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MEDICATION MANAGEMENT

FOR
ASSISTED LIVING FACILITIES
& HOME HEALTH CARE

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Introduction

According to Florida statue 429.256 and 429.52 F.S., and medication practices as required by Rules 58A-4.0185 and 58A-5.0191, F.S., "supervision or assistance with self-administration of medication" is a "key element of personal services" that can be provided to residents of Assisted Living facilities, Extended Congregate Care Facilities, and Limited Mental Health facilities. (pg.3).

This program provides valuable information to unlicensed individuals employed in such facilities, and includes both didactic and hands on work to demonstrate competency for assisting with self-administration of medications. In addition to this program, individual facilities are responsible for providing training addressing their own specific policies and procedures.

This is a 6-hour program provided in two (2) separate modules and meets the State mandate Rule 58A-5.0191(5), F.A.C., for training unlicensed personnel. Accordingly, this program can only be "provided by a registered nurse, licensed pharmacist, or DOEA staff and must be completed prior to assisting with self-administration of medications". This training program will cover "state law and rule requirements as it relates to supervision, assistance, administration, and management of medications in the assisted living facility. It will also cover how to assist the resident with self-administered medications, how to read a prescription label, how to know you are assisting the resident with the right medication, the importance of the medication to the resident, how to look up a drug in a drug book in order to recognize any side effects of the different medications, medication storage and proper documentation and record keeping". (pg.12).

Individuals will receive a "**Certification of Attendance**" after both modules and the pre test has been given to the Nurse Instructor, and the post test has been successfully completed.

The attached program is set up in two (2) modules. The first module is online and accounts for two (2) hours while the second module, worth four (4) hours must be completed in the classroom setting at PEGCO Inc. where hands-on demonstrations and participation may take place.

Testing

A Pre and Post test is given. Students are expected to pass the **Post** test with 80% or higher.

INSTRUCTIONS for completion:

1. Download this module and print.
2. Complete the attached Pre-Test.
3. Study the material
4. Go to the **volusiacpr.com** online calendar and find the best date and time for you to complete the 4 (four) hour competency portion of this program.
   *appointment is not necessary
5. Take your ***completed*** Pre-test and study guide to the class with you. Failure to do so will result in an incomplete and a certificate will not be issued at that time.

**** This program has been developed solely from the "Assistance With Self-Administration of Medication" study guide as provided by the Florida Department of Elder Affairs 2012 and all credit shall be given to the listed authors. This is the third printing of this guide and special thanks is given to Ron Hoover, M.S.,C.Ph., R.Ph., Donna Essaf Cimabue, R.N., Donna Crivaro, BS, RN, CRNI, Norma Jean Rumberger, and Guy Wagner, Pharm.D., R.Ph for their hard work and contributions in providing this necessary teaching and training tool.

AT THIS TIME, PLEASE COMPLETE THE PRE TEST FOUND AT THE END OF THIS DOCUMENT.

ASSISTANCE WITH SELF-ADMINISTERED MEDICATIONS
(Study Guide for Assisted Living Facility Staff)
Module 1 of 2

Learning Objectives:
Upon completion of this training program, caregivers should be able to demonstrate the ability to:

- Understand the difference between "licensed" and "unlicensed" staff.
- Understand the difference between "self-administered" "assistance with" and "administered" medication.
- Read and understand a prescription label
- Recognize when clarification of an order is needed and when the order requires "judgment" and advise the resident, resident's health care provider, or facility employer of the unlicensed caregiver's inability to assist in the administration of such orders.
- Develop an understanding of the retrieval, storage, and disposal of medications
- Provide assistance with oral medications
- Measure liquid medications, break scored tablets and crush tablets as directed by physician order
- Provide assistance with topical medications including: eye drops, ear solutions, and nasal forms
- Understand the meaning of medication side effects.
- Recognize general side effects of medications and the classes of drugs.
- Identify when and how to report adverse drug events (ADEs)
- Understand the importance of timely adverse drug event (ADE) reporting to the ALFs
- Develop and understand the types of questions to ask a health care provider (HCP) regarding a resident's medications.
- Accurately complete a Medication Observation Record (MOR)
- Promote medication error reduction, reporting, and safety in ALFs.

Purpose
This training material is intended to do the following:

1. Give guidance and training to the unlicensed personnel as it relates to safe medication practices in assisted living facilities.
2. Improve the quality of service and care and ultimately the well-being of those living within an assisted living facility.
3. Provide safety guidelines as it relates to the safe handling of medications and the assistance of self-administration of those medications.
4. Improve the reporting of adverse drug events and reduce medication errors
5. Reduce the overall risk and professional liability in assisted living facilities in the State of Florida.

Overview

Rule 58A-5.0185 and Sections 429.255 and 429.256 F.S. addresses the legal requirements and guidelines as it relates to who, what, when, and where of patient medications. As an unlicensed caregiver, a very important component of your job may be to assist a resident with their medications. Knowing how to properly and legally assist that resident is important for the safety of the resident, yourself, and the facility in which you work. So let's begin by looking at what the law says.

Chapter 1: The Law
The law distinguishes between three different modes that a resident of an assisted living facility may take medications. They are: administered, self-administered, and assistance with self-administered. We will look at each individually, but before we begin, let's look at the distinction made between two terms:

***Licensed versus Unlicensed**:*

Who is considered "licensed"? Two examples of "licensed" staff members eligible to give or administer medications are registered nurse or licensed practical nurse. Their nursing license gives them legal permission by the State to "administer" medications to others. In contrast to licensed, the law speaks of the "unlicensed" staff member.

Some examples of "unlicensed" staff are certified nursing assistant, and home health aide. Unlicensed staff may or may not hold a certificate in their respective field but they do not have legal permission by the State to "administer" medications.

***Administration of Medication**:*

The law states a facility may elect to provide medication "administration" to its resident's. This means that a staff member licensed to administer medications through the State of Florida "must be present and be the one giving the medication in accordance with a healthcare provider's order or prescription label". The licensed staff member would also observe the resident for any adverse side effects, contact the healthcare provider, and document in the resident's record.
"Administration of medication as

defined by 464.003 FS is forbidden by unlicensed personnel. Nurses and others may administer medications because they are licensed to do so". (pg. 15).

***Self-Administration**:*

The law goes on to explain that some residents will be able to give themselves medications. They call this "self-administration". This means that they are capable of taking their medications without needing the assistance from either licensed or unlicensed staff. This group of residents should be encouraged and allowed to do so. Typically a resident who "self-administers" is considered a "competent resident" which means they are aware of when the medication is to be taken and what the medication is for. It is however, important that facility staff observe each resident on a regular basis, including those who self-administer, for any health changes that could potentially be caused by improper self-administration of medication. Observable changes have to be reported to the health care provider and noted in the resident's record. (pg 7).

A resident who is able to self-administer his/her medications may do so and should be encouraged to do so as long as they are deemed "competent" by their healthcare provider. (pg 7).

Pill Organizers:

This pill organizer serves as a reminder to the resident who wishes to "self-administer" to take the medication, and it may be <u>managed</u> by the nurse (licensed staff member) as well as the resident, but not the unlicensed staff member. In this case, the nurse is responsible for guiding the resident in the proper use of the pill organizer, obtaining the pill organizer from storage, transferring medication from the original medication bottle to the pill organizer, returning the pill organizer back to storage, and documenting the date and time the pill organizer was filled. (*The nurse must ensure the resident understands the "medicinal benefits" of the medication and contact the healthcare provider if concerns arise that the resident is not taking the medication correctly)*(pg.8).

Assistance with Self-Administration of Medications:

Lastly, let's look at what the law says about assistance with self-administration of medications. It is important that special attention be paid to the following sections as this law pertains directly to the unlicensed staff member.

Self-Administration of Medication may be "one of the most important services an ALF may provide" (pg.14). Individuals entering an Assisted Living facility often do so because they need help with personal care which includes "assistance with medications". (pg.14). In order to know what we can do in providing assistance with self-administration of medications, it is important to first discover what the law says we "**can't"** do.

Section 429.256(4), F.S., describes nine (9) separate rules. It states "assistance with the self administration of medication by an unlicensed person **does not** include or **shall not** be allowed for:
1) Mixing, compounding, converting, or calculating medication doses, **except for** measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed". This means that as an unlicensed caregiver, you are given guidelines that direct what you can and cannot do as it relates to the above statement. You cannot mix medication or calculate medication, but you can measure out a prescribed amount of liquid medication or break a tablet that is scored and designed to be broken if it is prescribed by a healthcare provider.
2.) "The preparation of syringes for injection or the administration of medications by any injectable route". This means you cannot put medication in a syringe or give an injection.
3.) "Administration of medications through intermittent positive pressure breathing machines or a nebulizer". This means you cannot give any medications that the resident uses in a nebulizer.
4.) "Administration of medications by way of a tube inserted in a cavity of the body".
5.) "Administration of parenteral preparations". This means you cannot give injections or provide medication via infusion therapy.
6.) "Irrigations or debriding agents used in the treatment of a skin condition". This means you cannot flush any tubes the resident may have nor use any equipment or medication that may be used in the removal of dead skin that is designed to promote new tissue growth.
7.) "Rectal, urethral, or vaginal preparations". This means you cannot instill any medications into any body cavity.
8.) "Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident". This means that any "as needed" order must have the parameters specified to eliminate any guessing on your part.
9.) "Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person". This means that all medication orders must be specific and written clearly to eliminate making a judgment of what

you think the health care provider intended. (pg 6).

Section 429.256(5), F.S., states "*assistance with self-administration of medication by an unlicensed person shall not be considered administration of medication*" as defined by the Nurse Practice Act. (pg. 6).

Now that we have explored what the unlicensed person "cannot do", let's look at what the law has to say regarding the criteria for the unlicensed staff member whose job will be to **assist with self-administration of medications.**

1.) The unlicensed staff member assigned to assist with self-administered medications must be 18 years of age or older (pg 8).
2.) The unlicensed staff member must be trained to assist with self-administered medications and available to assist residents in according to Rule 58A-5.0191, F.A.C. This training must be done before you can provide assistance with self-administration. (pg.8).
3.) The unlicensed staff member must be able to demonstrate the ability to accurately read and interpret a prescription label. (pg.8).
4.) Section 429.256(1)(a), F.S., states "assistance with self-administration of medication by an unlicensed person requires "*informed consent*" This means that the facility must tell the "resident, surrogate, guardian, or attorney in fact, that the facility is not required to have a licensed nurse on staff and that the resident may be receiving assistance with self-administration of medications from an unlicensed staff member". The facility must also inform them that the unlicensed staff member "may or may not be overseen by a licensed nurse". This process is typically done at the time of admitting the resident to the facility. This signed document must be on file before you can provide assistance. (pg.8).

As an unlicensed staff member whose job is **providing assistance** with **self-administration** of medications to residents you may:

1. Verbally remind the resident to take their medications (pg.8).
2. Get the medication from where it is being stored and take it to the resident. (*the medication should be in its original bottle with a readable prescription label attached)*(pg.8).
3. In front of the resident, read the label to the resident, open the container in front of the resident, remove the prescribed amount of medication, and close the container. (pg.5).
4. You may place the oral medication in the resident's hand or another container. (pg.5)
5. You may help the resident lift their hand to the mouth if needed. (pg. 5).
6. You may "prepare and provide water, juice, cups, and/or spoons in order to facilitate your assistance with self-administration of medication". (pg 8).
7. You may return any unused medication to the proper container. (*Medication that may be contaminated must not be put back in the container)*(pg.8).
8. Observe (watch) the resident take the medication (pg. 8).
9. Observe the resident for any side effects of the medication. (pg. 8). (*Medication side effects are discussed under sub-heading "Common Medications".*
10. You may apply topical medications to the skin, eye, ear, or nose. (*This may include solutions, suspension, sprays, or inhalers)* (pg. 5).
11. Report any concerns about the resident's reaction to the medication to the resident's healthcare provider. (pg. 8)
12. Document concerns and action taken in the resident's record. (pg 8.).

If the resident leaves the facility and is away from the staff members' assistance, there are several things that can be offered that will assist the resident in taking their medications

1. "The resident's healthcare provider may prescribe a medication schedule that coincides with the facility schedule".(pg 8).
2. "The medication container may be given to the resident, friend, or family member to take with the resident". (pg. 8). (*This must be noted in the resident record at the time the container is given)*
3. The nurse (licensed staff) can "transfer the medication to a pill box and give to the resident, friend, or family member".(pg 8). *(This must be noted in the resident record at the time the pill box is provided)*
4. "The medication can be prescribed separately and the pharmacy can dispense the medication in "unit dose" packaging". (pg 9).

Medical Record:

As with any facility that houses or cares for residents, a written transcript of information on each resident is a legal and necessary document.
Any resident taking medication whether through "administration", "self-administration" or "assistance with self-administration, will have a medical record. The State refers to this as the "MOR" or "medical observation record". Each MOR must include the following information:

1. Resident Name
2. Date of Birth
3. Any known allergies
4. Diagnosis
5. Physicians Name and phone number

6. Pharmacy Name and phone number
7. Name of the medication, its strength and directions on how to take the medication.
8. What time the medication should be taken
9. How much the resident should take
10. Any missed dosages or refusals
11. Any medication errors
12. Caregivers initials

"The MOR must be immediately updated each time the medication is offered or administered". Do not wait until the end of your shift. (pg 9)
(Practice completing the MOR will take place during the 4-hour class period).

Medication Management

"The management of medication and use of chemical restraints is limited to prescribed dosages of medication authorized by the resident' physician and must be consistent with the resident's diagnosis". (pg 14).

Chemical Restraints:

Before we move on, let's talk about chemical restraints. Section 429.41, F.S., Rules Establishing Standards addresses this by stating;
"Use of chemical restraints is limited to prescribed dosages of medications authorized by the resident's physician and must be consistent with the resident's diagnosis. Residents who are receiving medications that can serve as chemical restraints must be evaluated by a physician at least annually to assess:
1.) The continued need for the medication.
2.) The level of the medication in the resident's blood
3.) "The need for adjustments in the prescription". (pg 6)
Common chemical restraints include lorazepam (Ativan), and diazepam (Valium). (pg 14).

Section 429.41. F.S. tells us that the facility must maintain an accurate and up to date record of the annual evaluations given by the physician as it relates to chemical restraints. (pg 6)

Medication Storage and Disposal*:*

It is important to allow residents to remain as independent as possible. In so doing, residents "may keep their medications, both prescription and over-the-counter, in their possession both while on or off the facility premises". This means they can keep them in "their rooms or apartments". However, the room must be locked when the resident is away from their room or away from the facility. The exception to this rule is if the medication is "in a secure place within the rooms or apartments or in some other secure place which is out of sight of other residents".

The guidelines further note that "both prescription and over-the-counter medications for residents shall be centrally stored **if:**
1.) "The facility administers the medication" (pg 10)
2.) The resident requests their medications be stored in a central place. (pg 10) (*Remember the facility must keep a list of all medications being stored on behalf of the resident)*
3.) The "medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the resident" (pg 10).
4.) The resident "fails to maintain the medication in a safe manner" (pg 10)
5.) If by having the medication in the room, the resident it may pose a safety risk. (pg 10)

Facility Storage:

1. The facility rules require the medication be stored in a central location, and the resident must be notified of that upon admission.
(a) if facility central storage is used, the medication must always:
Be kept in a locked area (*cabinet, cart, room etc)*
1. Area free from dampness
2. Medications needing refrigeration must be refrigerated (*must be in a locked box with the refrigerator)*
3. Accessible to staff members in order to administer or assist with self-administration of medications. (*such staff members should have access to keys)*
5. Medications must be "kept separately from the medications of other residents" (pg 10)

a) Medications "discontinued but not expired must be returned to the resident, residents family, or residents guardian" (pg 10) (*it can be centrally stored by the facility for future resident use if the resident requests…if that is the case, the medication must be stored separately away from the current medication in use. There must be a new physicians order to be able to reuse the discontinued medication) This medication is stored in a box labeled "discontinued"*
b) If the resident's stay has ended, the "administrator must return all medications to the resident, resident's family, or resident's guardian". (pg 10) *(If the medication is left and notification has been sent to the resident, resident's family or resident's guardian, and 15-days have passed, the medications may be considered abandoned and may be disposed of"*
c) Abandoned medications or expired medications must be

disposed of within 30 days (pg 10) (*this has to be documented in the resident record at the time of disposal. The medications can be taken back to the pharmacy for disposal or disposed of by the administrator or the appointed designee and there must be one witness to this disposal).*
d) If the ALF has a "Special" permit, the medication can be taken to the pharmacy that supplied the medicine for disposal. (pg 10).

Medication Labeling and Orders

In accordance with Chapters 465 and 499, F.S. and Rule 64B16-8, 108, F.A.C., all medications on the facility premises must be properly (legally) labeled and dispensed. If the medication packaging is separated into individual containers, then each container must be labeled with the following information:

1. Name of resident
2. Name of each drug in the container
   (Only a pharmacist can put despense medication and place it in a medication bottle)
3. "As needed" or "as directed" labels must be clarified with the healthcare provider. (" *as needed" prescriptions must list the circumstances in which the resident would request the medication and any limitations of its use) EX: it might be written: "as needed for pain, not to exceed 4 tablets per day"(this revised instructions must include the date and the signature of the staff member (nurse) who took the order; it must be noted in the MOR, or a "revised label shall be obtained from the pharmacist")*
4. "The facility may place an "alert" label on the medication container. (*This will help staff members to be advised that changes to the medication may have taken place.*
5. Only the nurse can take a phone order from the health care provider. *(After doing so he/she must immediately document in the MOR. The facility has 10 days to receive the written change in written form noting the physician's signature and date).*
6. Make every effort to not allow any of the resident's medications to lapse before reordering. (*It is important that care is taken that patient's have an adequate supply of medication so doses are not missed)*

Section 465.0276(5), F.S., and Rule 64F12.006, F.A.C., speaks to medications that the physician may give to the resident as a sample. The law states these drugs have to be kept in their original containers or boxes and must have the practitioner's name, the resident's name, and the date they were given.

If the medication is not in the original container or box, the facility must keep the medication in a container labeled with the following information:

1. Practitioner's Name
2. Resident's name
3. Date dispensed
4. Name and Strength of the drug
5. Directions for use
6. Expiration date.

(Before the healthcare provider can give any samples to the resident, he/she must provide the resident with a written prescription to be given to the facility) (pg 11)

Over The Counter (OTC) Products

- please note that OTC may include medications, vitamins, nutritional supplements and nutraceuticals,
- Facilities **may not** keep a stock of OTC medications for multiple resident use. (*The facility cannot keep things as a stock supply like Tylenol, Prilosec, or other general products for multiple resident to use).*
- For safety reasons all OTC products should have the same labeling as prescribed medications. (*resident's name and the manufacturer's label with directions for use, or the licensed health care provider's directions for use)(the licensed facility cannot require an order for OTC for those who self-administer or when staff provides assistance with self-administration)*
- A written order is required when the nurse (licensed staff) is providing either "assistance with self-administration or administration of medications"

Rule 58A-5.0191(5)F.A.C., Training: Assistance with Self-Administered Medication and Medication Management

The State requires all unlicensed staff members who will be providing assistance with the self-administration of medication to have 6 (six) hours of training. You are receiving 2 (two) hours online and 4 (four) hours in the classroom setting.

