressants can also help with anxiety, chronic pain, and insomnia.
- Anti-Anxiety - Anti-anxiety medications help reduce symptoms of anxiety, such as panic attacks and extreme fear and worry. Many medications used to treat depression—including SSRIs and SNRIs—may also be used to treat anxiety.
- Hypnotics - Hypnotics are medications that are used to induce, extend, or improve sleep quality. They work by suppressing the central nervous system (CNS) by targeting GABA receptors. Hypnotics are intended to be taken at bedtime and rapidly induce sleepiness and sedation.

- Sedatives - Sedatives are prescription drugs that slow down brain activity. They are also known as central nervous system depressants. Sedatives are used to treat anxiety, insomnia, panic disorders, and other conditions. They can also be used as general anesthetics.
- Stimulants - The term stimulants cover a broad class of drugs that increase the activity of the central nervous system. These drugs are used by a very high percentage of the general population for various reasons, including performance enhancement, medical benefits, and recreational purposes.

Side Effects:

- DryMouth
- Constipation
- Sensitivity to the Sun
- Tardive Dyskinesia: Involuntary movements of the Eyes, Face, Mouth, Arms, Trunk, and Limbs
- Lab abnormalities
- Weight gain or Loss
- Tremors
- Changes in Appetite
- Sleep Disturbances
- Swallowing Difficulties
- Drowsiness

Self-Administration of Medications

Self-administration of medications means the client is capable and responsible for taking their medications at the appropriate time or when they are needed. Medications must be stored so other individuals in the home do not have access. Staff are still responsible for ensuring the medications are taken, by doing a mouth check and ensuring that medications are swallowed. Notify the Program Coordinator, House Lead or RN if problems arise with a client administering their own medications.

Medication Errors

Medication errors include but are not limited to the following situations:

- Missed dose: Any dosage of a medication not given to a client, but doesn't include the client's refusal to take the medication(s)
- Wrong dose: Any dosage of a medication that does not follow the prescribed order. For example, giving 1 tablet instead of the ordered 2 tablets
- Wrong time: Any dosage of a medication not given within one hour before or after the prescribed dosing time
- Wrong administration technique: Medication is given improperly
- Dose given to the wrong client: One client's medication given to someone else.
- Wrong medication: Any incorrect or expired prescription medication is administered to a client.

Any medication administration error (as well as significant adverse drug reactions) must be reported immediately to the Program Coordinator, House Lead and RN. An entry of the drug administered and the drug reaction shall be properly recorded in the drug record. Anytime there

is a medication error, a Medication Incident Report form must be completed and sent to Human Resources, Program Coordinator, House Lead and the RN.

Medication Side Effects

Every medication has a risk of causing a side effect. Side effects are possible, undesirable effects of a drug or medical treatment. Side effects may be more common when the medication dose is increased, so carefully observe clients after administering a medication with an increased dose. If you give the client a medication and notice that the client has been affected with a side effect to the medication, you must report this to the Program Coordinator, House Lead and RN. Record this data immediately and you should hold the medication until a response with further instructions are given. The medication may be either continued or discontinued:

- Drug to Drug Interactions: These Occur when a medication interacts, or interferes, with another medication. The medications can be prescription medications or over-the-counter medications. The interaction changes the way one or both of the drug's act in the body, or causes unexpected side effects.
- Drug to Food Interactions: When a medication interacts or interferes with something you eat or drink, which will affect the way a medication works.

Allergic Reactions

Allergic reactions can occur within an hour after a medication is given, and can occur any time the medication is administered no matter how many times the client has taken the medication in the past. A new allergy may develop at any time and the allergy severity may change over time.
Allergic reactions may be a mild rash on the body, or something more severe such as anaphylactic shock. If the client is having a life threatening allergic reaction, call 911. Notify the Program Coordinator, House Lead and RN.

Medication Storage

Medication for each client shall be stored:

- In a securely locked container in a clean, well-lit, ventilated room between 59° and 86° F. Keys must be kept secure at all times.
- In a refrigerator, when required, between 36° and 46° F. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container.
- Separately for each client in the appropriate container.
- The following should be separated using either individual bins or separate shelving:
  - Internal and external medications
  - Oral rinses, Lozenges, Sublingual, and Buccal medication shall be kept separate from external medications.

