

# ASSISTANCE WITH SELF-ADMINISTERED MEDICATIONS (STUDY GUIDE FOR ASSISTED LIVING FACILITY STAFF) 2 CE HOURS

## Learning objectives

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

- ▶ Understand a prescription label.
- ▶ Provide assistance with oral medication.
- ▶ Provide assistance with topical forms of medication, including ophthalmic, otic and nasal forms.
- ▶ Measure liquid medications, break scored tablets and crush tablets as directed by prescription order.
- ▶ Understand what “assistance” with medication includes and does not include, and recognize a medication order that 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.
- ▶ Recognize the need to seek clarification for “as needed” prescription orders.
- ▶ Develop an understanding of the types of questions to ask a health care provider regarding a resident’s medications.
- ▶ Complete a medication observation record.
- ▶ Recognize the general side effects to medication classes and the need to report adverse reactions.
- ▶ Understand the issues related to residents’ right to privacy and providing for residents’ safety related to medications.
- ▶ Understand the requirements which must be met when residents keep medications in their rooms.
- ▶ Retrieve and store medication.

## Introduction

Section 400.4256(5), F.S., provides that “assistance with the self-administration of medication” by an unlicensed person as described in this statute shall not be considered administration of medication as defined in § 465.003, F.S.

Section 400.452(5), F.S., requires unlicensed ALF personnel involved with assisting with the self-administration of medications to complete a minimum of 4 hours of training pursuant to a curriculum developed by the department and provided by a registered nurse, licensed pharmacist or DOEA staff prior to assisting with medications.

This guide as developed covers most of the necessary components of “assistance with self-administration” as required by § 400.4256, F.S., and described in Rules 58A-5.0185 and 5.0191, F.A.C. In addition, it is recommended that facilities train their staff on facility-specific policies and procedures regarding medications.

After successful completion of this four-hour training, completion of a posttest, and demonstration of tasks associated with assistance of medication, the unlicensed person will receive a training certificate to be maintained in his or her personnel file.

This is the second printing of the second edition of the guide. Special thanks to the Assisted Living Program Managers, especially Linda Mabry, B.S.N., R.N.; George Tokesky; Lili C. Miller; and Connie Cooper, R.N., M.S. for their contributions and hard work in enhancing this training document.

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#### Introduction

One of the most important services an ALF may provide is assisting a resident with medications. For caregivers in ALFs, this is frequently the crucial component of caring for residents. Most people move to an ALF because of a need for assistance with personal care, including assistance with medications and other activities of daily living.

As a caregiver, you might need to assist a resident with medications. It may be your job to pick up medications at the pharmacy, check them when they are delivered, and make sure that they are taken as directed.

This guide describes the process for assisting residents to take their medications safely; provides an overview of the law and rule requirements with respect to assistance; and describes procedures relating to the management of medications in the assisted living setting. It was developed as a training guide to permit unlicensed personnel, as caregivers, to safely assist residents with the self-administration of medication.

#### Chapter 1

#### Medication labels and health care orders

#### Chapter overview

This chapter covers reading and interpreting medication labels, understanding physician’s orders and recording assistance with medications.

In an assisted living facility, assistance with prescription medications can only be provided to residents with a doctor’s order. Once this assistance is provided, it is the caregiver’s responsibility to keep a record of the assistance. This chapter will review different prescription labels and medication record keeping.

#### Prescription labels

**Rx = Prescription:** A written directive to a pharmacist giving names and quantities of ingredients to be combined and dispensed for a particular patient.

#### Prescription label

McMAHON PHARMACY	
200 MAIN STREET BOCA RATON, FL	
Ph. 561-555-8787	Fax. 561-555-8686
Rx# 5564	Dr. William Johnson
<b>Mabel Poole</b>	3/15/99
TAKE 1 TABLET BY MOUTH TWICE DAILY	
TAKE ON EMPTY STOMACH	
VIDEX 100mg	QTY. 60
	REFILLS: 01
	Discard by: 3/15/01

Prescription drug labels should be written according the doctor’s order and should include:

- ♦ Resident’s name.
- ♦ Name of the drug.
- ♦ Strength of the drug.

- ♦ Quantity of drug in the container.
- ♦ Time medication should be taken.
- ♦ Any directions for use or special precautions.
- ♦ Date the prescription was filled and number of refills.
- ♦ Prescriber's name, (i.e. doctor).
- ♦ Pharmacy name, address and phone number.
- ♦ Rx number.
- ♦ Expiration date / discard date / do not use by date.