This training must cover all state laws and regulations as it pertains to "supervision, assistance, administrations, and management of medications". It must also include "how to read a prescription label, the nine rights of medication management, common medications, importance of the resident taking the medication as prescribed, recognizing side effects and adverse reactions, what to do if a resident has an adverse reaction to medication, proper documentation and record keeping, and storage and disposal of medications" (pg 12)

Rule 58A-5.0191(12), F.A.C., Training Documentation and Monitoring

After successful completion of this 6-hour program, a

Certificate of Completion will be issued. A copy of this certificate must show the following:

1. "Title of the training"
2. "Subject matter of the training"
3. "Training program agenda"
4. "Number of hours of the training program"
5. "The trainee's name, dates of participation, and location of training"
6. "The training provider's name, dated signature and credentials, and professional license number".

A copy of this certificate must be given to your employer prior to allowing you to assist with self-administration of medication, and a copy must be provided to the Department of Elder Affairs and the Agency for Health Care Administration upon request. (pg 13)

Supervision and Assistance with Medication by Unlicensed Staff

This task includes "reminding residents to properly take self-administered medications and, when appropriate or necessary, to observe or provide verbal instructions to residents while they perform this task". It can also include and is limited to:

1. "Reminders to take medications at the prescribed time".
2. "Opening containers or packages and replacing lids".
3. "Pouring liquid dosages and crushing or breaking scored tablets as prescribed".
4. "Applying topical medications including eye, ear, nose, and skin application".
5. "Returning medications to the proper locked areas".
6. "Obtaining medications from a pharmacy".
7. "Listing the medication on a resident's Medication Observation Record".

Any an all of the above tasks must be properly documented on the MOR. This would also include "any significant changes as defined in subsection 58A-5.0131(33), F.A.C., and illnesses which resulted in medical attention, major incidents, changes in the method of medication administration, or other changes which resulted in the prevision of additional services". (pg 14)

Before we move to the skills portion of your training, we want to learn how the law defines different medications.

What is the definition of drug or medication?

b.

"A pharmaceutical drug, also referred to as medicine, medication or medicament, can be loosely defined as any chemical substance intended for use in the medical diagnosis, cure, treatment, or prevention of disease" (pg.15).

What is the definition of controlled substance schedules?

These "schedules" are divided into 5 categories which can be found in the DEA regulations, 21 C.F.R. sections 1308.11 through 1308.15. "A controlled substance is placed in its schedule based on whether it has a currently accepted medical use in treatment in the United States, its relative abuse potential, and its likelihood of causing dependence". (pg.15).

Schedule I – Controlled Substances

a. Has high potential for abuse
b. Currently has no accepted medical use in treatment
c. Ex: Heroin, LSD, Marijuana, Ecstasy

Schedule II – Controlled Substances

a. High potential for abuse and dependence.
b. Have "Some" medicinal uses.
c. Ex: Morphine, Dilaudid, Methadone, Oxycodone, Demerol, Fentanyl, Cocaine, Amphetamine, Methamphetamine, Ritalin and others.

Schedule III – Controlled Substances

a. Some potential for abuse but less than those in Schedule II
b. Have "Some" medicinal uses
c. Ex:Vicodin, Tylenol with codeine, Suboxone, bezphetamine, and anabolic steroids like Oxandrin.

Schedule IV –Controlled Substances

a. Low potential for abuse in comparison to those listed in Schedule III.
Ex: Xanax, Klonopin, Tranxene, Valium, Ativan, Versed, Restoril, and Halcion.

Schedule V – Controlled Substances

a. Low potential for abuse in comparison to those listed in Schedule IV
b.Ex: cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (Robitussion AC, Phenergan with Codeine are just 2 preparations)

DEA Regulation of Controlled Substances in Nursing Homes, Hospices, and Assisted Living Facilites

Regulations required prescriptions for substances that fall within Schedules II – V be "written, signed by the prescriber, and presented to a pharmacy" to be filled. Nurses in the past were able to act as "agent" "by recording the physician's verbal order of the needed medications. According to the DEA who has oversight authority, nurses are no longer able to serve as "agent of a practitioner prescribing a Schedule II-V medication for a LTC resident. Under this prohibition, practitioners cannot rely on the LTC nurse to

document their prescription orders and transmit them to the pharmacy; instead, the DEA requires the pharmacist to locate and communicate with the prescribing physician in person and obtain a separate, signed "hard copy" prescription order from the prescriber before the pharmacist/pharmacy can dispense the needed controlled substance. The DEA also has ruled that a chart order in a resident's medical record **is not** considered a valid prescription". (pg.16).

Chapter 2: Medication Administration and Safety

Before we start this section, there are three points of interest that will help you as you begin working with medications.

1. There is **ALWAYS ONLY ONE** generic name for a drug such as the generic ampicillin, but there may be two or more **BRAND NAMES** (Omnipen, Polypen, Primapen) for the same single generic name.

2 This guide will generally present generic names in lower case, ex: hydromorphone, and **Brand names** in upper case ex: DILAUDID, AND WILL not use a trademark due to some medication safety concerns with symbols.
3.Occasionally, the generic name will be printed in TALL MAN lettering as cloNIDine (pg 16).

"Medication Administration is helping a person with the ingestion, application, or inhalation of medications as prescribed by a doctor or other authorized health care provider (HCP). Understanding the routes of administration is important in understanding the limitations of an unlicensed person and the responsibility of licensed health care professionals." (pg 17)

*Routes of Administration allowed by trained **unlicensed** persons*

Oral means by mouth
Sublingual means under the tongue
Ophthalmic means into eye
Otic means into ear
Nasal means into nose
Inhalant means into lungs through mouth
Topical means on to skin
Transdermal means through skin by patch (pg 17)

*Medication routes only given by nurses or **licensed** personnel*

Rectal means into the rectum
Vaginal means into the vagina
Subcutaneous (Sub-q) means injection under the skin
Intramuscular (IM) means injection into muscle
Intravenous (IV) means injection into vein
Naso-Gastric means into the NG tube (pg 17)

******REMEMBER:

"UNLICENSED STAFF MAY NOT ADMINISTER MEDICATION, THEY ARE ONLY ALLOWED TO ASSIST WITH SELF-ADMINISTRATION OF MEDICATION". (pg 17).

Medication Administration

"Facilities that provide medication administration must have available a staff member who is licensed to administer medications according to a doctor's order or prescription label. Unusual reactions or a significant change in the resident's health or behavior shall be documented in the resident's record and reported immediately to the resident's HCP. Any contact with the health care provider shall also be documented in the resident's record.
Medication administration includes the conducting of **any examination or testing** such as **blood glucose testing** or other procedure necessary, **including vital signs (temperature, blood pressure, heart rate, and/or respirations)** for the proper administration of medication that the resident cannot conduct himself and that can be performed by licensed staff. **Medication administration is forbidden by unlicensed personnel in Florida".** (pg 17)

***** REMEMBER:

"Providing safe assistance with medications for many residents on multiple medications is complicated and requires concentration and attention to detail". (pg 18)

*Licensed Staff **ONLY***

"**Medication administration is for licensed staff only** and is forbidden for unlicensed personnel due to problems related to medication administration and safety. Medication safety is a major concern in hospitals, nursing homes, assisted living facilities, as well as with the general public. It is a global problem. It is extremely important to take medications properly to achieve maximum health benefits. The importance and benefits of taking medications as prescribed is the foundation of rational drug therapy. The first rule in medicine is **"Do No Harm." The health benefits of taking a drug should always be weighed against the risks, side effects, and consequences of taking that drug".** (pg 18)

"Persons under contract to the facility, facility staff, or volunteers, who are **licensed according to Section 464.003, such as nurses, may administer medications to residents, take residents' vital signs, manage individual weekly pill organizers for residents who self-administer medication**, document observations on the appropriate resident's record, and report observations to the resident's doctor/physician. **Certified Nursing Assistants (CNAs) certified pursuant to chapter 464 may take residents' vital signs as directed by a licensed nurse or doctor/physician. Unlicensed staff may NOT take vital signs". (pg 18)**

Medication Safety

"Medication safety is the responsibility of everyone who handles medications. The original five rights of medication administration (RIGHT resident, medication, dosage, time, and route) have developed into the nine rights of medication administration, adding the right documentation, right to refuse, right reason, and right response". (pg 18)

*****REMEMBER

"HELP STOP MEDICATION ERRORS! CHECK "EYE" and "EAR" MEDICATIONS CAREFULLY. "EAR" DROPS IN THE "EYE" COULD BE DANGEROUS". (pg 18).

Nine (9) Rights of Medication Administration in ALFs.

"Assisting with self-administered medications includes knowing that the Right RESIDENT takes the Right MEDICATION at the Right DOSAGE at the Right TIME by the Right ROUTE for the Right REASON, has the Right RESPONSE, has the Right to REFUSE, and is followed by the Right DOCUMENTATION on the Medication Observation Record (MOR)". (pg 19)

"Right **RESIDENT** Make sure you know the resident. Identify RESIDENT every time and confirm by name, date of birth, picture on MOR (with permission), and/or other means of accurate identification. Check the name on the order and the patient. Use at least two identifiers. Ask the patient to identify themselves. Use technology when possible such as bar codes. Use picture or picture ID". (pg 19)

"Right **MEDICATION** – Check MEDICATION label and order **three** times. **Check** MOR, **Check** LABEL, then **Check** MOR with LABEL. Read the label to the resident and verify the resident understands the drug dosage and reason for use, if known". (pg 19)

"Right **DOSAGE** – Check the DOSAGE (AMOUNT). Triple check the label with the MOR". (pg 19).

"Right **TIME** – Check the TIME. Medications must be given at the TIME prescribed. Standard practice is that medications are given within one hour before or one hour after the TIME noted on the MOR or medication label. It is considered a medication error if outside the one hour range. Best practice would be TIME exactly as indicated on MOR or prescription label". (pg 19).

"Right **ROUTE** – Check the ROUTE. Confirm that the patient can take or receive the medication by this route: oral by mouth, topical creams, ointments, or patches on skin; ophthalmic drops or ointments in eye; otic drops in ear; nasal drops or sprays in nose; and inhalers or diskus inhaled through mouth. **UNLICENSED STAFF ARE NOT ALLOWED TO ASSIST with INJECTABLE, URETHRAL, VAGINAL, or RECTAL MEDICATIONS".** (pg 19)

"Right **DOCUMENTATION** – properly document each dose offered on the Medication Observation Record (MOR). Document administration AFTER giving the ordered medication. Chart the time, route, and any other specific information as necessary, including refusal of medication".(pg 19).

"Right **RESPONSE** – Make sure that the drug led to the desired effect. If an antacid was given for heartburn, was the heartburn relieved? Does the patient verbalize improvement in depression while on an antidepressant? Be sure to

document your observation of the resident and report to HCP".(pg 19).

"Right **REASON** – Confirm the rationale for the ordered medication. What is the resident's history? Why is he/she taking this medication? Revisit the reasons for long-term medication use. If you are unsure of the reason for use, ask! Ask your pharmacist, doctor, or nurse" (pg 19)

"Right to **REFUSE** – A resident has the right to refuse a medication by Florida law. A resident may not be compelled (forced) to take a medication, nor may you hide medication in their food or drink. Check the frequency of the ordered medication. Double-check that you are giving the ordered dose at the correct time. Confirm when the last dose was given". (pg 19)

Best Practice Recommendations for Medication Safety.

"If you are not sure about a medication issue (i.e., drug to be given, dose, time, route, reason for taking medication), then ASK HCP, NURSE, or PHARMACIST. Medications, both prescription and over-the-counter, can help to improve and maintain health if taken and/or administered safely and appropriately.
This section provides valuable information and recommendations regarding medication safety in the care of the aging in ALFs". (pg 20)

Medication Errors are a Global Problem!!!!!

"Hospitals, emergency rooms, nursing homes, assisted living facilities (ALFs), and community residents all make medication errors. To err is human! However, we must strive to minimize and continually reduce medication errors through medication safety practices" (pg 20)

"Common Types of Errors:
Wrong time
Omission of dose
Wrong dose
Extra dose
Unauthorized dose
Wrong drug
Wrong resident

Common Medications Involved in Errors:
Insulin - all types
Warfarin - Coumadin
Furosemide - Lasix
Opiates - Fentanyl
Opiates - Morphine
Lorazepam - Ativan

Medication errors in assisted living facilities (ALFs) in one study:

Wrong time (71.3 percent)
Omission of dose (12.2 percent)
Wrong dose (11.3 percent)
Extra dose (3.7percent)
Unauthorized dose (1.4 percent)
Wrong drug (0.2 percent)

More people die in a given year as a result of medical errors than from motor vehicle accidents (43,458), breast cancer (42,297), or AIDS (16,516).
Medication errors alone, occurring either in or out of the hospital, are estimated to account for 7,000 deaths annually.
Adverse drug events cause more than 770,000 injuries and deaths each year and cost up to $5.6 million per hospital.

Rule # 1. "DO NO HARM"

How to Prevent Medication Errors

"Always TRIPLE Check Medications.
DOs and DON'Ts can help you make sure that your residents' medication works safely to improve their health and well being". (pg 21)

Medication DOs...
1) DO assist resident in taking each medication exactly as it has been prescribed.
2.)DO make sure that all your residents' doctors and HCPs know about all your residents' medications.
3) DO let your residents' doctors know about any other over-the-counter medications, vitamins and supplements, or herbs that they are taking.
4) DO try to use the same pharmacy to fill all your residents' prescriptions, so that the pharmacist can help you keep track of everything your residents are taking.
5) DO keep medications out of the reach of children when they visit the facility.
6) DO use the triple check system when checking medications.
7) DO read medication labels and follow instructions carefully.
8) DO make sure all medication orders are written and signed.
9) DO make sure all medication orders are on the right resident chart.
10) DO identify the resident every time you give medications. (pg 21)

Medication DON'Ts...
1) DON'T change your residents' medication dose or schedule without talking with their doctor or health care provider.
2) DON'T share or use medication prescribed for any other resident or person.
3) DON'T crush or break pills unless the resident's doctor instructs you to do so.
4) DON'T use any medication that has passed its expiration date.
5) DON'T use abbreviations.
6) DON'T assist with a medication poured by someone else. You cannot be sure what it is.
7) DON'T touch the medication with your hand.
8) DON'T hide medications in food. Medications cannot be "hidden" in foods or drinks. A resident may knowingly take a medication with food if it is easier.
9) DON'T use contaminated medications or medications dropped on the floor. (pg 21)

How to Prevent Wrong-RESIDENT Errors

"Take steps to reduce wrong resident errors.
Make sure orders are written and placed on the correct chart.
Make sure orders are transcribed correctly onto the correct chart/MOR.
Check medications from the pharmacy and confirm for the correct resident name, ID, etc.
Make sure systems used can identify residents correctly, especially by new or temporary workers (picture ID or MOR). Use two (2) forms of resident's identification, including:
a) Asking, "What is your name?"
b) Checking ID bracelet;
c) Checking photo (update photo annually);
d) Following "like names alert" policy to avoid similar residents' name errors.

Note: Do not use room or bed number. (pg 21)

HELP STOP MEDICATION ERRORS!

How to Prevent Wrong-DRUG Errors

"Take steps to reduce wrong-drug errors.
Use systems that triple check medications prior to assistance with self-administration.
Print **generic name using TALL MAN lettering as cloNIDine".**
(pg 22)

How to Prevent Wrong-Time Errors

"The standard acceptable time is within one hour before or after the scheduled administration time or it is considered a medication error".
(pg 22)

How to Prevent OVERDOSES

"OVERDOSE: Take steps to reduce overdose errors.
Put systems in place for triple checking dosages.
Make sure medication is recorded, so that a second dose is not given inadvertently".(pg 22)

HIGH ALERT MEDICATIONS!
Anticoagulants (warfarin - COUMADIN), Anti-platelets (clopidogrel - PLAVIX, aspirin)
Insulin and other antidiabetic agents, Opiates (Hydrocodone, Oxycodone, morphine, codeine, hydromorphine, etc.)
(pg 22)

SOME BEST MEDICATION SAFETY PRACTICES

1. ALWAYS FOLLOW THE NINE RIGHTS.
2. ALWAYS TRIPLE CHECK YOURSELF.
3. IDENTIFY RESIDENT WITH AT LEAST TWO FORMS OF ID.
4. READ LABELS CAREFULLY AND FOLLOW DIRECTIONS.
5. BE SURE ALL MEDICATION ORDERS ARE SIGNED.
6. DOCUMENT ASSISTANCE IMMEDIATELY EACH TIME.
7. PAY ATTENTION TO DETAIL; SAFETY IS NUMBER ONE! (pg 22)

"LISTEN FOR SOUND-ALIKE DRUGS! WATCH FOR LOOK-ALIKE DRUGS!" **(pg 22)**

Chapter 3 Self-Administered Medication Use & Storage

"Residents who are capable of self-administration without assistance shall be encouraged and allowed to do so". (pg 23)

Self-Administration of Medication and Risk Reduction

1. "Assess resident's ability to safely store and self-administer medication.
   a) **Reassess** resident capacity to self-administer at least **quarterly"**. (pg. 23)
2. Educate resident regarding the following:
   a) **Indications** for use and expected **benefits**,
   b) **Method** of administration, and
   c) **Side effects** and adverse consequences.
3. Provide for proper **storage**.
4. Staff will **monitor and record** indications of therapeutic benefits, side effects, and adverse events, and will keep prescriber informed at all times".(pg 23)

"If facility staff note deviations which could reasonably be attributed to the improper self-administration of medication, staff shall consult with the resident concerning any problems the resident may have with medication.
Staff shall consult the resident on the need to permit the facility to aid the resident through the use of a pill organizer. **See Chapter 4**.
Staff shall consult the resident on the ability of the facility staff to provide assistance with self-administration of medication.
Staff may also consult the resident on the administration of medication if such services are offered by the facility.
The facility shall contact the resident's health care provider (HCP) when observable health care changes occur that may be attributed to the resident's medication. The facility shall document such contacts in the resident's record" (pg 23)

"A resident may not be compelled to take medication, but may be counseled according to Florida law". (pg 23)

"Locked medications should be stored free of dampness and temperature change, except for medications that require refrigeration". (pg 23)

Medication Storage – Storage in a Resident's Room

"In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription (Rx) and over-the-counter (OTC), in their possession both on or off the facility premises, or in their rooms or apartments. Medications must be kept locked when residents are absent, unless the medication is in a secure place within the room or apartment or in another secure place out of sight of other residents". (pg 24).

"Residents who are capable may store both prescription (Rx) and over-the-counter (OTC) medications in their room. Medications must be kept locked when resident is absent". (pg 24)

Central Storage in Facility

"Both Rx and OTC medications for residents shall be centrally stored under the following conditions:
1) The facility administers the medication;
2) **The resident requests central storage, in which case the facility shall maintain a list of all medications being stored pursuant to such a request;**
3) The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4) The resident fails to maintain the medication in a safe manner as described in this paragraph;
5) The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents.
6) The facility's rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C." (pg 24)

"When resident possession is considered a safety hazard, both Rx and OTC medications must be kept locked in CENTRAL STORAGE by the facility". (pg 24)

Centrally stored medications must be maintained as follows:

1) "Kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times;
2) Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated; refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area locked in which the refrigerator is located;
3) Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication, and such staff must have ready access to keys to the medication storage areas at all times; and
4) Kept separately from the medications of other residents and properly closed or sealed". (pg 25)

"Centrally stored medication must be locked in a box, cabinet, cart, room, or other locked storage receptacle at all times". (pg 25)

Discontinued Medication

"Medication which has been discontinued but which has not expired shall be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident's request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked **"discontinued medication."** Such medication may be reused if re-prescribed by the resident's health care provider". (pg 25)

"Discontinued medication must be stored separately from medication in current use and marked "Discontinued Medication."(pg 25)

Chapter 4 Pill Organizers

"Nurses licensed under 464.003, FS, may manage individual weekly pill organizers for residents who self-administer medication.