Types of Orders

There are many different types of medication orders. Some medications are ordered 'stat' which means the medication should be given immediately. Most medications that you will give will be 'scheduled,' meaning they are scheduled to be given at a particular time every day. There are also 'PRN' orders, which means a medication will be given only when needed for specific signs and symptoms.

Signs or symptoms of illness or discomfort can include:

- Increased anxiety or agitation
- Headache
- Earache
- Redness in a cut or a scrape
- Coughing/Sneezing
- Diarrhea
- Fever
- Itching
- Indigestion
- Constipation

PRN medications may be prescription medications or over-the-counter medications, In order to give a PRN medication, you must have a medication order and/or a PRN Protocol in place for each client who would receive PRN's. The PRN Protocol gives you directions about how to administer an as needed medication.

For example:

Joe has a medication order and a PRN protocol for Tylenol, 650 mg by mouth every four hours as needed for pain or fever. Joe states he has a headache today and asks you for medication to help. You have checked the medication log to see that Joe has not received any Tylenol within the past 4 hours. According to the PRN protocol, the specific symptoms that he can have the Tylenol for are "pain" and "fever". This means that you can give him Tylenol 650 mg for his headache.

Be mindful if a client already receives a scheduled medication and also has a PRN order in place.

For example: Joe has scheduled Tylenol 1,000 mg three times a day and can only have a maximum amount of Tylenol of 4,000 mg daily per his MD. Joe receives 3,000 mg daily and now can only have 1,000 mg extra a day, which means Joe can only have 1 tablet of Tylenol 650 mg PRN for the day.

When administering a PRN medication, you must follow the medication order and/or the directions in the PRN Protocol. A PRN protocol is needed for PRN medication orders that aren't prescribed by their provider because, unlike medications that are ordered on a regular daily basis, you have to know when a PRN medication should be given. The PRN Protocol gives you additional information about the medication order and helps you to understand when and how much of the medication to give. This is the procedure that you will follow when an individual is showing signs or symptoms of illness:

1. Check to see if the individual has a medication order and or a PRN protocol for the signs or symptoms that the individual is showing.
2. If there is no medication order and or PRN protocol for the signs or symptoms of illness or discomfort that the individual is showing, notify the Program Coordinator, House Lead, or RN so they can get the PRN protocol put into place.
3. If there is a medication order and or a PRN protocol for the signs and symptoms that the individual has, check the medication log to see when the medication was last given.
4. If the medication has not been administered or if enough time has lapsed since it was last given, administer the PRN medication according to the PRN protocol, following the "7 Rights" of Medication Administration.
5. In your documentation, tell why the PRN medication was given.
6. Watch to see if the PRN medication has helped the signs or symptoms of illness and you must document the effect of the PRN medication on the individual. Follow up should occur after 1 hour has passed.

Liquid Measurements

A teaspoon is a common measured liquid amount. The abbreviation is "tsp"
A Tablespoon is another common liquid measurement. It is abbreviated "Tbsp"

The use of a regular household teaspoon or tablespoon is not the same as a measured teaspoon or measured tablespoon in a graduated medication cup.

A common way of measuring liquids in the metric system is a "ml". You may see the abbreviation "ml" and the abbreviation "cc" used interchangeably. The most appropriate liquid measure is the "ml", but, the "ml" and the "cc" can be used in place of each other.

In the metric system, 1 cc = 1 ml.

Here are some equivalents for you to remember:

1 teaspoon (tsp.)= 5 mls

1 Tablespoon (Tbs.)= 15 mls

2 Tablespoons (Tbs.)= 30mls

One ounce= 30mls

A graduated cup or other pharmacist approved measuring device provides the most accurate measurement.

1 teaspoons = _____mls
2 teaspoons = _____mls
3 teaspoons = _____mls
15 mls = _____teaspoons
1 ml= _____cc
1 Tablespoon = _____teaspoons

The abbreviation for teaspoon is_____

The abbreviation for Tablespoon is _____

2 Tablespoons= _____ ounce

1 ounce =_____mls

Liquid medication orders

Medication orders for liquid medications are similar in many ways to the medication orders that you get for pills. There are some important things to consider for liquid medications. Medication orders for liquid medications contain information about the strength or concentration of the drug in the liquid.

Liquid medication orders also contain information about the amount of the liquid medication to be given.