**Auxiliary labels**

Sometimes, the pharmacist will place a smaller, additional label (usually colored) on the container with special instructions, such as the following:

- ♦ "Shake well before using."
- ♦ "Do not drink alcoholic beverages when taking this medication."
- ♦ "Medication should be taken with plenty of water."
- ♦ "May cause drowsiness."
- ♦ "Take with food."

It is important to read the auxiliary labels as well as the full prescription label. If your pharmacist is not using auxiliary labels, you should request them.

IMPORTANT: You cannot make changes on a prescription label. Only a pharmacist can change a prescription label.

**Exercises:**

McMAHON PHARMACY	
200 Main Street, Boca Raton, FL	
Ph. 561-555-8787	Fax 561-555-8686
Rx#0033	Dr. John Allen
<b>Murphy Miller</b>	
TAKE 1 TABLET BY MOUTH, ONCE DAILY	
LANOXIN 0.125mg TABLETS	QTY .30
GLAXO	REFILLS: 01
	Discard by: 12-31-01

Answer the following questions using the label above:

- ♦ Whom is the medication prescribed for?
- ♦ How many tablets should the person take?
- ♦ What is the strength of the medication?
- ♦ What is the name of the medication?
- ♦ When does the medication expire?

McMAHON PHARMACY	
200 Main Street, Boca Raton, FL	
Ph. 561-555-8787	Fax 561-555-8686
Rx#1346	Dr. Mark Friedman
<b>Tony Ramos</b>	
CHEW, CRUSH OR DISSOLVE 2 TABLETS TWICE DAILY - TAKE ON EMPTY STOMACH.	
VIDEX 100 MG CHEWABLE TB ORANGE	QTY. 120
	REFILLS: 03
	DISCARD BY: 10-10-00

Answer the following questions using the label above:

- ♦ Should this medication be swallowed whole?
- ♦ What is the prescription number?
- ♦ Are there any special instructions?
- ♦ How many tablets should be taken at once?
- ♦ What is the name of the resident's doctor?

**"As needed" or "PRN" medication labels**

Assistance with an "as needed" or "PRN" medication by an

unlicensed person may only occur at the request of a competent resident. A resident who is unable to request an "as needed" or "PRN" medication appropriately would require this type of medication to be administered by a licensed person, (i.e. licensed nurse).

**Medication label**

Unlicensed persons can only assist competent residents with "PRN" or "as needed" medications with an appropriate medication label. The instructions must be clear and not require any judgment on your part.

The following label provides clear instructions on how this medication may be taken:

McMAHON PHARMACY	
200 MAIN STREET BOCA RATON, FL	
Ph. 561-555-8787	Fax. 561-555-8686
Rx# 8989	Dr. Tom Johnson
<b>Mabel Poole</b>	
TAKE 2 CAPSULES EVERY 3-4 HOURS AS NEEDED, BY MOUTH FOR DIARRHEA, CALL DR. IF SYMPTOMS PERSIST MORE THAN 3 DAYS.	
MAXIMUM 6 CAPS PER DAY.	
GENERIC FOR IMMIDIUM	
LOPERAMIDE 2MG CAPSULE	QTY 30
	DISCARD AFTER: 7-30-00

All "PRN" or "as needed" medication labels should include the following:

- ♦ The conditions for which the medication should be given (For diarrhea).
- ♦ The dosage of medication to give (1-2 capsules).
- ♦ The hours it should be given (every 3-4 hrs).
- ♦ The upper limit of dosages (Maximum of 6 capsules per day. Call doctor if symptoms persist more than 3 days).

Remember, unlicensed staff may assist with "as needed" medications only at the request of a competent resident.

McMAHON PHARMACY	
200 MAIN STREET BOCA RATON, FL	
Ph. 561-555-8787	Fax. 561-555-8686
Rx# 8989	Dr. Bob Johnson
<b>Kevin King</b>	
25MG CAPSULE Benadryl BY MOUTH AS NEEDED.	
	QTY 60
	REFILLS: 05
	DISCARD BY: 07-30-00

**The previous label does not provide clear directions.** To understand why this is important, answer the following questions:

- ♦ Why should Kevin King take this medication?
- ♦ How often can this medication be taken?
- ♦ Is there an upper limit to the dosage in a given time period?

The instructions for the label above should include additional information. For example:

- ♦ Take (1) 25 MG capsule by mouth at bedtime, as needed for sleeplessness.
- ♦ May repeat one time if needed 1 hour later. Not to exceed 2 capsules in a 24-hour period.

This tells you **why** Kevin King should take the medication, **how much** he should take, **when** he should take the medication, and the **maximum dose** to be taken in a given time period.