"Nurse" means a licensed practical nurse (LPN), registered nurse (RN), or advanced registered nurse practitioner (ARNP) licensed under Sec 464, F.S."

"A "**pill organizer**" means a container that is designed to hold solid doses of medication and is divided according to day and time increments.
A resident who self-administers medications may use a pill organizer. A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse shall manage the pill organizer in the following manner:
Obtain the labeled medication container from the storage area or the resident.

Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed.
Return the medication container to the storage area or resident.
Document the date and time the pill organizer was filled in the resident's record.
If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it shall be noted in the resident's record and the facility shall consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility shall contact the resident's health care provider regarding questions, concerns, or observations relating to the resident's medications. Such communication shall be documented in the resident's record". (pg 26)

"<u>Unlicensed personnel are forbidden from using pill organizers</u>. Assistance with self-administration does not include pill organizers". (pg 26)

"Only a family member or friend may assist residents with pill organizers, except for pharmacists, physicians, and nurses (ARNP, RN, LPN) licensed under 464.003,FS." (pg 26)

Chapter 5 Assistance With Self-Administration

"One of the most important services an ALF may provide is assisting a person with medication. This may require picking up medications at the pharmacy, checking them when delivered, and making sure they are taken as prescribed.
Medication assistance with self-administration is helping a person with the oral ingestion, topical application, and/or oral or nasal inhalation of medications as prescribed by a doctor/physician or other authorized health care provider (HCP)." (pg 27)

"Medications are an important part of caring for residents." (pg 27)

"The term "competent resident" means that the resident is cognizant regarding when a medication is required and understands the purpose for taking the medication." (pg 27)

"Residents must be capable of taking their own medication with assistance from staff if necessary" (pg 27)

"Admission Criteria: Competent and Capable" (pg 27)

"If the individual needs assistance with self-administration, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident's written informed consent." (pg 27)

"Resident Assessment Form – Facility must evaluate resident's ability to safely self-administer medication. See Appendix 2". (pg 27)

"Informed consent means advising the resident whether a licensed nurse will or will not supervise unlicensed ALF staff. ALFs are not required to have a licensed nurse on staff". (pg 27)

"The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident contracts with a licensed third party to provide this service." (pg 27)

"Facilities that provide assistance with self-administered medication must have either a nurse or an unlicensed staff member, who is at least age18, trained to assist with self-administered medication and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, and must be available to assist residents with self-administered medications in accordance with Florida Statute 429 and Rule 58A." (pg 27)

"**Unlicensed staff must successfully complete a six hour training program provided by a licensed registered nurse, pharmacist, or qualified DOEA staff".** (pg 28)

"Unlicensed person" means an individual **not currently licensed to practice nursing or medicine who is employed by or under contract to an assisted living facility** and who has received training in assisting with the self-administration of medication in an assisted living facility as provided under 429.52, FS **prior to providing such assistance".** (pg 28)

"Courses provided in fulfillment of this requirement must meet these criteria:
Training must cover state law and rule requirements regarding the following:
1. Supervision, assistance, administration, and safe management of medications in assisted living facilities (ALFs);
2. Procedures and techniques for safely assisting the resident with self-administration of medication including how to read a prescription label;
3. Providing the right medication to the right resident;
4. Common medications;
5. The importance of taking medication as prescribed;
6. Recognition of side effects and adverse reactions as well as procedures to follow when residents appear to be experiencing side effects and/or adverse drug reactions (ADRs);
7. Documentation and record keeping; and
8. Medication retrieval, storage, and disposal"(pg 28)

Each year unlicensed staff must successfully complete a two-hour annual update training program provided by a licensed registered nurse or pharmacist. (pg 28)

"Only a registered nurse (RN), a licensed pharmacist, or Department of Elder Affairs' staff person may provide the training. A certificate of completion for assistance with self-administration of medication training must be documented (copy of original) in your personnel file. In addition, a two-hour update course is required annually." (pg 28)

"Unlicensed persons may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered." (pg 28)

"Self-administered medications include both legend and over-the-counter oral dosage forms; topical dosage forms; and topical ophthalmic, otic, and nasal dosage forms including solutions, suspensions, sprays, inhalers, and diskus." (pg 28).

"In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, spoons, tongue blades, etc." (pg 28)

"SELF-ADMINISTERED MEDICATIONS include both prescription (Rx) and over-the-counter (OTC) medications." (pg 29)

"Assistance with self-administration means verbally prompting a resident to take medication as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), FS, below:" (pg 29)

Assistance with self-administration of medication includes the following:

"A. Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident;
B. In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container;
C. Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth;
D. Applying topical medications;
E. Returning the medication container to proper storage; and
F. Keeping a record on a MOR when a resident receives assistance with self-administration each time a medication is offered." (pg 29)

"Medications that appear to have been contaminated shall not be returned to the container (for example, dropped on the floor, etc.)"(pg 29)

"Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record." (pg 29)

Assistance with self-administration does not include:

"A. Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed;
B. The preparation of syringes for injection or the administration of medications by any injectable route;
C. Administration of medications through intermittent positive-pressure breathing machines or a nebulizer;
D. Administration of medications by way of a tube inserted in a cavity of the body;
E. Administration of parenteral preparations;
F. Irrigations or debriding agents used in the treatment of a skin condition;
G. Rectal, urethral, or vaginal preparations;
H. Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident; and
I. Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person." (pg 30).

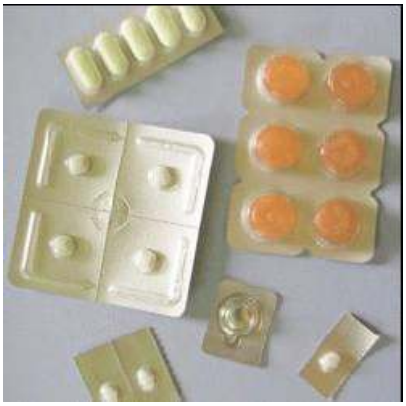
"The terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition." (pg 30)

"Please note the role of unlicensed personnel in assisting with PRN medication orders or prescription labels. If a licensed nurse inappropriately delegates responsibility to an unlicensed person to assist with self-administration of medication that requires the judgment of a licensed health care professional, the nurse could jeopardize his/her license. To avoid such a problem, **PRN orders should include "specific parameters that preclude independent judgment on the part of the unlicensed person."(pg 30)**

"Either a nurse or trained unlicensed staff must be in the facility at all times when residents need assistance with any medications."(pg 30)

When Resident is Away From Facility

"When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:
The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility.
The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident's medication record.
The medication may be transferred to a **pill organizer** pursuant to Florida law (i.e.,, if filled by a nurse or pharmacist) and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record.
Medications may be separately prescribed and dispensed in an easier-to-use form, such as **unit dose packaging; (pg 31)**



Chapter 6 Medication Orders and Prescription Labels

"Prescriptions require a doctor's order. Orders should be written in simple clear terms. Assistance provided to residents with prescription medication can only occur as a result of a health care provider's (HCP's) order such as a doctor's. A prescription (Rx) is a written order to a pharmacist listing the name and quantities of drugs or ingredients to be mixed and/or dispensed to a specific person or resident including directions for use. The green table below contains some Latin abbreviations that are commonly used on prescriptions or medical orders. The red table contains a few abbreviations that should **not** be used because their use frequently results in medication errors."(pg 32)

"If You Assist, You Must Be Able to Read and Understand Medication Orders and Prescription Labels" (pg 32)

Common Medical and Prescription (Rx) Abbreviations

"Refer to a pharmacy or medical reference book for a more complete guide to abbreviations, or go online to ISMP - Institute for Safe Medication Practices at www.ISMP.org/" (pg 32)

"Common Rx Abbreviations
bid - two times daily
tid - three times daily
qid - four times daily
ac - before each meal
pc - after each meal
HS - at bedtime (hour of sleep)
PRN - as needed
D/C - Discontinue
q am - every morning (pg 32)

"q3h - every 3 hours
q4h - every 4 hours
q6h - every 6 hours
q8h - every 8 hours
q pm - every evening
OD - right eye
OS - left eye
OU - both eyes
ad - right ear
as - left ear
au - both ears
gtt - drop
PO - by mouth
SL - sublingual
tab - tablet
cap - capsule
tsp - teaspoonful = 5 mL" (pg 32)

Do Not Use the Following Abbreviations:

DO NOT USE	USE INSTEAD
q.d. -	daily
.5 mg -	0.5 mg
1.0 mg -	1 mg
U -	unit
q.o.d. -	every other day

Recommended by the **Joint Commission**

Prescription Labels

"No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is **properly labeled** and dispensed according to Chapters 465 and 499, FS, and Rule 64B16-28.108, FAC. See sample Rx label below:" (pg 33)

(1) Ned Halftab
(2) Atenolol (generic for TENORMIN)
(3) 50 mg
(4) #45
(**5**) Take one-half (1/2) tablet twice daily
(6) for Hypertension (high blood pressure).

(**7**) Fill Date: January 21, 2012
3 Refills before 01/21/2013

(**8**) Dr. Pill Splitter, MD.

(**9**) ALF PHARMACY
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212

(**10**) Rx # 772001

(**11**) Discard after 01/21/2013

"Prescription drug labels should be written according to the doctor's order and should include at least":

(1). Resident's name
(2) Name of the drug
(3) Strength of drug
(4) Quantity of drug
(5) Time medication should be taken
(6) Any directions for use or special precautions (i.e. SHAKE WELL)
(7) Prescription date and number of refills
(8) Prescriber's name doctor/physician)
(9) Pharmacy name, address, and phone number
(10) Prescription (Rx) number for pharmacy filling
(11) Expiration date/discard date/do not use by date (pg. 33)

Nurses, CNAs, and unlicensed staff cannot change a prescription label, only a pharmacist can.

Examples of AUXILIARY LABELS:
Take With Food
Shake Well Before Using
May Cause Drowsiness
Take With Plenty of Water
Do Not Drink Alcohol
Take Before or After Meals

Auxiliary Labels

"Auxiliary labels are additional labels (usually colored) added by the pharmacist".(pg 34)

Example:
"If a customized patient medication package is prepared for a resident and separated into individual drug containers, then the following information must be recorded on each individual container:
The resident's name and Identification of each drug product in the container". (pg 34)

Except for pill organizers filled by nurses, no person other than a pharmacist may transfer medications from one storage container to another. (pg 34)

Customized pre-packaged unit dose packages must be labeled with resident and medication names. (pg 34)

"Except for the use of pill organizers filled by nurses, only a pharmacist may transfer medications from one storage container to another". (pg 34)

Sample Medications

"Sample or complimentary prescription drugs that are dispensed by a health care provider must be kept in their original manufacturer's packaging, which shall also include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed.
If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they shall be kept in a container that bears a label containing the following information:

1. Practitioner's name
2. Name and strength of the drug
3. Resident's name
4. Directions for use
5. Date dispensed
6. Expiration date

Note: Before dispensing any sample or complimentary prescription drug, the resident's health care provider shall provide the resident with a written prescription, or a fax copy of such order". (pg 34)

Sample medications must have a written prescription or fax copy of such order.

Over The Counter (OTC) Products

"The term OTC includes, but is not limited to, OTC medications, vitamins, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription.
A stock supply of OTC products for multiple resident use is not permitted in any facility.
OTC products, including those prescribed by a licensed health care provider, must be labeled with the resident's name and the manufacturer's label with directions for use, or the licensed health care provider's directions for use. No other labeling requirements are necessary nor should be required. Residents or their representatives may purchase OTC products from an establishment of their choice". (pg 35)

A stock of OTC medications for multiple resident use is prohibited in any facility. (pg 35)

Clarifying PRN Medication Orders and Rx Labels

"If the directions for use are "as needed" or "as directed," the health care provider shall be contacted and requested to provide revised instructions.
For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, Take one tablet every four hours, "**as needed for pain, not to exceed four tablets per day**." (pg 35)

"The written or fax copy of revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist". (pg 35)

Recognize the need to clarify "as needed" prescription orders. (pg 35)

Unlicensed staff may assist with PRN "as needed" orders only at the request of the resident. (pg. 35)

"Unlicensed staff may assist residents to take medications only as directed on a prescription label or written medication order. The instructions must be clear and not require Judgment". (pg 35)

"It may be necessary to clarify unclear, vague, or non-specific orders or labels as needed". (pg 35)

The directions should include the following:
1. Condition for which the medication should be given (for pain),
2. Dosage of medication to give (1-2 tablets),
3. Hours it should be given (every six hours), and
4. Upper limit of dosages (do not exceed six (6) tablets in 24 hours). (pg 35)

This is an <u>example</u> of a **clear,** concise prescription label.

(1) Vera Clear

(2) Hydrocodone /Acetaminophen (APAP)

(**3**) 5 mg - 500 mg

(4) #60 (sixty)

(**5**) Take 1-2 tablets every six (6) hours

(6) as needed for pain.
Do not exceed six (6) tablets in 24 hours.

(**7**) Fill Date: February 2, 2012
3 Refills before 07/2/2012

(**8**) Dr. Noah Clarify, MD.

(**10**) Rx # 772002

(**11**) Discard after 02/02/2013

(**9**) ALF PHARMACY
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212 (pg 36)

This is an example of an **unclear** label that does not provide clear directions.

(1) Unna Clear

(2) Zolpidem (generic for AMBIEN)

(3) 5 mg

(4) #30 (thirty)

(5) Take as needed

(6)

(**7**) Fill Date: March 21, 2012
3 Refills before 08/21/2012

(**8**) Dr. Anita Clarify, MD.

(**10**) Rx # 772003

(**11**) Discard after 03/21/2013

(**9**) ALF PHARMACY
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212 (pg 36)

"The prescription label directions above should include the following:
(**5**) Take one tablet at bedtime as needed for sleep, and
(**6**) May repeat x1 if needed 1 hour later". (pg 36)

"When a medication label is without all the necessary information, the health care provider (HCP) should be contacted and requested to provide revised directions".
(pg 37)

"With **ALL PRN** "**as needed**" medication orders**,**
you **MUST KNOW** and the label **MUST SAY:**
as needed FOR WHAT?
<u>and</u> any LIMITS to taking the medication". (pg 37)

"As required, the **revised directions** should be **noted on the Medication Observation Record (MOR) or in** the medication record with the date and time they were provided by the health care provider and the signature of the person receiving the order.
If an **unlicensed** person obtains such clarification from the health care provider the **order must be written**; a fax copy is sufficient". (pg 37)

"A revised medication label may be obtained ONLY from a pharmacist". (pg 37)

How to Clarify Medication Orders

"Determine the information you need: for example, the dosage amount, time schedule, or the upper dosage limits for the medication. Call the health care provider's office and explain that you are not a nurse, you are unlicensed, but are assisting a resident with medication as allowed in assisted living facilities. Ask the HCP's office to fax a copy of the order. This will decrease the likelihood of a medication error as a result of a hearing, interpretation, or transcription error. Ask another staff member who is trained to assist residents with medications, or a nurse, to double check this information on the medication record. Ask the pharmacist to review the medication record including the revised directions". (pg 37)

Medication Orders Involving Judgment or Discretion

"Pursuant to Section 429.256(4)(i), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition. Recognize a medication order that requires judgment or discretion and advise the resident, resident's health care provider, or facility employer that by law you are not allowed to assist with such orders. As an unlicensed person, you are prohibited by law from assisting with medication orders or prescription labels which require judgment or discretion. A medication label or order must be specific regarding:
1. Strength of medication
2. Amount of each dose of medication (dosage)
3. Route of administration (oral, sublingual, topical, etc.)
4. Time of administration
5. Reason for use of medication" (pg 37)

Example of label with directions that unlicensed persons are **not allowed to assist with**:

(1) Asah Needed

(2) Furosemide (generic for LASIX)
(3) 20 mg
(4) #60 (sixty)
(5) Take one tablet daily as needed
(6) for fluid retention

(**7**) Fill Date: January 12, 2012
3 Refills before 01/21/2013

(**8**) Dr. Will Clarify, MD.

(**10**) Rx # 772004

(**9**) ALF PHARMACY
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212

(**11**) Discard after 01/21/2013

"Unlicensed persons may not assist with directions that require judgment, such as:
"Furosemide 20 mg take one tablet as needed for fluid retention."
Unlicensed persons cannot assist with this type of medication order because they are not trained to assess "fluid retention."
"Acetaminophen 500 mg take one tablet every six (6) hours as needed for fever > 100 degrees." Unlicensed staff are not trained to assess vital signs such as "temperature."
Orders like this should be discussed with the resident's health care provider to clarify directions for when the resident needs the medication so that judgment is not required.(pg38)

"How to advise the resident and your employer that you are not allowed to assist with certain medication orders:
When medication orders or prescriptions are first received, check to make sure the directions do not require "judgment" or "discretion." If the directions are not clear, or if they require a decision by the unlicensed person to determine when or how to give a medication, contact your supervisor or employer. Describe the exact reasons why you are not allowed to assist the resident with this medication. Advise the resident that the medication directions require judgment, and you must call the health care provider to request clear directions regarding this medication so that you may assist with this medication. Inform the resident that you will let them know the results of your discussion with the health care provider. **Advise the HCP that you are not a nurse.** Inform the health care provider that you are prohibited by law from assisting a resident with medication directions that require judgment or discretion.
Advise HCP that you would like to discuss the best option for the resident.
Note: Sometimes HCPs don't realize what an assisted living facility is, or assume that all ALFs have nurses on staff who can take care of doctor's medication orders". (pg 38)

"MEDICATION ORDER CHANGES
Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident's health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident's medication observation record. The facility may then place an "alert" label on the medication container, which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist". (pg 39)

The facility may place an "alert" label on the medication container alerting staff of revised directions on the MOR.
Examples of "ALERT" LABELS:
Note: Dosage/Strength Change in order, see MOR

"Telephone Orders
A nurse or pharmacist may take a medication order by telephone. Such orders must be promptly documented in the resident's medication record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable**".** (pg 39)

A nurse or pharmacist may take a medication order by telephone.
The facility must obtain a written order in 10 working days.

"Prescription Refills
The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled and refilled in a timely manner. Mail order medications may require two-three weeks to arrive. On demand reorder/refills usually arrive same day or next day. Medications that require prior authorization may take five-10 business days. This requires the physician to sign off on a form. If the client does not have refills, allow 72 hours for the physician to respond to a refill request. RTS-refill too soon means that if we send the medication that the insurance will not pay for it and the resident will have to pay the cash price. ANY TIME YOU ARE OUT OF MEDICATIONS, THIS IS URGENT, PLEASE LET THE PHARMACY KNOW!" (pg 39)

Prescriptions should always be filled and refilled in a timely manner.

PRACTICE EXERCISE
As related to assistance with self-administration of medication, there are five problems on the label below. Can you find all five?

(1) Ned Judge

(2) Digoxin (generic for LANOXIN)
(3) .125 mg
(4)
(5) Take as needed
(6) Hold for heart rate less than 60

(**7**) Fill Date: April 1, 2012
3 Refills before 07/1/2013

(**8**) Dr. Will Clarify, MD.