Example:

Order: Gabapentin Solution 250mg/5ml, give 125 mg (2.5 mL)

Controlled Medications

A controlled medication is a drug or other substance that is tightly controlled by the government because it may be abused or cause addiction. The control applies to the way the substance is made, used, handled, stored, and distributed. Controlled substances include opioids, stimulants, depressants, hallucinogens, and anabolic steroids. These medications are divided into five schedules. Schedule 1 has the highest potential for abuse and Schedule V has the lowest risk for abuse.

- A controlled medication log must be started as soon as a controlled medication is received from the pharmacy.
- A controlled medications must be counted as soon as they are received from the pharmacy, and the count must be documented on the controlled medication log. Always "physically" count the pills. Never "assume" that the bottle or supply contains the number of pills listed on the label.
- Controlled medications must be counted before administering the medication to confirm that the count is correct before giving the medication.
- Controlled medication must be counted at every shift, even if not given, and documented on the controlled medication log.
- Controlled medications must be disposed of by a minimum of two people.
- Controlled medications must be kept under double lock (in a locked container within a locked container or cabinet.)
- If a controlled medication order is discontinued by the prescribing practitioner or if the medication supply has expired, you must continue to count the supply daily until the RN or other licensed professional is available to dispose of the medication. Any discrepancies must be reported to the House Lead and RN immediately!

Schedule	Definitions	Examples
Schedule I	No accepted medical use with a lack of accepted safety and high abuse potential; medications within this schedule may not be prescribed, dispensed, or administered for medical use	Heroin, Peyote, Ecstasy, and LSD
Schedule II	High abuse potential with severe psychological or physical.dependence; however, these medications have an accepted medical use and may be prescribed, dispensed, or administered	Morphine, Codeine, Vicodin, Cocaine, Methamphetamine, Methadone, Dilaudid, Demerol, Oxycodone, Fentanyl, Dexedrine, Adderall, and Ritalin
Schedule Ill	Abuse potential less than Schedules I or II but more than Schedule IV medications; abuse may lead to moderate or low physical dependence or high psychological dependence	Tylenol with Codeine, Ketamine, Marinol, and Anabolic Steroids
Schedule IV	Abuse potential less than Schedule III but more than Schedule V medications	Xanax, Valium, Ativan, Ambien, Tramadol
Schedule V	Medications with the least potential for abuse among the controlled substances. Schedule V drugs are generally used for antidiarrheal, antitussive, and analgesic purposes.	Robitussin AC, Phenergan with codeine, Pregabalin, and Lomotil

Administering Medications out of the House

If medications need to be given when a client is not at home, you will need to prepare the client's medications ahead of time. Follow the '7 Rights' when preparing the medication.

Transcribe the following onto the envelope:

1. Client's name
2. Medication Name
3. Dose
4. Route
5. Time is can/should be given
6. What the medication should be given for, if needed Ex: Hypertension
7. Your initials

If the client returns with the medication(s) and didn't take them, please write RX# for any Narcotics that were sent with the client as this will allow for the RN to record and dispose of medications appropriately.

Abbreviation	Meaning	Abbreviation	Meaning
SL	Sublingual	HS	Hours of Sleep (Bedtime)
BUCC	Buccal	Q	Every
PO or po	By Mouth	QD or qd	Every Day
NPO	Nothing by Mouth	QAM	Every Morning
SQ/sq/Sub Q	Subcutaneous	QPM	Every Evening
IM	Intramuscular	QHS	Every Night at Bedtime
IN	Intranasal	BID	Twice Daily
Top	Topical	TID	Three Times Daily
Supp	Suppository	QID	Four Times Daily
AM	Morning	PRN	As Needed
PM	Evening	Q2hrs Q4hrs Q6hrs Q8hrs	Every 2 hours Every 4 hours Every 6 hours Every 8 hours ect…
NOC	During the Night	Rx	Prescription

Abbreviation	Meaning	Abbreviation	Meaning
DR	Delayed Release	U or u	Unit(s)
CR	Controlled Release	cc	Cubic Centimeters
XR or ER	Extended Release	EC	Enteric Coated
Mcg	Microgram	ac	Before Meals
Mg	Milligrams	pc	After Meals
ML or ml	Milliliters	ap	Before Dinner
MeQ	Milliequivalent		