### Clarifying “as needed” or “PRN” prescription labels

When an “as needed” or “PRN” medication is labeled without all of the necessary information, you are required to contact the health care provider to obtain any missing information. An unlicensed person may obtain such clarification from the health care provider; **revised instructions clarifying the order are not considered a change in the health care provider’s order.**

With all “as needed” medication orders, you must know why the medication should be taken, and any limits to taking the medication.

### How to clarify “as needed” or “PRN” medication orders

Immediately after receiving the medication, determine what information is missing. For example, the upper dosage limits for the medication or why the medication may be requested.

Call the health care provider’s office and explain that you are not a nurse, but are assisting a resident with his/her medications as allowed in an assisted living facility. Ask for the precise information that is missing.

Ask the health care provider’s office if they can fax you a copy of the revised instructions. If they cannot do this, write down the instructions and repeat it back to the health care provider. This process will decrease the likelihood of mistakes.

Write in the revised instructions or the missing information on the medication record under the directions for use. Initial the entry. The medication record should also include a dated and signed notation that the health care provider was contacted to obtain revised instructions for the medication and what the revisions are. This notation is often placed on the back of the medication observation record.

### Medication orders which require judgment or discretion

As an unlicensed person, you are prohibited by law to assist with 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.

### Exercise

McMAHON PHARMACY	
200 Main Street, Boca Raton, FL	
Ph. 561-555-8787	Fax 561-555-8686
Rx#1346	Dr. Mark Johnson

#### Joe Brown

TAKE 2 TABLETS AS NEEDED FOR FLUID RETENTION. NOT TO EXCEED 6 TABLETS PER DAY.

LASIX 40 mg QTY 20

DIACARD AFTER: 07-30-00 REFILLS 01

Why can you NOT assist with this medication?

As an unlicensed person, you are not trained to determine when the medication is to be used. In this case, you are not trained to assess “fluid retention.”

### Changes in medication orders

Any change in directions for use of a medication for which the facility is providing assistance with self-administration of medication must be accompanied by a written medication order issued and signed by the resident’s health care provider. Unlicensed persons cannot implement any changes without first obtaining a written order. To ease this process, a faxed copy of the order is acceptable.

### Implementing a change in medication

- ♦ Obtain a copy of the medication order which clearly states the new directions for use from the health care provider.
- ♦ Discontinue the previous entry (old directions for use) on the medication observation record on the day the new order was received. Record an entirely new entry, with the new directions for use, on the medication observation record.
- ♦ Place an “alert” label on any existing medications for which the directions for use have now been changed or obtain a new medication label with the new directions from the pharmacist. “Alert” labels are used to direct staff to examine the revised directions for use in the medication observation record.

Licensed nurses may take a doctor’s order over the telephone. However, a written order must still be obtained within 10 working days.

- ♦ When medications orders or new deliveries of labeled medications are received, check to make sure the instructions do not require judgment.
- ♦ If the instructions are not clear, or if you will be required to make a decision about when or how to give the medication, contact the administrator or your supervisor. Advise him/her that you are unable to assist the resident with the medication and the exact reasons for this.
- ♦ Advise the resident that the medication requires judgment. If you are to assist with the medication, call the health care provider to request clear instructions. Let the resident know that you will inform him/her of the results of your conversation with the health care provider.
- ♦ When contacting the health care provider about medications that require discretion or judgment, inform the health care provider that you are not a nurse, but are assisting a resident with his/her medications as allowed in an assisted living facility. [Sometimes health care providers do not understand what an assisted living facility is, or assume that all ALFs have nurses on staff who can take care of implementing doctors’ orders.] Inform the provider that as an unlicensed person, you are prohibited from assisting with medication which requires discretion or judgment, and that you would like to discuss the options for the resident.

### Medication observation records

The **MOR**: A medication observation record must be kept for each resident who receives assistance with medications. Medication observation records (MOR) must include (located at end of chapter):

- ♦ The name of the resident.
- ♦ Any known allergies the resident has.
- ♦ The name and telephone number of the resident’s health care provider.
- ♦ The name of each medication prescribed and its strength and directions for use.
- ♦ A record of each time the medication was taken.
- ♦ A record of any missed dosages, refusals to take medications as prescribed, or medication errors

Record medication each time it is offered.

**Working with the medication observation record.** The MOR is your record of all the medications a resident is receiving assistance with 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 front, and explain why the resident refused the medication on the MOR back. Contact with the resident’s

physician should also be noted.