(**10**) Rx # 772005

(**9**) ALF PHARMACY
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212

(**11**) Discard after 04/1/2013

ANSWERS:

_____
_____
_____
_____
_____

Chapter 7: Medication Documentation and Records

"HOW LONG ARE PRESCRIPTIONS VALID IN FLORIDA?
Rx's or prescriptions for non-controlled substances are valid for one year or the number of refills noted on the prescription are all filled, whichever is first. Controlled substances in Schedule II (CIIs) are valid for that original prescription only. Never refills. Schedules III-V are valid for six months or until the total number of refills noted on the prescription are filled.
Facilities must maintain a written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(33), F.A.C., any illnesses which resulted in medical attention, major incidents, **changes in the method of medication administration**, or other changes which resulted in the provision of additional services". (pg 41)

Always record any changes in method of medication administration

"PILL ORGANIZERS
For residents who use a pill organizer as described in Chapter 4, the facility shall keep either the original labeled medication container; or a medication listing with the following:
1. Prescription number;
2. Name and address of the issuing pharmacy;
3. Health care provider's name;
4. Resident's name and the date dispensed;
5. Name and strength of the drug, and
6. Directions for use." (pg 41)

"**MEDICATIONS DOCUMENTED ON AHCA FORM 1823**
The AHCA form 1823 is required to verify the resident's current list of medications and must be signed by the admitting doctor/physician or authorized health care provider (HCP). See the current page 4 of the AHCA form 1823 medication form as **Appendix 4.** The complete HCA form 1823 can also be obtained from www.ahca.myflorida.com/assistedlivingunit. (pg 41)

"CHEMICAL RESTRAINTS
For medications that serve as chemical restraints, the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use and continued need for the medication". (pg 41)

HCP must complete an annual review for use and continued need for any chemical restraint.

Always record medication immediately after it is offered. (pg 41)

"DOCUMENTATION AND GUIDELINES FOR MEDICATION OBSERVATION RECORDS (MOR)
The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration or medication administration". (pg 42)

"**The MOR must include the following:**
1. **Name** of resident and all **known drug allergies** or note NKDA (no known drug allergies);
2. The **name** and **phone number** of **doctor, physician, or health care provider** (HCP);
3. The **name** of each medication, **dose**, **route**, **time**, and **specific directions for use**;
4. The **signature** and **initials** of **each staff person who will be assisting with** self-administered medications **or administering** any medication for a resident;
5. Record of **each time the medication was offered** and **taken** as prescribed; and
6. **Record** of any **missed dosages**, **refusals** to take medication as prescribed, **medication errors**, or **side effects**"(pg 42).

Guidelines:
"An order written on the MOR must exactly match the prescription label.
Document on the MOR **IMMEDIATELY** after assisting the resident with his/her medication.
DO NOT begin to assist the **next** resident until the MOR is completed on the resident you are currently assisting and all medications have been properly returned to the storage area.
When an order is changed, the original entry on the MOR should **not** be altered. Instead, the original entry should be marked "Discontinued," and then write the new order in a new space as a new entry.
NEVER USE WHITEOUT. If you make a mistake on the MOR, draw one line through the mistake and initial it.
Abbreviations should NOT be used on the MOR.

Always document on the MOR the assistance with PRN "as needed" medication orders that have **clear specific directions** for use and that **DO NOT** require judgment or discretion by the unlicensed staff". (pg 42)

Always check for allergies to drugs or latex.

"How to Use the Medication Observation Record
The MOR is your record of all the medications a resident is receiving assistance with self-administration and the verification that you have assisted a resident to take his/her medication. When you provide assistance to a resident, record it on the MOR immediately after providing assistance. If a resident refuses to take a medication, record the refusal code on the MOR and explain why the resident refused the medication on the back of the MOR. Contact with the resident's physician should also be noted on the MOR or charted in the medical record. When a resident is hospitalized or out of the facility and does not receive assistance with medication, indicate this on the MOR. For example, write "H" in the box you would typically initial if the resident is hospitalized or "O" if the resident is out of the facility. **Many facilities use different codes**. The table here shows some examples of codes. On the back of the MOR, keep a record of when the resident takes his/her medications out of the facility so this matches the chart. Circled initials or X in box means dose was not given. Record the reasons for missed dosages and medication errors on the back of the MOR. Any resulting actions should also be noted, (i.e.,, contacting the health care provider and/or instructions given by HCP). When an order is changed, the original entry on the MOR should not be altered. Instead, the original entry should be marked "discontinued" and the new order written
in a new space. The order written on the MOR must match the prescription label exactly. If the label says "Alprazolam 0.25 mg - take one tablet twice daily as needed for anxiety," the MOR cannot read differently" (pg 43).

"MORs should contain the signature and initials of each staff person who will be using the MOR.
Abbreviations should not be used on the MOR.
DO NOT begin to assist the **next** resident until the MOR is completed on the resident you are currently assisting and all medications have been properly returned to the storage area". (pg 43)

How to Use MORs

Put INITIALS in appropriate box when MEDICATION given.

Circle INITIALS when medication is REFUSED or NOT GIVEN.

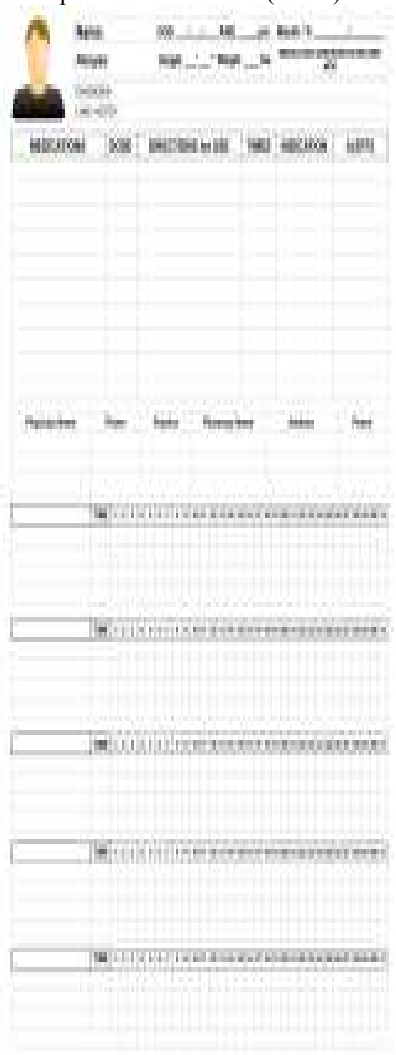
State REASON for refusal on medication NOTES on MOR.

"**As needed**" **PRN: REASON should be NOTED on MOR** (pg 43)

***** PRACTICE COMPLETING THE MOR WILL BE DONE DURING CLASSTIME.**

Charting Codes for MORs
Circle initials or mark with X if dose was not given.
Other codes may include:
H - In Hospital / Rehab.
O - Out of facility
E - Charted in ERROR
U - Drug unavailable
R - Resident REFUSED
D/C - Discontinued by HCP
V - Vomited or spit out MED
X - Drug held by HCP (pg 43)

Example of Blank MOR (Front)



Example of Blank MOR (Back)

Example of COMPLETED Medication Observation Record (MOR) front: Ron Sample

Example of (MOR) back: Ron Sample

"**Completing a Medication Observation Record**
When completing an MOR, you must record on the MOR the directions exactly from the prescription label. The MOR must exactly match the medication label". (pg 48)

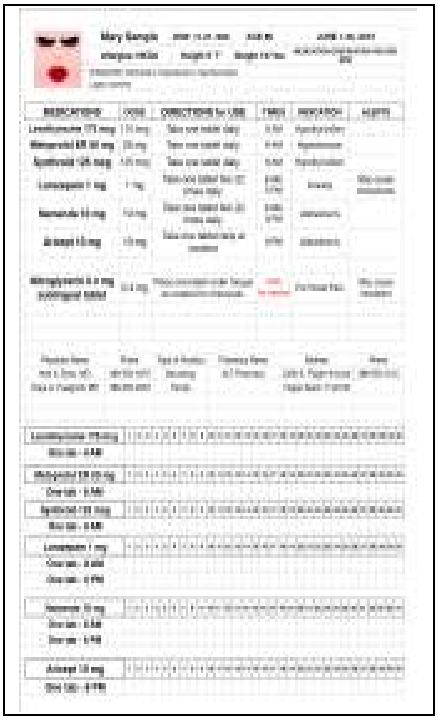
"Prescription and MOR SAMPLE Exercise 1.
Ron Sample has a penicillin allergy and a prescription for Amoxicillin, which is a penicillin derivative that commonly causes a cross sensitivity allergic reaction like penicillin. Alert the doctor or other HCP. Amoxicillin is an antibiotic so it is important to finish all medication as prescribed. Note that amoxicillin is a suspension, so you should always SHAKE IT WELL. Also, once amoxicillin is mixed, it should be stored in refrigerator and discarded after 14 days or as noted on medication container. Always check for expiration dates on medication.

(1) Ron Sample
(2) Amoxicillin Suspension
(3) 250 mg / 5 ml
(4) Dispense 120 ml
(5) Take two (2) teaspoonfuls (10 ml) three (3) times daily.
(**6**) for infection. FINISH ALL MEDICATION.
SHAKE WELL before USE. REFRIGERATE.
(7) Fill Date: June 1, 2012
No Refills
(8) Dr. Hope. U. Feelgood, MD
(**10**) Rx # 772012
(**9**) ALF PHARMACY
2300 Flagler Avenue.
(**11**) Discard after 06/14/2012
Flagler Beach, FL 32136
386-555-1212

Ron Sample also has a codeine allergy and a prescription for Hydrocodone/APAP. Hydrocodone is an opiate that may cause an allergic reaction in people allergic to codeine. Hydrocodone may not always cause a cross sensitivity reaction. Some people who are allergic to codeine are not always allergic to Hydrocodone, morphine, meperidine, and/or other opiates. Alert the doctor or HCP. Allergies depend on an individual's response, which may or may not be different. Always contact the HCP when in doubt" (pg 48)

(1) Ron Sample
(2) Hydrocodone / Acetaminophen (APAP)
(**3**) 5 mg - 500 mg
(4) #60 (sixty)
(5) Take one tablet every six (6) hours
(6) as needed for pain.
(**7**) Fill Date: June 1, 2012
1 Refill before 12/1/2012
(8) Dr. Hope U. Feelgood, MD.
(**10**) Rx # 772013
(**9**) ALF PHARMACY
2300 Flagler Avenue.
Flagler Beach, FL 32136
386-555-1212
(**11**) Discard after 06/1/2013

"Prescription and MOR SAMPLE Exercise 2. Mary Sample MOR (FRONT)" (pg 49)



"Mary Sample MOR (BACK)" (pg 50)

"Mary Sample has a prescription for levothyroxine 175 mcg and SYNTHROID 150 mcg. Levothyroxine is the generic for SYNTHROID, so this would be duplication therapy. Contact the health care provider (HCP). Some residents may be confused between brand and generic names. Always check drug names very carefully. Some look alike and sound alike". (pg 51)

1) Mary Sample
(2) Levothyroxine
(3) 175 mcg
(4) #30 (thirty)
(5) Take one tablet daily.
(6) for Hypothyroidism.
(7) Fill Date: June 1, 2012
11 Refills before 06/1/2013
(8) Dr. Ned A. Brain, MD.
(**10**) Rx # 772021
(**9**) ALF PHARMACY.
2300 Flagler Avenue.
Flagler Beach, FL 32136
386-555-1212
(**11**) Discard after 06/1/2013

(1) Mary Sample
(2) Synthroid
(3) 150 mcg
(4) #30 (thirty)
(5) Take one tablet daily.
(6) for Hypothyroidism..
(7) Fill Date: June 1, 2012 11 Refills before 06/01/2013
(**8**) Dr. I. M. Brand, MD. (**10**) Rx # 772054
(**9**) ALF PHARMACY. (**11**) Discard after 06/01/2013
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212

"**Prescription and MOR PRACTICE Exercise 1. <u>PRACTICE</u> MOR (Front)**

(pg 53)

<u>PRACTICE</u> MOR (Back)

(pg 53)

(1) **George Sample**
(2) Hydrocodone / Acetaminophen (APAP)
(**3**) 10 mg - 500 mg
(**4**) #100 (one hundred)
(5) Take two(2) tablets every six (6) hours
(6) as needed for Pain. DO NOT exceed six (6) in 24 hrs.
(7) Fill Date: July 1, 2012
0 Refills require authorization
(8) Dr. Over A. Dose, MD.
(**10**) Rx # 772099
(**9**) ALF PHARMACY
2300 Flagler Avenue.
Flagler Beach, FL 32136
386-555-1212
(**11**) Discard after 07/01/2013

(pg 54)

1) **George Sample**
(2) Lisinopril / HCTZ
(3) 20 mg / 25 mg
(4) #30
(5) Take one tablet every day in the morning.
(6) for Hypertension
(7) Fill Date: August 1, 2012
11 Refills before 08/1/2013
(8) Dr. High U. Pressure, MD.
(**9**) ALF PHARMACY.
2300 Flagler Avenue.
Flagler Beach, FL 32136
386-555-1212
(**10**) Rx # 772101
(**11**) Discard after 06/1/2014

(pg 54)

Complete MOR for Practice EXAMPLE above 1.

"PRACTICE EXERCISE QUESTIONS for example 1.
1. What is the resident's name?
2. What is the drug or medication name? Is it a generic or brand name?
3. What is the dose of the drug or medication? How many tabs, caps, tsp, mLs, drops, inhalations, etc., for this dose?
4. How many pills in the medication container?
5. What are the proper directions for taking the drug or medication, including special directions?
6. For what is the medication used in this case?
7. When was the prescription filled? How many refills remain?
8. What is the HCP's or doctor's name?
9. What is the pharmacy's name, address, and phone number?
10. What is the pharmacy Rx number?
11. What is the discard, expiration date, or do-not-use-after date? "
(pg 54)

EXAMPLE of Standard Administration Time Schedule
Some facilities may choose to use a standard administration time schedule.

"Standard Administration Time Schedule

Abbreviation: ac am
Means : **before breakfast**
Administrative Times: 7 am

Abbreviation: **q am**
Means: **every morning**
Administrative Times: 8am
Abbreviation: **QD (do not use)**
Means: **Daily**
Administrative Times: 8 am
Abbreviation: **qd (do not use)**
Means: **Daily**
Administrative Times: 9 am
Abbreviation: **bid**
Means: **two times daily**
Administrative Times: 8 am, 6 pm
Abbreviation: **tid**
Means: **three times daily**
Administrative Times: 8am, 4pm, 8pm
Abbreviation: **tidac**
Means: **before each meal**
Administrative Times: 7am, 11am, 5 pm.
Abbreviation: **tidpc**
Means: **after each meal**
Administrative Times: 9am, 1pm, 7pm.
Abbreviation: **qid**
Means: **four times daily**
Administrative Times: 8am, 12pm, 4pm, 8pm.
Abbreviation: **q4h**
Means: **every 4 hours**
Administrative Times: 8am, 12pm 4pm, 8pm, 12am, 4am.
Abbreviation: **q6h**
Means: **every 6 hours**
Administrative Times: 6am, 12pm, 6pm, 12am.
Abbreviation: **q8h**
Means: **every 8 hours**
Administrative Times: 8am, 4pm, 12am
Abbreviation: **q pm**
Means: **every evening**
Administrative Times: 9pm
Abbreviation: **HS**
Means: **at bedtime (hour of sleep)**
Administrative Times: 9pm

(pg 55)

Chapter 8. Medication Retrieval, Storage, and Disposal

"This chapter covers the following requirements, related to the retrieval, storage, and disposal of medication, for assisted living facility unlicensed personnel:
A. Residents' right to privacy
B. How to retrieve medication using safety practices (see also Chapter 2)
C. Storage for residents who self-administer
D. Centrally stored medications
E. Storing over-the-counter medications
F. Storage of discontinued medications and reuse
G. Disposal of discontinued, abandoned, or expired medications
H. Best practice for proper disposal of medication" (pg 56)

All residents have the right to privacy and rights regarding medication decisions. (pg 56)

"A resident has the right to the following:
1. Be treated with respect and dignity;
2. Be treated as capable of making decisions;
3. Receive prompt and appropriate medical treatment;
4. Choose his/her own healthcare provider, and or physician;
5. Receive only medication prescribed for him/her;
6. Be given privacy including the administration of medications and treatments;
7. Be free from neglect and abuse;
8. Be free of restraints including chemical restraints;
9. Expect medication caregivers to know about and promote medication safety;
10. Refuse to participate in experimental research;
11. Complain without fear of being reprimanded or punished; and
12. Choose and refuse treatment prescribed, including medications." (pg 56)

"A RESIDENTS' RIGHT TO PRIVACY
Assisted living facilities have been increasing in number due to consumer (resident) desire to live in a more homelike environment that encourages personal autonomy allowing residents to be independent and make their own decisions. Assisted living staff have the responsibility of protecting resident privacy and supporting personal dignity and individuality, while at the same time providing supervision and assistance with daily living activities including medication management. This is not always an easy task, especially when it comes to working with residents and their families to safely manage the resident's medications. Residents' rooms are their private spaces. Staff should not violate this by searching through their drawers or cabinets without residents' permission. However, you must be aware of the conditions in the room. Are there any pills on the floor? Are there excessive amounts of over-the-counter medications in the room? When you are assisting the resident to put away clean clothes in drawers, you may observe for any medications that may be hidden. Ask the resident's permission to review the expiration dates on containers. If you do observe any pills on the floor or any other irregularity, discuss it with the resident and report it to the health care provider".(pg 56)

B." HOW TO RETRIEVE MEDICATIONS (TRIPLE CHECK)
1. Take the medication, in its previously dispensed, properly labeled container, from where it is stored, check it, and bring it to the resident.
2. In the presence of the resident, check it again, read the label, open the container, remove the correct prescribed amount of medication from the container, and close the container.
3. Check it again, then place an oral dosage in the resident's hand or place the dosage in another container and help (if necessary) the resident by lifting the container to his or her mouth.
4. Apply topical medications to skin, eye, ear, nose, or mouth as prescribed.
5. Return the medication container to proper storage. (Best practice is to check it again when you return medication, to finally confirm all was done properly).
6. Keep a record on a MOR when a resident receives assistance with self-administration each time a medication is offered. Record immediately after medication is given and observed that it was swallowed or administered properly". (pg 57)

C. "STORAGE FOR RESIDENTS WHO SELF-ADMINISTER
Assisted living facilities are like residents' homes. Residents who are capable of self-administration and managing their own medications are allowed to do so. Residents are encouraged and allowed to remain as independent as possible. Therefore, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises, or in their rooms or apartments. Medications **must be kept locked** when residents are absent, unless the medication is in a secure place within the room or apartment or in some other secure place which is out of sight of other residents".(pg 57)

ONLY self-administered medications may be kept in resident's room, if stored safely and securely.

"Prescription and over-the-counter medications for residents shall be centrally stored when the following conditions apply:
1. The facility administers the medication;
2. The resident requests that the facility store his/her medications (the facility shall maintain a list of all medications being stored pursuant to such a request);
3. A health care provider documents that it would be hazardous to the resident to keep the medication in his/her personal possession;
4. The resident does not keep it in a secure place or keep his/her room locked when absent or the resident fails to maintain the medication in a safe manner;
5. The facility determines that because of physical arrangements and the conditions or habits of residents that the resident keeping

his/her medication poses a safety hazard to other residents; and
6. Facility policy requires all residents to centrally store their medications.
Note: An ALF may require all residents to "centrally store" their medications, but if an ALF has such a policy, the facility must provide this information to all residents prior to admission".(pg 58)

D. "CENTRALLY STORED MEDICATIONS
All medications that are centrally stored are subject to the following restrictions:
1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and at normal temperature levels, unless the medication is required to be refrigerated;
3. If required to be refrigerated, kept in locked container in the refrigerator, or the refrigerator must be locked, or the room or area where the refrigerator is located must be locked;
4. Kept in their legally dispensed, labeled package, and kept separately from the medication of other residents (**weekly pill organizers cannot be centrally stored without a proper label); and**
5. Staff trained to assist with or licensed to administer medications must have access to keys to the medication storage area or container at all times".(pg 58)

"Medication Storage Tips:
Medication containers must be properly closed or sealed so that medications do not become loose and get mixed together.

The medication storage area should be well organized to reduce the risk of errors and to help save time when assisting with medications.
Place medications in a systematic order, for example, in alphabetical order by resident name or by room number". (pg 58)

" Always store medications in their labeled containers. If, for example, a tube of medication arrives in a box labeled by the pharmacy, the medication must be stored in the labeled box.
Store medications for the eye, ear, nose, and throat separately, for example, in different drawers of a medication cart, by using drawer dividers, separate plastic bags or boxes".(pg 58)

Ask your pharmacist or nurse for suggestions on how to set up and organize your storage areas.

"REFRIGERATED MEDICATIONS MUST BE KEPT LOCKED
Always check medications for proper storage requirements". (pg 59)

" **Once opened, most insulin should be stored in a REFRIGERATOR.
**Once mixed, most antibiotics should be REFRIGERATED.
**Medications shall be properly stored and safeguarded to prevent access by unauthorized persons.
**Expired or discontinued medications shall not be stored with current medications.
**Storage areas shall be locked, and of sufficient size for clean and orderly storage.
**Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively affect medication effectiveness or shelf life.
**Medications requiring refrigeration shall be stored in a refrigerator at the temperature established by the U.S. Pharmacopeia (36 - 46 degrees F.). If a multi-use refrigerator is used to store medications outside the secured medication storage area, a separate locked box shall be used to store medications, provided the refrigerator is near the medication storage area. Accurate thermometers (within ± 3 degrees) shall be provided in all refrigerators storing medications". (pg 59)

"Do not expose medications to extremes in temperature or moisture unless medications are supposed to be refrigerated". (pg 59)

" E. STORAGE OF OVER-THE-COUNTER (OTC) MEDICATIONS
An ALF cann**ot** have a "stock supply" of over-the-counter (OTC) medications. Bottles of ibuprofen, aspirin, Maalox, Tums, creams, ointments, etc., may not be kept for use by multiple residents. However, individual residents may have their own OTC medications.
Residents may be allowed to keep over-the-counter medication in their rooms if they self-administer their medications, with or without assistance. If the resident requires medication to be administered, they should not store OTC medications in their room.
An ALF may centrally store OTC medications for residents. An ALF may store OTC medications for residents that have not been prescribed by a health care provider. OTC medications must be labeled with the resident's name and the manufacturer's instructions for use and kept with the medication at all times. When an OTC medication is prescribed by a health care provider, the medication must be stored in the same manner as a prescription and managed just like a prescribed medication." (pg 59)

A stock supply of any OTC Medication may not be stored for use by multiple residents in any ALF.

"F. STORAGE OF "DISCONTINUED" MEDICATION
Store **"discontinued"** medications separately from medications being used currently. This will prevent you from continuing to give a medication that is no longer prescribed.
When a resident's medication has been discontinued but has not expired, the medication should be returned to the resident (if safe) or the resident's representative, OR the facility may centrally store the medication for future use for the same resident.
When centrally storing discontinued medications for residents, remember that only medications that have not expired may be kept. These medications must be stored separately from medications in current use, for example, in a separate drawer. The medication must be kept in a separate area that is marked "Discontinued Medication."
NOTE: Do not alter or write on the medication label when a medication is discontinued." (pg 60)

Store "Discontinued Medications" separately from medications in current use.

"When storing discontinued medications, **write the date the medication was discontinued** and the **name of the health care provider** who gave the order to discontinue **on the MOR,** and **keep a copy with the discontinued medication**. Store each resident's discontinued medication together, for example, in a plastic bag, with the resident's name clearly marked on the bag, in the area marked "Discontinued Medications." If a medication, which was previously discontinued but has not yet expired, is re-prescribed, it may be used instead of having a new prescription filled. ALF staff must be sure that they are using the right medication and strength by checking with a pharmacist or HCP.
The ALF is responsible for storing, managing, and disposing of medications properly". (pg 60)

Do not alter or write on the medication label when a medication is "Discontinued."

"Medication which has been discontinued but which has not expired shall be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked **"DISCONTINUED MEDICATION."** (pg 60)

G. DISPOSAL OF "DISCONTINUED" MEDICATION
If "discontinued" medications are "expired" or "abandoned," they must be disposed of properly as described below. Otherwise, they may be stored. (pg 61)

"DISPOSAL OF "ABANDONED" OR "EXPIRED" MEDICATION
When a resident's stay in the ALF has ended, the medications must be returned to the resident, or the resident's representative, unless otherwise prohibited by law. You must notify the resident, or his/her representative, that the medication needs to be removed. The resident or representative may take the medications or request that you dispose of the medication. If you do not hear from the resident or resident's representative within 15 days of notification, the medications may be considered "abandoned," and the ALF needs to dispose of them." (pg 61)

"Medications which have been "abandoned" or which have "expired" must be disposed of within 30 days of expiration or abandonment. Documentation that the medications have been disposed of must be made in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness." (pg 61)

"When medications have expired, disposing of them properly will protect you and others in your home from consuming a medication that may have become ineffective or even toxic. Disposing of medications properly will help protect the environment as well as pets, children, and anyone who might find medicines in your trash" (pg 61)

Medications which have been "abandoned" or expired" must be disposed of within 30 days.

"While experts used to recommend flushing old medication down the toilet, today the Environmental Protection Agency (EPA) recommends against this because sewage plants may not be able to adequately remove drug ingredients from the water". (pg 61)

"Medication must be disposed of properly.
There are two ways to dispose of discontinued, abandoned, or expired medications:
1. The medication may be taken to a pharmacist or other waste management agent for disposal; or

2. The medication may be destroyed by the administrator, or person(s) designated by the administrator, and one witness." (pg 61)

"SOME DRUGS YOU CAN FLUSH
The FDA recommends flushing only if the drug label or accompanying information has instructions to do so. The FDA recommends that the following controlled substances (*) and other drugs should be flushed down the toilet instead of any other disposal method.
atazanavir sulfate capsules
(REYATAZ)
entecavir tablets
(BARACLUDE)
*fentanyl buccal tablets
(FENTOR)
*fentanyl citrate
(ACTIQ)
*fentanyl transdermal system
(DURAGESIC) - cut it up.
gatifloxacin tablets
(TEQUIN)
*meperidine HCL tablets
(DEMEROL)
*methylphenidate transdermal patch
(DAYTRANA)
*morphine sulfate capsules
(AVINZA)
*oxycodone and acetaminophen
(PERCOCET)
*oxycodone tablets
(OXYCONTIN)
sodium oxybate
(XYREM)
stavudine
(ZERIT for oral solution)" (pg 62)

"IMPROPER DISPOSAL: To destroy medications in a facility, it is no longer appropriate to flush them down the toilet, except for those that are approved for flushing (see list above)". (pg 62)

Most medications should NOT be flushed down the toilet.
(pg 62)

"Always refer to printed material accompanying these medications for proper disposal." (pg 62)

"HOW TO PROPERLY DISPOSE OF MEDICATION WASTE
Medication waste is generally in one of three regulatory categories: hazardous waste, infectious waste (also called biohazardous waste), and solid waste. All waste generators that are businesses and institutions, including assisted living facilities (ALFs), must separate their wastes into the correct regulatory category and ensure proper disposal.
You may return medications to the resident or his/her family for disposal. If the assisted living facility assumes responsibility for disposing of medications, solid, and hazardous waste, then all regulations DO apply to the waste. DO NOT always flush medications. Destroying medications by placing them in the sink or toilet and flushing them into the waste water is highly discouraged, because waste water treatment plants do not remove medications. Drugs can harm plants and animals that live downstream. It may be illegal to flush certain hazardous medications". (pg 62)

Do not put medications in infectious waste containers. (pg 62)

"DO NOT put medications in infectious waste containers. It is not appropriate (nor is it cost-effective) to put medications, empty medication bottles, or empty insulin or vaccine vials in sharps containers or biohazard waste bags. Mixing non-infectious waste with infectious waste is prohibited in Florida. It is no longer true that most infectious waste is incinerated; typically these wastes are disinfected and put in a landfill instead. Medications that are hazardous waste are regulated both by state and federal regulations. Hazardous waste includes items that are listed by name in the regulations, or exhibit characteristics of hazardous waste. Common hazardous waste medications include Epinephrine, Coumadin, vaccines preserved with Thimerosal, and even certain shampoos and vitamins/minerals". (pg 63)

"An estimated 5-15 percent of medication waste may be hazardous waste. A reputable hazardous waste hauler can help you separate these wastes" (pg 63).

"Health care products that are infectious waste include sharps such as syringes and intravenous delivery devices that can cut or puncture the skin.
Please refer to other sources to help you in handling infectious waste". (pg 63)

"Medications that are neither infectious nor hazardous are classified as solid waste. Medications that are considered solid waste can generally be handled like other garbage. A potential problem with disposal in general garbage is that medications can pose safety risks to individuals who inappropriately access the garbage and expose themselves to the medications." (pg 63)

"PROPER DISPOSAL OF SOME MEDICATION
Take your medications out of their original containers.
Using gloves, mix drugs with a little water to make a slurry, then mix with an undesirable substance, such as plaster of paris, cat litter, or used coffee grounds.
Put mixture into a disposable container with a lid, such as an empty coffee can, margarine tub, or into a sealable bag.

Conceal or remove any personal information, including Rx number from the empty medication containers by covering it with black permanent marker or duct tape, or by scratching it off.

Place the sealed container with the mixture and the empty medication containers in trash." (pg 63)

"BEST PRACTICE FOR PROPER DISPOSAL
The preferred practice is to have a waste hauler take medications to a medical waste or hazardous waste incinerator. The solid waste hauler may have appropriate containers and specific procedures for disposing of medications in your local area." (pg 64)

"**If the hauler method of disposal isn't available, place the medications in a container that can be sealed, such as a coffee container. Add a small amount of water to the medication to make a slurry. Add cat litter, plaster of paris, or some other absorbent material to the slurry to make it unusable. Finally, seal the container, such as an empty coffee container, and place the container in the garbage. Remove or obliterate any labels identifying the container as containing medications. This is a potential risk if someone handles the trash." (pg 64)**

"Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medications to the dispensing pharmacy pursuant to Rule 64B16-28.870, FAC.
The Special-ALF permit is an optional facility license for those assisted living facilities providing a drug delivery system utilizing medicinal drugs provided in unit dose packaging. All medicinal drugs must be maintained in individual prescription containers for the individual patient. Medicinal drugs may not be dispensed on the premises. Medicinal drugs dispensed to patients of Special-ALF permits may be returned to the dispensing pharmacy's stock under the provisions of Rule 64B16-28.118, F.A.C. Dispensed controlled substances that have been discontinued shall be disposed of under the provisions of Rule 64B16-28.301, F.A.C. Medicinal drugs dispensed to the residents of a Special-ALF permit shall meet the labeling requirements of Rule 64B16-28.502 and paragraph 64B16-28.402(1) (h), F.A.C. Each facility holding a
Special-ALF permit shall designate a consultant pharmacist of record to ensure compliance with the laws and rules governing the permit. The Board office shall be notified in writing within 10 days of any change in the consultant pharmacist of record. The consultant pharmacist of record shall be responsible for the preparation of the Policy and Procedure Manual required by subsection 64B16-28.800(2), F.A.C. Policy and Procedure Manuals must provide for the appropriate storage conditions and security of the medicinal drugs stored at the facility. The consultant pharmacist of record shall inspect the facility and prepare a written report to be filed at the permitted facility at least monthly. Rulemaking Authority 465.022 FS. Law Implemented 465.0196 FS. History–New 2-23-98." (pg 64)

Chapter 9. How to Assist With Self-Administration of Medication

"Unlicensed persons may, consistent with a dispensed prescription label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered" (pg 65)

ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATION FOR UNLICENSED ALF STAFF INCLUDES the following: Oral and Topical Dosage Forms including skin, ophthalmic (eye), otic (ear), and nasal (nose) forms.

"Assistance with self-administration of medication includes the following:
** Preparing and making available such items as water, juice, cups, spoons, tongue blades, tissues, etc.
**Taking the medication, in its previously dispensed, properly labeled container, from where it is stored, and bringing it to the resident.
**In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
**Observing the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record.
**Returning unused doses to the medication container.
**Documenting assistance with self-administered medications on the MOR immediately.
**Self-administered medications include both legend and over-the-counter oral dosage forms; topical dosage forms; and topical ophthalmic, otic, and nasal dosage forms including solutions, suspensions, sprays, inhalers, and diskus." (pg 65)

Understand what "assistance" with medication includes and does not include.
(pg 65)

ASSISTANCE DOES NOT INCLUDE the following: Injectables by any route, parenterals, IPPB machines or nebulizers, irrigations for wound care, PRN "as needed" orders that require "judgment" or "discretion."

"Routes of administration for trained unlicensed personnel.

Oral…… tablets, capsules, or liquids swallowed by mouth
Buccal ……tablet dissolved in the cheek of mouth
Sublingual ……tablet dissolved under the tongue
Topical …..creams, ointments or sprays applied to the skin
Transderma…..l patch absorbed through the skin
Ophthalmic….. drops instilled or ointments applied into the eye
Otic….. drops or suspensions placed into the ear
Nasal….. drops or sprays placed into the nose or nostril
Inhalan…..t inhaler or diskus inhaled into lungs through the mouth (pg 66)

"Routes of administration only for nurses or licensed personnel.

Rectal…. into the rectum
Vaginal…. into the vagina
Subcutaneous (Sub-q)…. injection-under the skin
Intramuscular (IM injection…. injection into muscle
Intravenous (IV) injection…. injection into vein
Naso-Gastric into the NG tube" (pg 66)

"Universal Precautions
Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infection for HIV, HVB, and other blood-borne pathogens. Review the common aseptic practices that should be followed in all settings to prevent the spread of infections".(pg 66)

"HAND WASHING
** Always wash hands after urination, bowel movements, and changing of sanitary products.
**Wash hands when there is any contact with a body fluid or substance (i.e., blood, urine, feces, vomit, saliva, respiratory secretions, any other body fluid or drainage).
**Wash hands before preparing or eating food.
**Wash hands after covering the mouth and nose when coughing or sneezing.

One of the easiest and most important ways to prevent infection is hand washing.
Hands are one of the most common transmitters of pathogens from one person or item to either yourself or another person.
Hands should be washed **BEFORE** and **AFTER** providing any type of care" (pg 66)

"Hand Washing Procedure
1. Make sure that soap, paper towels, and a wastebasket are available.
2. Move watch and sleeves (if applicable) up arms approximately five inches.
3. Turn the faucet on using a paper towel and adjust water temperature.
4. Toss paper towel into wastebasket.
5. Wet the wrists and hands thoroughly, keeping them below elbow level to keep microorganisms from moving up your arms.
6. Dispense soap.
7. Lather hands and wrists by rubbing palms together for at least 20 seconds.
8. Wash each hand and wrist and between the fingers for one to two minutes. Underneath the fingernails can be cleaned by rubbing the fingertips against the palm of the other hand" (pg 66)
9." Dry hands with clean paper towel and use paper towel to turn off faucet. Dispose of paper towel in wastebasket.
10. The fingernails should be cleaned with the first hand washing of the day and if they are contaminated or soiled in any way "(pg 67).

Always wash hands before and after handling medications.

"HOW TO ASSIST WITH ORAL SOLID AND LIQUID MEDICATIONS" (pg 67)

"ORAL SOLID MEDICATIONS
First, the unlicensed person must ensure that the patient is alert and able to swallow the medication without difficulty. If patients have a difficult time swallowing the pills, instruct them to first drink some water or juice and then attempt to swallow the medication again. If a resident seems to be having difficulty swallowing medications, talk to the health care provider regarding the need for a more convenient dosage form such as a liquid or capsule". (pg 67)

"Obtain needed supplies (water, juice, cups, spoon, pill splitter, etc.) before assisting with the administration of medications to a resident". (pg 67)

"It is usually best to take medications with a full glass of water (check MOR for directions)" (pg 67)

"Breaking, cutting, splitting, or crushing any oral solid tablet or capsule requires judgment or discretion and must be decided by a licensed health care provider or pharmacist" (pg 67)

"Only break, cut, or split SCORED TABLETS or crush oral solid tablets or capsules as prescribed or authorized by licensed health care provider" (pg 67).

"Long-acting forms of medication (i.e., extended-ER or sustained release-SR) should not be broken, crushed, or chewed before swallowing" (pg 67)

"Medication that appears to have been contaminated (dropped on floor, etc.), shall not be returned to the container" (pg 67)

"Assist with medication only when you are sure the "nine rights" are being carried out and the resident does not have any drug or latex allergies: Right resident, drug, dose, route, time, reason, response, right to refuse, and record/document" (pg 67).

" Compare medication label with the MOR three times to ensure accuracy" (pg 67).

"Verify the medication label with the MOR before retrieving medication" (pg 67).

"Check to ensure proper medication was taken from storage with the MOR"
(pg 67)

"Check pharmacy label and MOR for any change in directions or dose change".
(pg 67)

"If the medication is a tablet or capsule in special or unit dose packaging, the medication is removed from the individually wrapped package and placed into a cup. Hand the cup to the resident along with a fresh glass of water. The unlicensed person must observe the patient put the medication into his/her mouth and swallow the medication completely without difficulty. The medication cup is then disposed of properly"
(pg 68)

Always observe the resident swallow the medication.

"Have resident place tablets, capsules, etc., in middle of the tongue, and if sublingual under the tongue or buccal in the cheek, if applicable. Removing dentures helps with swallowing if edentulous (without teeth). Follow with at least a half (1/2) cup water, preferably a full 8 ounce glass of water" (pg 68)

ALWAYS CHECK EXPIRATION DATES when retrieving medication from locked storage area.

"How to Assist With Oral SOLID Medications:
1. Wash hands and obtain necessary items (medication container with label, MOR, water, juice, etc.). Check expiration date of medication.
2. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
3. Follow facility policy for identifying resident. Address resident by name.
4. Assist the resident to a comfortable sitting position and read the medication label to the alert resident and confirm understanding.
5. Open container in front of the resident and place medication in resident's hand or cup or other suitable device or container.
6. Assist the resident in taking the medication. (Do not put in mouth.)
7. Observe the resident swallowing the medication.
8. Return medication to proper storage area.
9. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
10. Always document the administration of a PRN "as needed" medication and the resident's response.
11. Wash hands properly" (pg 68).

Do not SPLIT or CRUSH medication WITHOUT a health care provider ORDER or Rx LABEL.

"Breaking, cutting, or splitting scored tablets
Only scored tablets can be broken by unlicensed personnel or staff. A medication label may state "take half a tablet"; **however, you may **only** break tablets and caplets that are "scored."
**A scored tablet has been imbedded for easier and even breakage; it assures the correct amount is divided.
**You may use a pill cutter or other devices to break a scored medication.
**You must wear gloves if you handle the pill to break it with your thumbs" (pg 69)

"How to BREAK tablets
1. Wash hands and gather necessary items (medication container with label, MOR, cups, facility's designated pill cutting device).
2. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
3. Follow facility policy for identifying resident. Address resident by name.

4. Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding.
5. Open container in front of the resident, split scored medication using pill splitter or cutting device and place medication in resident's hand or cup or other suitable container.
6. Assist the resident in taking medication. (Do not put in mouth.)
7. Observe the resident swallowing the medication.
8. Return medication to proper storage area.
9. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
10. Always document the administration of a PRN "as needed" medication and the resident's response.
11. Wash hands properly". (pg 69)

"Crushing Tablets
Can the medication be crushed?
You may crush a medication only when the medication label specifically directs you to do so. Some medications are not meant to be crushed. In general, medications that are "sustained-release," "controlled release," "extended release," or which have an "enteric coating" may not be crushed". (pg 70)

"Can the capsule be opened and mixed with food?
**Most crushed tablets or emptied capsules may be mixed with certain foods including applesauce, pudding, or jelly immediately prior to administration.
**Medications cannot be "hidden" in foods for residents who are refusing them.
Residents may only **knowingly take a medication with food if it is easier for them.
**Remember that you are assisting residents to take medications, not administering medications.
Pay close attention to the instructions on the label. It's a good idea to check with the pharmacist to **be certain a particular medication can be broken or crushed.
**Request specific directions for crushing medication. Could the medication be given in liquid form? Is there another medication which may be easier for the resident to swallow?"
(pg 70)

"How to CRUSH a Medication, Using a Pill Crusher
1. Wash hands and obtain necessary items.
2. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
3. Follow facility policy for identifying a resident. Address resident by name.
4. Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding.
5. Open container in front of the resident, **crush medication (see below)**, and place medication in resident's hand or cup or other suitable device.
6. **Crushing medication: Place medication in paper cup and cover with another paper cup, and use pill crusher or firm instrument on top of cup to crush the medication.**
7. Assist the resident in taking medication with food. (Do not put in mouth.) Place all of the crushed medication onto a spoon with food.
8. Observe the resident swallowing the medication.
9. Return medication and supplies to proper storage area.
10. Record assistance with medication on MOR.
11. Wash hands properly" (pg 70).

DO NOT CRUSH:
Buccal (cheeks or mouth cavity), enteric coated, sustained-release, or sublingual (under the tongue) tablets.

"Medications that should not be crushed or chewed
Many solid dosage forms should not be crushed or chewed for a variety of reasons. If a resident's condition does not allow for oral solid dosage forms (tablets, capsules, etc.), check with the HCP to see if it is acceptable to crush the medication in question. If crushing is not allowed, consult with the pharmacist or HCP to prescribe the medication in a liquid or other suitable form. A reference should be checked, or HCP, or a pharmacist should be consulted before crushing any medication" (pg 71).

"Buccal tablets (cheeks or oral cavity) and sublingual tablets (under the tongue) are designed to dissolve in the oral fluids of the mouth for more rapid and complete absorption than in the stomach or GI tract". (pg 71)

"Enteric Coated tablets are designed to pass through the stomach and then dissolve in the gastrointestinal (GI) tract to prevent destruction of the medication by stomach acid, to prevent medication from irritating the stomach lining, or to achieve a prolonged action from the medication". (pg 71)

"Sustained or Time Release CAPSULES are designed to release medication over a prolonged or sustained period, usually 8-24 hours. The beads or pellets within the capsule are designed to dissolve at different rates to either reduce stomach irritation or prolong the action of the medication. **If prescribed**, it is acceptable to open the capsules and administer the

contents in food so long as the beads or pellets are not crushed or chewed. A reference should be checked, or HCP, or a pharmacist consulted before assisting with medication in this manner. (pg 71)

"Sustained or Time Release TABLETS are designed to release medication over a prolonged or sustained period, usually 8-24 hours. The tablets are designed to dissolve at different rates to either reduce stomach irritation or prolong the action of the medication.
Some specific time release tablets include formulations with a slow release core, mixed release granules, multilayer tablets, or porous inert carriers.
Do not crush or chew these products. A reference should be checked, or HCP, or pharmacist consulted before assisting with medication in this manner". (pg 71)

"ORAL LIQUID MEDICATIONS
** These are medications that are poured, measured, and swallowed.
**If the medication is a liquid suspension, it is necessary to shake thoroughly prior to offering it to the resident. A rotating wrist movement will ensure a more thorough mixture.
**After "SHAKING WELL," always measure out the required exact amount in milliliters (mLs) into a measurable container or cup, measured at EYE level.
**Take care not to pour more than is needed.
**Be sure not to touch the rim or inside of the cup with your dirty or contaminated hands.
**Clean the lip of the bottle, if necessary, with a clean moist paper towel before recapping.
****Do not use silverware spoons for giving medication. They are not all the same size. A silverware teaspoon could be as small as a half teaspoon or as large as two teaspoons.**
**Measuring spoons used for cooking are accurate, but they spill easily.
**Oral syringes have some advantages for giving liquid medications. They are accurate and easy to use.
**Dosing cups are also a handy way to give liquid medications. However, dosing errors have occurred with them. Always check to make sure the units (teaspoon, tablespoon, or mL) on the cup or syringe matches the units of the dose you want to give.
**Liquid medications often don't taste good, but many flavors are now available and can be added to any liquid medication. Ask your pharmacist.
**If medication requires REFRIGERATION, store in REFRIGERATOR and monitor temperature daily.
**Liquid medications will be given in their unit dose container if provided. If liquid medication is not in unit dose form, follow proper procedure for pouring. Use only specially marked measuring devices to measure doses. Liquid medications should be measured at eye level.

Liquid medications should be measured at eye level.

**When giving both tablets and syrups, remember to always offer the syrups last. Always be aware that most elixirs and spirits have alcohol, and the medication must be monitored for patient abuse". (pg 72)

"**How to Measure and Pour Oral LIQUID Medication:**
1. If LIQUID medication requires **REFRIGERATION**, **store in locked REFRIGERATOR** and monitor temperature with daily log.
2. Wash hands and obtain necessary items (medication with label, MOR, cups, **accurate measuring container or device**, etc.).
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
4. Follow facility policy for identifying a resident. Address resident by name.
5. If LIQUID medication is a **suspension**, **"SHAKE WELL."**
6. Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding.
7. Measure and pour liquids using a container with measurements on it (oral syringes, unit dose cups, cooking spoons, etc.). Remove the cap and place it with the open side up. Hold the bottle with the label toward the palm of the hand to avoid soiling the label. Locate the marking on the container for the amount to be poured in a container at eye level.
8. Measure with container at eye level and pour medication using thumb to identify the correct level (dose) and then close container properly.
9. Assist the resident in taking the right medication. (Do not place in mouth.) Pour right amount of medication in cup or other suitable container and place in the resident's hand.
Unit Conversions
1mL = 1mL (Do not use cc)
2.5 mL = 1/2 teaspoonful
5 mL = 1 teaspoonful
15 mL = 1 tablespoonful
3 teaspoons (15 mL) =
1 tablespoonful (15 mL)
10. Observe the resident swallowing the medication.
11. Check to see that the cap of the bottle is on securely. Return medication container to proper storage area (i.e., LOCKED refrigerator).
12. Record that assistance was provided on the MOR.
13. Wash hands properly.
Unit conversions
1 mL = 1 mL (Do not use cc)

2.5 mL = 1/2 teaspoonful
5 mL = 1 teaspoonful
15 mL = 1 tablespoonful = 3 teaspoonfuls
3 teaspoonfuls (15 mL) = 1 tablespoonful (15 mL).

** Many liquid medications are pre-measured and come individually wrapped.
**When dispensing from a bottle the health care provider must measure the liquid carefully. Locate the desired ml mark on the cup and put your thumbnail on the mark. At eye level, pour the liquid up to the exact mark. Place measuring cup on level surface. Pour the medication on the side away from the label to keep the label clean. Wipe off excess from the bottle.
**The suspension may be drawn up into a syringe for ease of delivery; remember to have the patient upright and push slowly so as not to eject the fluid into the patient's mouth.
**If resident has trouble swallowing a medication, check with the health care provider (HCP) for other available forms of the medication or ask your pharmacist for advice". (pg 73)

"HOW TO ASSIST WITH TOPICAL MEDICATIONS FOR THE SKIN (creams, lotions, ointments, patches, and sprays)

**Medications should be applied as directed by HCP. Examine the skin site to observe the condition both before and after applying the topical medication.
**It is best to use latex gloves during the application process to prevent any unwanted reactions from the medication, and always wash your hands after removing gloves as per OSHA standards.
**Be gentle when applying medication as the area may be sensitive or painful.
****YOU ARE NOT ALLOWED TO ASSIST WITH CREMES OR OINTMENTS THAT REQUIRE A DRESSING (i.e., wound care)".** (pg 74).

"How to Assist With TOPICAL Creams, Lotions, Ointments, and Sprays
1. Wash hands, identify right resident, **provide for privacy**, and obtain necessary items (medication container with label, MOR, tongue blades, clean gauze pads, etc.).
2. TRIPLE CHECK. Verify the medication label with the MOR. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
3. Follow facility policy for identifying resident. Address resident by name.
4. Assist the resident to a comfortable position, and read the medication label to the resident and confirm understanding.
5. Use gloves or an applicator, such as a wooden tongue depressor, clean Q-tip, or gauze pad, so that your hands don't come into contact with medication or affected skin. Using gloved hand, apply thin film of cream, ointment, lotion, or spray to affected area. **Do not cover with a bandage unless directed by the HCP.** Replace container top promptly.
6. Spread onto affected area as prescribed by a physician until absorbed, unless the directions say to leave a film. Avoid rubbing the skin.
7. Dispose of tongue depressor, gauze pads, and gloves, and wash hands immediately.
8. Return medication to proper storage area (i.e., LOCKED area).
9. Record that assistance was provided on the MOR.
10. Always document the administration of a PRN "as needed" medication and the resident's response". (pg 74)

"How to Assist With the Application of Transdermal PATCHES
1. Wash hands, identify right resident, **provide for privacy**, and obtain necessary items (medication patch with label, MOR, etc.).
2. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR again before providing the medication to the resident.
3. Follow facility policy for identifying resident. Address resident by name.
4. Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding.
5. Open the package and remove the patch. Date and initial the patch (and time, if appropriate).
6. Remove the backing from the patch, using care not to touch medication with hands.
7. Apply the patch to a dry, hairless part of the body, according to package instructions. Watch for old patches that should be removed or absence of a patch that should be present. Alternate the application sites to avoid skin irritation. Notify the health care provider of irritation.
8. Dispose of supplies and wash hands immediately to avoid absorbing the medication yourself.
9. Return medication to proper storage area (i.e., LOCKED area).
10. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
11. Always document the administration of a PRN "as needed" medication and the resident's response.
12. Wash hands properly". (pg 74, 75)

ALWAYS CHECK EXPIRATION DATES when retrieving medication.

"When dispensing medications for the eyes, ears, and through the nose, it is always best to check with the registered nurse to assure the delivery procedure is performed correctly.
When assisting the patient with self-administration of these types of medications, it is best to observe the procedure first before attempting to assist on your own". (pg 75)

"HOW TO ASSIST WITH TOPICAL EYE MEDICATIONS (Ophthalmics)
Proper Use of EYE DROPS and EYE OINTMENT
1. If EYE medication requires **REFRIGERATION, store in locked REFRIGERATOR** and monitor temperature with daily log.
2. Wash hands and obtain necessary items (**eye** medication with label, MOR, warm cloth, gauze, tissues, barrier as disposable tray, etc.).
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
4. Follow facility policy for identifying resident. Address resident by name.
5. Identify which eye (right, left, or both) to receive medication.
6. Ask the resident to sit or lie down and clean the eye with warm water if needed to remove any discharge from the eye. If crusting or discharge is present, the eye should be cleaned with a clean, warm washcloth. Use a clean area of the cloth for each eye. When cleaning the eye, wipe from the inner eye to the outer eye (from closest to the nose, to away from the nose). Wash hands again. Put on examination gloves. If drops are a suspension, then "SHAKE WELL."
7. Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding.
8. Remove cap and place it upright on barrier or on a clean dry surface.
9. Explain procedure. Tilt resident's head slightly back and with gloved finger assist resident to pull down gently on the lower eyelid to form a "pouch," while instructing the resident to look up. Place other hand against resident's forehead to steady. Hold inverted medication container between the thumb and index finger, and press gently to instill prescribed amount into "pouch" near outer corner of eye.
10. IF DROPS, place drops in "pouch" in the lower eye lid. Do NOT let tip of dropper touch the eye or any other surface. If resident blinks or drop lands on cheek, repeat administration. Recap container.
11. **IF OINTMENT, run a strip of ointment in "pouch" in the lower eye lid. Recap container.** With other hand, place dropper or dispensing bottle as close to eye as possible without touching it.
12. Instruct resident to close eyes gently to allow for even distribution over surface of eye. Resident should not blink or squeeze eyes shut.
13. Wipe off tears or excess from the eye with a clean gauze, cotton ball, or tissue.
14. Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator).
15. If administering medication to BOTH eyes, use a different gloved finger to apply pressure to other eye tear duct.
16. If additional drops of the same or different medication are required in the same eye, wait 3-10 minutes (check package insert) and repeat procedures above.
17. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
18. Always document the administration of a PRN "as needed" medication and the resident's response.
19. Remove and dispose of gloves. Discard barrier.
20. Wash hands thoroughly.
21. Monitor for side effects or adverse effects.
22. When two or more eye medications are being administered, they should be scheduled at least 10 minutes apart. Check package insert.
23. Special Note: If more than one eye medication is to be administered at same time as ointment, consult physician or pharmacist for direction.
24. Some medications require longer waiting periods. Always refer to the individual package insert or other reliable reference for complete administration information of eye medications.
25. Resident's vision may be blurred after application. Instruct resident to remain seated until vision clears up to reduce chance of falling." (pg 75, 76)

When more than one eye medication is being administered, they should be at least 10 minutes apart.

"HOW TO ASSIST WITH EAR MEDICATION (Otic Preparations)
1. If EAR medication requires **REFRIGERATION, store in locked REFRIGERATOR** and monitor temperature with daily log.
2. Wash hands and obtain necessary items (**ear** medication with label, MOR, gloves, cotton balls, tissues, barrier as disposable tray, etc.). Check expiration date of medication when retrieving medication.
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
4. Follow facility policy for identifying resident. Address resident by name.
5. Identify which ear (right, left, or both) to receive medication.

6. **Explain procedure.** Read the medication label to the resident and confirm understanding. Ask the resident to sit or lie down. Wash hands again. Put on gloves. If drops are suspension, then **"SHAKE WELL."**
7. Assist the resident to a comfortable position and turn resident's head so that the affected **ear** is facing up.
8. If bottle serves as dropper, remove cap and place it upright on barrier or on a clean, dry surface.
9. Straighten **ear** canal by gently pulling earlobe up and back.
10. IF DROPS, instill prescribed number of drops into ear canal. Do NOT let tip of dropper touch the ear or any other surface. Recap container.
11. Instruct resident to remain in same position about five minutes with affected ear upwards. Gently place a cotton ball in the external ear canal or canal to prevent leakage.
12. Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator if required).
13. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
14. Remove and dispose of gloves. Discard barrier.
15. Wash hands thoroughly.
16. Monitor for side effects or adverse effects". (pg 77)

"HOW TO ASSIST WITH NOSE MEDICATION (Nasal Preparations)
Proper Use of NASAL DROPS and NASAL SPRAYS
1. If NOSE medication requires **REFRIGERATION, store in REFRIGERATOR** and monitor temperature with daily log.
2. Wash hands and obtain necessary items (**Nose** drop or spray medication with label, MOR, gloves, cotton balls, clean tissues, barrier as disposable tray, etc.). Check expiration date of medication when retrieving medication.
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. Be sure sufficient doses remain.
4. Follow facility policy for identifying resident. Address resident by name.
5. Identify which **NOSTRIL** (right, left, or both) to receive medication.
6. **Explain procedure.** Read the medication label to the resident and confirm understanding. Ask the resident to sit or lie down. Wash hands again. Put on gloves. If NOSE drops are suspension, then **"SHAKE WELL."** Check label.
7. Assist the resident to a comfortable position and turn resident's head so that the affected **NOSTRIL** is facing up.
8. If bottle serves as dropper, remove cap and place it upright on barrier or on a clean, dry surface.
9. If possible, ask resident to blow nose gently to remove any excess mucus.
10. IF NOSE DROPS, instill prescribed number of NOSE drops into NOSTRIL or both NOSTRILS. Do NOT let tip of dropper touch the NOSE or any other surface. Recap container.
11. **IF NOSE SPRAY** (check package insert for specific instructions if possible), do the following:

a. Prime nasal inhaler device by holding bottle upright and away from face while spraying into air.

b. Resident should be sitting up, if possible. Instruct resident to hold head upright, slightly forward.

c. Gently press side of nostril that is not receiving drug using finger of other hand.

d. Keep bottle upright and insert spray tip into nostril (no more than 1/4 inch). Point the tip to the back outer side of nose. Ask resident to breathe out through mouth.

e. **Instill prescribed number of SPRAYS into one or both NOSTRILS as prescribed. Press actuator or spray tip firmly and quickly while resident breathes through nose and out mouth. If necessary, clean spray tip and device according to manufacturer's guidelines or facility policy. Recap container.**
12. Instruct resident to remain in same position about five minutes with affected NOSTRIL upwards. Wipe off any excess drainage with clean tissue and gently place a cotton ball in the external NOSTRIL to prevent leakage. Resident should avoid blowing nose for at least 15 minutes.
13. If another dose of the same or different nasal medication is required in the same nostril, wait the amount of time recommended by the manufacturer (see package insert) or as prescribed. Repeat dose in either nostril as prescribed.
14. Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator if required).
15. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
16. Remove and dispose of gloves. Discard barrier.
17. Wash hands thoroughly.
18. Monitor for side effects or adverse effects". (pg 77, 78)

"Proper use of INHALERS and DISKUS (by MOUTH)
1. If Inhaler or Diskus medication requires **REFRIGERATION, store in locked REFRIGERATOR** and monitor temperature with daily log.
2. Wash hands and obtain necessary items (HFA Inhaler or Diskus medication with label, MOR, gloves, cotton balls, tissues, barrier as disposable tray, etc.). Check expiration date of medication when getting drug.

3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
4. Follow facility policy for identifying resident. Address resident by name.
5. Identify whether SPACER is required to administer medication.
6. **Explain procedure.** Read the medication label to the resident and confirm understanding. Ask the resident to sit or lie down. Wash hands again. Put on gloves. If medication is suspension then **"SHAKE WELL."**
7. If using spacer, examine spacer/holding chamber and remove any foreign objects.
8. Remove mouthpiece cap (and spacer cap). If not connected, place cap(s) on barrier or clean dry surface.
9. If necessary (see package insert), hold inhaler upright and **"SHAKE WELL."** Prime inhaler.
10. IF NOT using SPACER, open mouth with inhaler one to two inches away, or place inhaler mouthpiece under top teeth and keep mouth open.
11. IF using SPACER, insert mouthpiece of inhaler into the flexible rubber end of spacer/holding chamber and place chamber in resident's mouth with lips closed around mouthpiece.
12. Ask resident to breathe out. (Do NOT exhale into inhaler). Position inhaler for administration of medication.
13. Press down on inhaler once to release medication as resident starts to breathe in slowly through the mouth over 3-5 seconds. (**Do not spray more than one puff into spacer at a time).**
14. If necessary, wash and thoroughly dry mouthpiece (see package insert or facility policy). If using spacer, wash spacer/holding chamber according to manufacturer's guidelines or facility policy. Recap container.
15. Resident should hold breath as long as possible.
16. **Dry Powder Inhaler or Diskus DOs. Do follow manufacturer package insert for device loading dose and preparation".** (pg 79)

"Some devices require placement of capsule into inhaler/device and some already contain medication. Generally, the device should be held horizontally when used. Bring inhaler to mouth and close lips around mouthpiece. For best results, breathe in quickly and deeply through the mouth. Some inhalers require more than one inhalation in order to receive the full dose (see manufacturer's package insert). If capsule was manually inserted prior to administration, remember to remove empty capsule when done" (pg 79)

17. **Dry Powder Inhaler or Diskus DON'Ts. CAPSULES containing dry powder for inhalation should NEVER BE SWALLOWED. Never use capsules that are broken or have been exposed to water. Do not activate the dose (by pushing the lever or twisting the inhaler/device) more than once per dose. Most dry-powdered inhaler/devices should NOT be shaken. Do not use a spacer/holding chamber. Do NOT close device until all doses have been received.**
18. If another puff of the same or different medication is required, wait 1-2 minutes (check package insert), then repeat procedures above. Close inhaler/device using manufacturer's package insert guidelines to ensure next dose will be ready when needed.
19. Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator if required).
20. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
21. Remove and dispose of gloves. Discard barrier.
22. Wash hands thoroughly.
23. Monitor for side effects or adverse effects " (pg 80)

"It is important to report, verbally and/or in writing to incoming and outgoing staff, any significant information about residents and their medication. Such communication facilitates the care of residents". (pg 80)

WHEN IN DOUBT, DON'T GIVE IT OUT!

Chapter 10. Common Medications, Classifications, Side Effects, and Adverse Drug reactions (ADRs).

"Caregivers usually assist residents with medications because of a physical or mental condition which limits their ability to self-administer medications. Caregivers can assist residents with prescription (Rx) medications as prescribed by a health care provider (HCP), over-the-counter (OTC) medications, vitamins, and other products a resident may choose to use. All OTC and other medications must be used carefully and safely with prescription medications. Everyone must promote and seek ways to improve medication safety. Part of a caregiver's role when assisting residents is to be aware that the resident may experience side-effects or adverse drug reactions (ADRs) as a result of taking a prescription (Rx) drug or over-the-counter (OTC)

medication, including vitamins and supplements. Attention to detail is important. Learn about your residents and their medications". (pg 81)

"DEFINITION OF DRUG OR MEDICATION
A pharmaceutical drug, also referred to as medicine, medication, or medicament, can be loosely defined as any chemical substance intended for use in the medical diagnosis, cure, treatment, or prevention of disease". (pg 81)

"UNDERSTANDING SIDE EFFECTS OF MEDICATION
Normally we think a drug is given to make a person feel better, but all medications have side-effects. A side effect is the body's reaction to a medication that is different from what was intended by the physician or HCP. Some side effects may be tolerable while others may be very dangerous and sometimes life-threatening. It is not possible to know all potential side effects for all medications. Some mild side effects can be taken care of by simple techniques listed below. Look for all types of resident changes and contact the physician or HCP when side effects are moderate or serious. Check your facility policy". (pg 81)

"PURPOSE AND EFFECTS OF MEDICATIONS
The human body does not always function perfectly. Sometimes, a person will take medication to help the body do its job better. There are four outcomes that may occur when a drug or medication is taken:
1. Desired effect,
2. Unwanted effect (commonly called side effects or adverse drug reactions or ADRs),
3. Drug interactions with another drug or with food, and
4. No apparent effect". (pg 81)

"Side effects
A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not constitute an adverse consequence". (pg 81)

"Adverse Drug Reactions (ADRs)
An adverse drug reaction (ADR) may be either a secondary effect of a medication that is usually undesirable and different from the therapeutic effect of the medication or any response to a drug that is noxious and unintended and occurs in doses for prophylaxis, diagnosis, or treatment. The term side effect is often used interchangeably with ADR; however, side effects are but one of five ADR categories, the others being hypersensitivity, idiosyncratic response, toxic reactions, and adverse medication interactions". (pg 81)

"Drug-Drug and Drug-Food Interactions
Knowledge of common drug interactions can help prevent problems and promote good health. A **"drug-drug interaction"** results when a drug interacts with other drugs to cause side effects. A **"drug-food interaction"** occurs when a drug interacts with food and/or certain foods to cause side effects.

EXAMPLE OF DRUG-DRUG INTERACTIONS
DRUG Interactions: The levels/effects of Levothyroxine may be decreased by the following:
Aluminum Hydroxide; Bile Acid Sequestrates; Calcium Polystyrene Sulfonate; Calcium Salts; CarBAMazepine; Estrogen Derivatives; Fosphenytoin; Iron Salts; Lanthanum; Orlistat; Phenytoin; Raloxifene; Rifampin; Sevelamer; Sodium Polystyrene Sulfonate; Sucralfate" (pg 82)

"EXAMPLE OF FOOD-DRUG INTERACTIONS
FOOD Interactions: Decreased effect of Levothyroxine by certain foods below:
Taking levothyroxine with enteral nutrition may cause reduced bioavailability and may lower serum thyroxine levels leading to signs or symptoms of hypothyroidism. Soybean flour (infant formula), cottonseed meal, walnuts, and dietary fiber may decrease absorption of levothyroxine from the GI tract". (pg 82)

"Desired Effects:
Medications are given or prescribed for many reasons. Some examples include the following:
** Promote health: example – nutritional supplement or vitamins
**Eliminate illness: example – antibiotics or cancer medications
**Control a disease: example – oral hypoglycemic or antihypertensive
**Reduce or prevent symptoms related to illness: example – cough suppressant or aspirin for stroke prevention, fever, or inflammation
**Alter behavior: example – anti-anxiety, anti-depressant, or anti-psychotic agents.

When the prescribed drug is working correctly, we say the medication is producing the desired effect. The desired effect is the beneficial effect we want the drug to accomplish. The use of a drug should be based on the potential medical benefit versus the risk of unwanted effects such as side effects and adverse drug reactions (ADRs)". (pg 82)

"Unwanted Effects:
When a drug is taken, there is always the possibility that the resident may not have the response to the drug that was expected to occur. Some of the outcomes can be life threatening. Sometimes, the unwanted effects are predictable. These effects are called side effects or adverse effects. An example is drowsiness produced by sedating cold medications. Drowsiness may not occur in every person for whom the drug was prescribed, but it happens frequently. Constipation is an unwanted effect that may occur when taking iron preparations or opiates. Unwanted effects may be unexpected and

unpredictable. Many elderly people become confused when starting a new drug. Some people are very allergic to drugs such as penicillin and have a reaction that could be fatal. Residents take many different kinds of medications. Each medication taken has a specific effect on the body. As a result, medications are **classified** according to how they will act in the body" (pg 82)

"Knowing how the medication is classified will help you understand its effect on the body.
It is important to have general knowledge of common medications and classifications of drugs and their potential side-effects, adverse drug reactions (ADRs) and drug-drug and drug-food interactions.Common classifications are listed below". (pg 83)

WARNING: Use of "aspirin" can be dangerous with "anticoagulants."

"Facility Policy
A facility should have clear procedures for responding to changes in a resident's condition. Such procedures should describe the type of changes that should be documented in the resident's record; when changes should be reported to the administrator, nurse, physician, or HCP; and who should call the physician when necessary. The tables at the end of this chapter are lists of common medication side effects. Please discuss with your employer or nurse to determine the best course of action to be taken if a resident experiences any of these side effects or adverse drug reactions (ADRs)" (pg 83).

"EXAMPLE of Adverse Drug Reaction profile for memantine (NAMENDA) 1% to 10%:
Cardiovascular: Hypertension (4%), hypotension (2%), cardiac failure, cerebrovascular accident, syncope, transient ischemic attack
Central nervous system: Dizziness (5% to 7%), confusion (6%), headache (6%), anxiety (4%), depression (3%), hallucinations (3%), pain (3%), somnolence (3%), fatigue (2%), aggressive reaction (1% to 2%), ataxia, vertigo
Dermatologic: Rash
Gastrointestinal: Constipation (3% to 5%), diarrhea (5%), weight gain (3%), vomiting (2% to 3%), abdominal pain (2%), weight loss
Genitourinary: Urinary incontinence (2%), micturition
Hematologic: Anemia
Hepatic: Alkaline phosphatase increased
Neuromuscular & skeletal: Back pain (3%), hypokinesia
Ocular: Cataract, conjunctivitis
Respiratory: Cough (4%), dyspnea (2%), pneumonia
Miscellaneous: Influenza (4%)" (pg 83)

"It is important to note that there is ALWAYS ONLY ONE generic name for a drug such as the generic ampicillin, but there may be two or more BRAND NAMES (OMNIPEN, POLYPEN, PRIMAPEN) for the same single generic name.
This guide will generally present generic names in lower case hydromorphone and BRAND NAMES in UPPER CASE as (DILAUDID), and will not use trademark symbol as (Dilaudid®), due to some medication safety concerns with symbols such as ® .
Occasionally, the generic name will be printed in TALL MAN lettering as cloNIDine (CATAPRESS), glyBURIDE (DIABETA), glipiZIDE (GLUCOTROL)". (pg 83)

COMMON MEDICATION CLASSIFICATIONS

"**Antibiotics/Anti-infectives**
Used for treatment of various bacterial, fungal, and or viral infections, commonly found in the urinary and respiratory tracts. Examples of oral antibiotics, antifungals, and antivirals:
Penicillins: penicillin (PEN-VK), ampicillin (OMNIPEN, POLYPEN, PRIMAPEN), amoxacillin (AMOXIL), amoxicillin & clavulanate (AUGMENTIN).
Cephalosporins: cefuroxime (CEFTIN), cefaclor (CECLOR), cephalexin (KEFLEX), cefdinir (OMNICEF).
Macrolides: erythromycin (ERYTHROCIN), Azithromycin (ZITHROMAX as Z-PAK tablets, ZMAX as oral suspension),
Tetracyclines: tetracycline (ACHROMYCIN), doxycycline (VIBRAMYCIN),
Floroquinolones: levofloxacin (LEVAQUIN), ciprofloxacin (CIPRO), moxifoxacin (AVELOX).
Sulfa's:
sulfamethoxazole/trimethoprim (BACTRIM, SEPTRA, BACTRIM or SEPTRA DS),
Misc: clindamycin (CLEOCIN), metronidazole (FLAGYL), nitrofurantoin (MACRODANTIN), nitrofurantoin P&G (MACROBID),
Antifungals: fluconazole (DIFLUCAN), nystatin (NYSTATIN).
Antivirals: acyclovir (ZOVIRAX), valacyclovir (VALTREX).
SIDE EFFECTS: Diarrhea; nausea; vomiting.
Seek medical attention right away (i.e., call 911 if HCP not available), if any of these SEVERE side effects occur when using antibiotics: severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); bloody stools; confusion; dark urine; fever, chills, or persistent sore throat; red, swollen, blistered, or peeling skin; seizures; severe diarrhea; stomach

pain/cramps; unusual bruising or bleeding; yellowing of the skin or eyes. This is not a complete list of all side effects. If you have questions about side effects, contact your health care provider" (pg 84).

"Analgesic Medications – Non Narcotic
Used in the treatment of acute or chronic pain. OTC (over-the-counter) acetaminophen = "APAP" also known as brand name TYLENOL. Acetaminophen-APAP also known as TYLENOL is mild to moderate analgesic (pain reliever). All medicines may cause side effects, but many people have no, or minor, side effects. When used in small doses, no COMMON side effects have been reported with APAP. Seek medical attention right away (i.e., call 911 if no HCP available), if any of these **SEVERE side effects** occur: severe allergic reactions (rash; hives; itching; difficulty breathing; chest tightness; swelling of the mouth, face, lips, or tongue); dark urine or pale stools; unusual fatigue; yellowing of the skin or eyes. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider (HCP), nurse, or pharmacist.
NSAIDS Non-steroidal anti-inflammatory drugs (NSAIDS) are used to treat the pain of Osteoarthritis and Rheumatoid Arthritis.
Examples: aspirin (BAYER), ibuprofen (MOTRIN or ADVIL), naproxen (ALEVE, NAPROSYN), meloxicam (MOBIC), diclofenac (VOLTAREN), celecoxib (CELEBREX).
SIDE EFFECTS of NSAIDS: rash; itching; nausea; vomiting; diarrhea; **signs of bleeding (bruising, blood, dark tarry stools);** lethargy; sleepiness; tremors; constipation; diarrhea; dizziness; gas; headache; heartburn; mild stomach pain; nausea; stomach upset; trouble sleeping; vomiting". (pg 84)

"Analgesic Medications - Opiate Narcotic
Opiate narcotic analgesics are used to treat pain.
Examples: codeine (CONTIN) morphine (MS CONTIN), hydrocodone & acetaminophen (LORCET, LORTAB, VICODIN), oxycodone (OXYCONTIN), hydromorphone (DILAUDID), and oxycodone & acetaminophen-APAP (PERCOCET), acetaminophen & codeine (TYLENOL with CODEINE) and tramadol (ULTRAM).
SIDE EFFECTS: nausea, vomiting, constipation, drowsiness, mental confusion, blurred vision, difficulty breathing, dizziness, flushing, lightheadedness, mental/mood changes" (pg.85)

"Bisphosphonates
Used to prevent or treat osteoporosis in males and females.
Examples: alendronate (FOSAMAX), ibandronate (BONIVA),
In order to reduce esophagitis and esophageal events associated with oral bisphosphonates, patients should be advised to follow administration instructions carefully. Oral bisphosphonates should be taken first thing in the morning after awakening, with a full glass of plain water. Patients should remain in an upright position for at least 30-60 minutes after the dose. Any swallowing difficulties, chest pain, or heartburn may indicate signs of esophageal problems and should be reported.
SIDE EFFECTS: diarrhea; dizziness; headache; heartburn; mild arm, back, leg, muscle, or joint pain; mild flu-like symptoms (i.e., mild fever, chills, tiredness, weakness, joint or muscle aches); nausea; pain, swelling, or redness at the injection site, stomach upset". (pg 85)

"Anti-Diabetic Agents
Anti-diabetic agents aim to achieve normoglycemia and relieve diabetes symptoms, such as thirst, polyuria, weight loss, ketoacidosis. The long-term goals are to prevent the development of or slow the progression of long term complications of the disease. Choice of anti-diabetic agent depends on the type of diabetes.
Type I Diabetes occurs when the body does not produce insulin, so insulin is the only treatment choice. Injected insulin acts similar to the body's insulin to lower blood glucose.
Type 2 Diabetes is first treated with oral anti-diabetic medicines. These medicines either make the pancreas produce more insulin or help decrease insulin requirements by the body. If normal blood sugar is not achieved with oral medicines then insulin can be added to the therapy. For patients with Non-Insulin Dependent Diabetes Mellitus (NIDDM) oral diabetic medication is used along with diet management to control blood sugar levels.
Examples: glipiZIDE (GLUCOTROL), metformin (GLUCOPHAGE), glyBURIDE (DIABETA). ezetimibe (ZETIA), glimepiride (AMARYL), ezetimibe & simvastatin (VYTORIN).
SIDE EFFECTS: Cold-like symptoms, diarrhea, headache, indigestion, mild weight gain, nausea, stomach upset, hypoglycemia (low blood sugar). Caution should be taken when administering to the elderly patient as they are more sensitive to these drugs, and it may be more difficult to recognize signs and symptoms of hypoglycemia. All medicines may cause side effects, but many people have no, or minor, side effects. Check with your doctor if any of these **COMMON side effects** persist or become bothersome when using these drugs: Diarrhea, dizziness, drowsiness, headache, nausea". (pg 85)

INSULINS are INJECTABLE DRUGS AND SHOULD NEVER BE HANDLED BY UNLICENSED STAFF. ONLY LICENSED PERSONS CAN HANDLE THESE DRUGS.

"Insulin is an "injectable" anti-diabetic agent. Common types of insulin include: (LEVIMER, LANTUS, HUMALOG, NOVALOG, NOVULIN, HUMULIN, NPH, and Regular). Although you will not be administering these drugs, your patient may be receiving this medication. Most serious side effect is hypoglycemia. Signs and symptoms of hypoglycemia include diaphoresis, trembling, hunger, blurred vision, weakness, increased confusion, and coma. Insulin is a "high alert" drug since it is dangerous". (pg 86)

"**Antilipemic Agents (Cholesterol reducing agents)**
These agents are used for lowering cholesterol levels in the blood.
Examples: atorvastatin (LIPITOR), lovastatin (MEVACOR), rosuvastatin (CRESTOR), simvastatin (ZOCOR).
SIDE EFFECTS: Constipation, headache, nausea, stomach upset or pain, weakness, diarrhea, joint pain, mild sore throat, runny or stuffy nose.
Examples: gemfibrozil (LOPID).
SIDE EFFECTS: Diarrhea, indigestion, stomach pain.
Examples: fenofibrate (TRICOR).
SIDE EFFECTS: Headache, nausea.
Examples**:** Niacin ER (NIASPAN).
SIDE EFFECTS: Diarrhea, dizziness, headache, heartburn, increased cough, indigestion, or upset stomach, nausea, temporary skin redness, itching, tingling, or feelings of warmth (flushing), vomiting". (pg 86)

"Cardiovascular Medications
Used to prevent or treat Congestive Heart Failure (CHF), hypertension, arrhythmias. Most side effects come from over dosage. Report any of the following **SIDE EFFECTS** to the health care provider immediately: headache, nervousness, "pounding pulse," weakness, flushing of skin, fainting (especially when a person stands after lying down).
Vasodilators
Used to relax or dilate the walls of arteries so that less force is needed to push the blood through the circulatory system. Used to control angina (chest pain).
Examples: sublingual nitroglycerin (NITROSTAT) and isosorbide (ISORDIL, IMDUR).
SIDE EFFECTS: Burning or tingling sensation; dizziness, lightheadedness, or fainting when sitting up or standing; flushing of the face and neck; headache; nausea; vomiting.
Cardiotonics
Used to control the rate and rhythm of the heart, improves the force of contraction of heart.
Examples: Digoxin (LANOXIN).
SIDE EFFECTS may indicate drug toxicity: Loss of appetite, nausea and vomiting, diarrhea, confusion, headache.
Antiarrhythmics
Used to treat irregular heartbeats by slowing the heart so it does not beat too rapidly. Examples are Procainamide (PRONESTYL), amiodarone (CORDARONE, PACERONE), sotolol (BETAPACE).
SIDE EFFECTS: Nausea, vomiting, dizziness, nervousness, "pounding pulse," headache.
Anticoagulants
Also sometimes called "blood thinners" to **prevent formation of blood clots.**
Example: **warfarin (COUMADIN).**
Too much warfarin can lead to bleeding including ulcers or cranial bleeding which can lead to death. Too little can lead to clots including stroke, thrombophlebitis, or pulmonary embolism. Never administer aspirin or aspirin products without a doctor's or health care provider's (HCP) order. **These are "high alert" medications or very dangerous. Be extra careful with these drugs".** (pg 86)

"WARNING: Use of aspirin can be dangerous with anticoagulants.
SIDE EFFECTS: Bruising, bleeding gums, nosebleeds, black tarry stools. Caution: Men should use electric razor when taking these drugs" (pg 87).

WARNING: Use of "aspirin" can be dangerous with "anticoagulants."
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"Anti-platelet drugs
Used to prevent blood clots.
Examples: **clopidogrel (PLAVIX),** dipyridamole (PERSANTINE), dipyridamole & aspirin (AGGRENOX). **Be extra careful with these drugs.**
SIDE EFFECTS include easy bruising, minor bleeding, bleeding gums, nosebleeds, black tarry stools. Caution: men should use an electric razor when taking these drugs". (pg 87)

"Antihypertensives
Antihypertensive medications normalize hypertension (high BP), by lowering blood pressure in various ways.
Alpha Adrenergic Agonists
Examples**:** cloNIDine (CATAPRESS).
SIDE EFFECTS: Constipation, dizziness, drowsiness, dry mouth, headache, nausea, tiredness, trouble sleeping.
Angiotensin-converting enzyme (ACE) inhibitors
Examples: enalapril (VASOTEC), lisinopril (ZESTRIL or PRINIVIL), Captopril (CAPOTEN), benazepril (LOTENSIN).

SIDE EFFECTS: Cough, diarrhea, dizziness, headache, tiredness, taste changes.

Beta Blockers

Examples: Propranolol (INDERAL), atenolol (TENORMIN), metoprolol tartrate (LOPRESSOR), metoprolol succinate (TOPROL-XL), carvedilol (COREG).

SIDE EFFECTS: Cold fingers or toes, diarrhea, dizziness, drowsiness, headache, lack of energy, lightheadedness, nausea, tiredness.

Calcium Channel Blockers

Some calcium channel blockers like amlodipine (NORVASC) are used in angina and hypertension to control the heart rate and help to decrease the heart's pumping strength and relax blood vessels.

Examples: amlodipine (NORVASC), nifedipine (PROCARDIA), diltiazem (CARDIZEM), and verapamil (ISOPTIN).

SIDE EFFECTS: Constipation; dizziness; facial flushing; headache; lightheadedness; tiredness; weakness; persistent, dry cough.

Angiotensin II receptor Blocker (ARB)

Angiotensin II (which is formed by enzymatic conversion from angiotensin I) is the primary pressor agent of the renin-angiotensin system. Effects of angiotensin II include vasoconstriction, stimulation of aldosterone synthesis/release, cardiac stimulation, and renal sodium reabsorption". (pg 87)

"Examples: olmesartan (BENICAR), losartan (COZAAR), telmisartan (MICARDIS), valsartan (DIOVAN).

SIDE EFFECTS: Diarrhea, dizziness, tiredness.

Diuretics

Sometimes called "water pills," they help the body eliminate excess fluids through urinary excretion. Certain diuretics are often given along with antihypertensive drugs to treat high blood pressure. Diuretics are often used to treat congestive heart failure (CHF).

Examples: hydrochlorothiazide (HYDRODIURIL), spironolactone (ALDACTONEl), furosemide (LASIX), and torsemide (DEMADEX). Triamterene (DYRINIUM), triamterene & hydrochlorothiazide (DYAZIDE, MAXZIDE).

SIDE EFFECTS: Dizziness, lightheadedness, diarrhea, dizziness or light-headedness when standing or sitting up, headache, loss of appetite, nausea". (pg 88)

"Central Nervous System Medications

Used to decrease the symptoms of mental disorders such as depression, anxiety, agitation, Alzheimer's, dementia, psychosis, schizophrenia, or other organic brain disorders.

ALZHEIMER'S/DEMENTIA

Alzheimer's disease is characterized by cholinergic deficiency in the cortex and basal forebrain, which contributes to cognitive deficits.

Examples: doneprozil (ARICEPT), memantine (NAMENDA), rivastigmine (EXELON).

SIDE EFFECTS: Constipation; dizziness; drowsiness; dry mouth; lightheadedness; pain, redness, or swelling at the injection site; weakness; weight gain.

Anti-Anxiety

Used to decrease symptoms of anxiety such as intense fears, panic, repetitious thoughts or actions, tremors, fast heart rate or breathing. These drugs can be habit forming.

Examples: diazepam (VALIUM), lorazepam (ATIVAN), and alprazolam (XANAX), and busPIRone (BUSPAR).

SIDE EFFECTS: Drowsiness, dizziness, headache, confusion, depression, nausea, rash, vomiting, dry mouth, loss of appetite, headache, constipation, itching, loss of balance, and lethargy.

Anticonvulsant Agents

Used in the treatment and prevention of seizure activity. If you care for a patient who is on an anticonvulsant drug, it is important that you know what to do for a seizure.

SIDE EFFECTS: Nausea, vomiting, blurred vision, and fatigue.

Examples: phenytoin (DILANTIN), carbamazepine (TEGRETOL), clonazepam (KLONOPIN), gabapentin (NEURONTIN), topiramate (TOPAMAX), divalproex ER (DEPAKOTE ER), lamotrigine (LAMACTIL), levetiracetam (KEPPRA), oxcarbazepine (TRILEPTAL), pregabalin (LYRICA), and Phenobarbital.

Anti-Depressants

Used to decrease symptoms of depression such as trouble concentrating, changes in sleeping and eating patterns or thoughts of wishing to die. Antidepressants are used to improve mood and may take up to 7-10 days to be effective.

Examples: amitriptyline (ELAVIL), citalopram (CELEXA), desvenlafaxine (PRISTIQ), escilatopram (LEXAPRO), duloxetine (CYMBALTA), fluoxetine (PROZAC), paroxetine (PAXIL), zoloft, bupropion (WELLBUTRIN SR, XL, ZYBAN), sertraline (ZOLOFT), mirtazapine (REMERON), traZODone (OLEPTRO), venlafaxine (EFFEXOR), and doxepin (SINEQUAN)" (pg 88)

"SIDE EFFECTS: orthostatic hypotension, drowsiness, confusion, Parkinson-like tremors, constipation, decreased sexual desire or ability, diarrhea, dizziness, dry mouth, increased sweating, light-headedness when you stand or sit up, loss of appetite, nausea, stuffy nose, tiredness, weakness, yawning.

Anti-psychotics

Used to decrease symptoms of psychosis such as hallucinations, delusions or disorganized thinking.

Examples include haloperidol (HALDOL), risperidone (RISPERDAL), OLANZapine (ZYPREXA), quetiapine (SEROQUEL), and ziprasidone (GEODON). Antipsychotic drugs can take as long as a month of administration before they are effective.

SIDE EFFECTS: drowsiness, confusion, dry mouth, difficult urination, constipation, tremors, loss of balance.
Side effects associated with antipsychotic drugs can be particularly dangerous. Tardive Dyskinesia can have nonreversible side effect such as lip smacking, facial tics, eye blinking, tongue thrusting, shuffling gait, and head nodding. If any symptoms are noticed notify the physician or HCP as soon as possible.
Mood Stabilizers
Used to treat the symptoms of bipolar disorder, such as not sleeping for several nights, and frantic highs (mania) and drastic lows.
Examples: lithium (ESKALITH, LITOBID), valproic acid (DEPAKENE), divalproex sodium (DEPAKOTE), and carbamazepine (TEGRETOL).
SIDE EFFECTS: Constipation, diarrhea, dizziness, drowsiness, headache, increased or decreased appetite, mild hair loss, nausea, sore throat, stomach pain or upset, trouble sleeping, vomiting, weakness, weight gain.
Sedatives/Hypnotics
Used to calm the emotionally upset patient, to promote sleep and rest.
Examples: zolpidem (AMBIEN), temazepam (RESTORIL), eszopiclone (LUNESTA), lorazepam (ATIVAN), and alprazolam (XANAX).
SIDE EFFECTS: headache, confusion, diarrhea, dizziness, drowsiness (including daytime drowsiness), "drugged" feeling, dry mouth, nausea, nose or throat irritation, sluggishness, stomach upset, and weakness.
Stimulants
Used to treat of attention-deficit/hyperactivity disorder (ADHD).
Examples: amphetamine & dextroamphetamine XR (ADDERALL), lisdexamfetamine (VYVANSE), methylphenidate ER (CONCERTA).
SIDE EFFECTS: Constipation, decreased appetite, diarrhea, dizziness, dry mouth, headache, increased sweating, mild irritability, nervousness or restlessness, nausea, trouble sleeping, unpleasant taste, upper stomach pain, vomiting, weight loss" (pg 89)

"**Gastrointestinal Tract Medications**
Used in the treatment and preventions of GERD (Gastro Esophageal Reflux Disease), heartburn, gastric ulcers, and indigestion.
Antacids
Used to relieve gastric and ulcer pain by neutralizing stomach acids. Too many antacids can interfere with digestion. Examples: aluminum/magnesium hydroxide (MYLANTA, MAALOX), calcium carbonate (TUMS). Shake liquids well before using, and tablets should be chewed thoroughly" (pg 89)

Acid Blockers
Used to decrease gastric acid secretions thereby preventing gastric ulcers. These common acid blockers are known as **Histamine (H2) antagonist.**
Examples: cimetidine (TAGAMET), ranitidine (ZANTAC), and famotidine (PEPCID).
SIDE EFFECTS: Confusion and B12 deficiency, headache, dizziness, rash, gas, diarrhea, and abdominal pain. Very low incidence of serious side effects.
Proton Pump Inhibitors (PPIs)
Used to decrease acid secretions and help prevent gastric ulcers and GERD.
Examples: esomeprazole (NEXIUM), omeprazole (PRILOSEC), pantoprazole (PROTONIX), and lansoprazole (PREVACID).
SIDE EFFECTS: Headache, dizziness, rash, gas, diarrhea, and abdominal pain.
Antidiarrheals
Used to treat diarrhea.
Examples: diphenoxylate & atropine (LOMOTIL), loperamide (IMODIUM).
SIDE EFFECTS: Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); constipation; decreased urination; red, swollen, blistered, or peeling skin; stomach bloating, swelling, or pain.
Antiflatulents
Used to relieve gassiness and bloating that accompanies indigestion.
Examples: simethacone (MYLICON, PHAZYME).
SIDE EFFECTS: Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue).
Emetics
Used to produce vomiting in case of poisoning. **Always call poison information center.**
Example: Ipecac is an emetic syrup.
Anti-emetics
Used in the treatment of nausea and vomiting.
Examples: prochlorperazine (COMPAZINE), promethazine (PHENERGAN), ondansetron (ZOFRAN), metoclopramide (REGLAN), meclizine (ANTIVERT), hydroxyzine (ATARAX).
SIDE EFFECTS: Constipation; diarrhea; dizziness; drowsiness; headache; irritation, redness, pain, or burning at the site of injection; tiredness.
Anticholinergics and antispasmodics
Used to treat ulcers and irritable bowel syndrome.
Examples: Dicyclomine (BENTYL) and hyoscyamine (LEVSIN).
SIDE EFFECTS: Blurred vision, constipation, decreased sweating, difficulty sleeping, dizziness, drowsiness, dry mouth, headache, lightheadedness, loss of taste, nausea, nervousness. (pg 90)

"Laxatives
Used as cathartics in the treatment of several conditions. Some may relieve constipation, some provide bulk or fiber, some soften stool and/or may be used in a preparation for bowel examination. Laxatives and purgatives promote bowel movements. In small dosages, they gently relieve constipation and are called laxatives. In larger dosages, they clean out the gastrointestinal tract and are called purgatives. Purgatives are often given prior to surgery or exams. There are several sub-categories of laxatives and purgatives. Some elderly get in a cycle of use/abuse of laxatives.
Stimulant
Used to help push fecal matter through the intestines.
Examples: castor oil, senna (SENOKOT, EX-LAX), biscodyl (DULCOLAX)" (pg 90)

"Saline
Used to soften feces and stimulates bowel movements.
Examples: milk of magnesia and Epsom salts.
Bulk formers
Used to stimulate bowel movements.
Examples: psyllium (METAMUCIL) and CITRACEL. Administration most often must be mixed with water or juice. The patient must drink the mixture immediately.
Emollients/lubricants
Used as lubricants and detergents which work to allow fecal matter to pass easily through the intestines. Also called **"stool softeners."**
Examples: docusate (COLACE) and Senokot-S.
Osmotic
Example: polyethylene glycol (MIRALAX).
Hormonal Medications
Used for disorders related to problems related with the thyroid and pituitary glands, adrenal, pancreas, ovaries, and testes by regulating hormones.
Examples: levothyroxine (SYNTHROID), estrogen, and testosterone.
SIDE EFFECTS: Nervousness, insomnia, tremor, nausea, diarrhea, and headache. All medicines may cause side effects, but many people have no, or minor, side effects. No COMMON side effects have been reported with the use of levothyroxine.
Example: ORAL: estradiol (ESTRACE).
Example: ORAL: progesterone (PROMETRIUM).
Example: TOPICAL: testosterone (ANDROGEL)" (pg 91)

"Respiratory Tract Medications
Used to treat Chronic Obstructive Pulmonary Disease (COPD), asthma, bronchitis, emphysema, and coughs.
Examples: montelukast (SINGULAR), fluticasone and salmeterol (ADVAIR DISKUS) is a combination of a steroid and beta agonist in a Diskus. Albuterol (PROVENTIL HFA, PROAIR HFA, and VENTOLIN HFA) are examples of HFA inhalers.
SIDE EFFECTS: nausea, fast heart rates, nervousness, and restlessness. It is best to wait one minute between inhalations of the same medication, wait five minutes between inhalants of any two different medications.
Antitussives
Used as cough suppressants. Codeine is a narcotic antitussive.
Examples: benzonatate (TESSALON), and dextromethorphan (Dimetapp-DM) are non-narcotic antitussives.
Bronchodilators
Used to cause the bronchioles to relax and expand which helps ease breathing. Bronchodilator medications are most often prescribed as inhalers and include Albuterol (PROVENTIL HFA, PROAIR HFA, and VENTOLIN HFA) are examples of HFA inhalers.
Expectorants
Used to break up thick mucus secretions of the lungs/bronchi so they can be coughed up.
Examples: guaifenesin (ROBITUSSIN) contains an expectorant". (pg 91)

"Decongestants
Used to reduce swelling, and some dry up the mucous membranes.
Examples: phenylephrine (Neo-Synephrine) and oxymetozoline (AFRIN).
Anticholinergics
Example: tiotropium (SPIRIVA).
SIDE EFFECTS: Blurred vision, constipation, dry mouth, indigestion, mild nosebleed, runny nose, sinus inflammation or infection, sore throat, stomach pain, vomiting.
Antihistamines
Used to prevent and reduce histamine release.
Examples: diphenhydramine (BENADRYL), certirazine (ZYRTEC), fexofenadine (ALLEGRA), levocetirazine (XYXAL).
SIDE EFFECTS: Drowsiness, dry mouth, stomach pain (in children), tiredness, trouble sleeping (in children).
Steroids/Anti-inflammatory drugs
Used to treat colitis and other inflammatory disease states.
Examples: **Oral tablets:** Prednisone (DELTASONE), prednisolone (ORAPRED), methylprednisolone (MEDROL, MEDROL-DOSEPAK).
SIDE EFFECTS: Difficulty sleeping; feeling of a whirling motion; increased appetite; increased sweating; indigestion; mood changes; nervousness.
Examples**: Topical:** fluocinonide (LIDEX).
Examples: **Nasal Inhalers:** fluticasone (FLONASE, FLOVENT), budesonide (PULMICORT), triamcinolone (NASACORT AQ).
Examples: **Nasal Sprays:** mometasone (NASONEX).
SIDE EFFECTS: Burning or irritation inside the nose; coughing; headache; muscle and joint pain; nosebleed or pink color to the mucus; painful menstruation; sinus pain or pressure; sore throat; upper respiratory tract infection; vomiting" (pg 92)

"Urinary System Medications
Antibiotics
Used to treat urinary tract infections.
Examples of antibiotics: levofloxacin (LEVAQUIN), ciprofloxacin (CIPRO), doxycycline (VIBRAMYCIN), and sulfamethoxazole/trimethoprim (BACTRIM, SEPTRA).
Diuretics
Sometimes called "water pills," used to help the body eliminate excess fluids through urination. Diuretics are used to increase the output of water. Diuretics are often given to maintain normal urine production for persons with kidney disorders. They are used to treat water retention and high blood pressure (hypertension).
Examples: spironalactone (ALDACTONE), furosemide (LASIX), bumetiamide (BUMEX), hydrochlorothiazide-HCTZ (HYDRODIURIL).
SIDE EFFECTS: Dizziness, muscle cramps, weakness, due to loss of potassium (K+), orthostatic hypotension or low blood pressure when you stand up, especially when fast.
Alpha Blockers
Used to treat benign prostatic hyperplasia (BPH).
Example: tamsulosin (FLOMAX).
SIDE EFFECTS: Back pain, cough, decreased sexual ability, diarrhea, dizziness, drowsiness, headache, runny or stuffy nose, trouble sleeping, weakness". (pg 92)

"Anticholinergic or Antispasmodics
Used to treat overactive bladder.
Example: tolterodine (DETROL).
Used to treat bladder spasms.
Example: oxybutynin (DITROPAN).
SIDE EFFECTS: Blurred vision; constipation; diarrhea; dizziness; drowsiness; dry eyes, nose, skin, or mouth; headache; nausea; stomach pain; taste changes; trouble sleeping". (pg 93)

"Medications for the Skin

Each skin disorder has its own best treatment and drugs in the following categories.
Protectives and Astringents
Used to cover, cool, dry, or sooth inflamed skin.
Protectives form a long-lasting film. They protect the skin from water, air, and clothing to allow healing. Astringents shrink blood vessels, dry up secretions from scrapes and cuts, and lessen the sensitivity of the skin.
Antipruritics
Used to relieve itching caused by inflammation. These drugs (emollients, oils, creams, and lotions) are soothing and relieve itching. Antihistamines such as certrizine (ZYRTEC), diphenhydramine (BENADRYL) and meclizine HCL (ATARAX) also relieve itching.
Anti-Inflammatory drugs
Used to decrease inflammation. These drugs (also called topical corticosteroids) have three actions which work to relieve the symptoms of skin disorders: relieve itching, suppress the body's natural reactions to irritation, and tighten the blood vessels in the area of the inflammation.
Examples: triamcinolone (ARISTICORT, KENALOG), hydrocortisone (CORTONE).
Anti-Infectives
Used to kill or inhibit organisms that cause skin infections. Antibiotic ointments, such as polymyxin, neomycin and bacitracin triple antibiotic (NEOSPORIN) and mupirocin (BACTROBAN), are anti-infective ointments and nystatin (NYSTOP) is an antifungal cream or ointment.
Antiseptics
Used to inhibit germs on skin surfaces. They are never given orally. Antiseptics are used to prevent infections in cuts, scratches, and surgical wounds.
Examples: Alcohol and povidone iodine (BETADINE).
Topical anesthetics
Used to relieve pain on the skin surface or mucous membranes by numbing the skin layers and mucous membranes. These are often used to treat wounds, hemorrhoids, and sunburn.
Example: SOLARCAINE is a topical anesthetic.
Parasiticides
Used to kill insect parasites that infest the skin such as scabies and lice.
Example: permethrin (NIX, RID, A200 Lice), KWELL." (pg 93)