- ♦ 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. 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.
- ♦ 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 instructions given).
- ♦ When an order is changed, the original entry on the MOR should not be altered. Instead, the original order 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 Buspar 5mg take 2 tablets twice daily, the MOR cannot read differently.
- ♦ 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 that resident’s medication has been returned to the storage area.

### Exercise

McMAHON PHARMACY	
200 Main Street, Boca Raton, FL	
Ph. 561-555-8787	Fax 561-555-8686
Rx#8976	Dr. Lee Hichu
<b>Paul Goldberg</b>	
ONE TABLET my mouth, EVERY MORNING AND TWO AT BED TIME.	
DISCARD AFTER 08/00	
RISPERDAL 3MG TAB	QTY 90
	REFILLS 05

## PART II

### Storage and disposal of medications

#### Chapter overview

This chapter covers the requirements and best practices related to the storage and disposal of medications in an assisted living facility.

#### Resident right to privacy

Assisted living facilities have been increasing in number largely due to consumer (resident) desire to live in an environment which is more homelike, encourages personal autonomy, and which allows residents to be independent and make their own decisions.

Assisted living staff has 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. 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 and cabinets without residents’ permission. You should, however, 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, observe for any medications that may be hidden. Ask the resident’s permission to review the expiration dates on medication bottles. If you do observe any pills on the floor or any other

irregularity, discuss it with the resident and report it to the supervisor. Additional tips for working with residents and families regarding medication management will appear later in this guide.

#### Storage of medications by residents

Since assisted living facilities are residents’ homes, residents who are capable of managing their own medications are allowed to manage them. Residents are also allowed to keep both prescription and over-the-counter medications in their rooms. There are, however, some limitations.

If a resident self-administers his/her medications with or without assistance, he/she may keep them in his/her room, but:

- ♦ Either the room must be locked when the resident is out of the room; or
- ♦ The resident must keep the medications in a secure place which is out of sight of other residents.

**Special concerns:** When residents share rooms, it is important to address the following:

- ♦ Medications should not be kept in a shared medicine cabinet, for example, in the bathroom.
- ♦ Medications should not be left out on a nightstand or dresser.
- ♦ A resident keeping medication in the room may endanger his/her roommate. In such instances, different arrangements must be made to provide a safe environment for both residents.

#### Centrally stored medications

Medications must be centrally stored if:

- ♦ The facility administers the medication;
- ♦ The resident requests that the facility store his/her medications;
- ♦ A health care provider documents that it would be hazardous to the resident to keep the medication in his/her personal possession;
- ♦ The resident does not keep it in a secure place or keep his/her room locked when absent;
- ♦ 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;
- ♦ Facility policy requires all residents to centrally store their medications.

An ALF may require all residents to “centrally store” their medications. However, if an ALF has such a policy, the facility must provide this information to all residents prior to admission.

All medications which are centrally stored must be:

- ♦ Kept in a locked cabinet, locked cart or other locked storage receptacle, room or area at all times; and
- ♦ Located in an area free of dampness and at normal temperature levels, unless the medication is required to be refrigerated.
- ♦ 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.
- ♦ 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.

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.

#### Medication storage tips

- ♦ 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.

- ♦ 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.
- ♦ Do not expose medications to extremes in temperature or moisture unless medications are supposed to be refrigerated
- ♦ Store medications for the eye, ear, nose and throat separately, for example, in different drawers of a medication cart or by using drawer dividers.
- ♦ Store discontinued medications separately from medications being used currently. This will prevent you from continuing to give a medication which is no longer prescribed.
- ♦ Ask a pharmacist to help you set up a system and organize your storage area. Occasionally ask a pharmacist to spot-check your storage area and make recommendations for changes or improvements.
- ♦ Medication containers must be properly closed or sealed so that medications do not become loose and get mixed together.

### Storage of over-the-counter (OTC) medication

An ALF cannot have a “stock supply” of over-the-counter medication. Bottles of aspirin, Maalox, 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, he/she should not store OTC medications in his/her room.

An ALF may centrally store OTC medications for residents. If you are storing OTC medications for residents that have not been prescribed by the health care provider, they must be labeled with the resident’s name, and the manufacturer’s instructions for use must be kept with the medication.

When an OTC medication is prescribed by a health care provider, the medication must be stored in the same manner as prescription medication and managed according to the prescription label/instructions just like prescribed medication.

### Discontinued medication

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/guardian, OR the facility may centrally store the medication for future use of the resident.

When centrally storing discontinued medications for residents, remember that only medications which 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 which is marked “Discontinued Medication.” Remember, do not alter or write on the medication label when a medication is discontinued. In addition, 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 the medication on the medication observation record and keep a copy of this information 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 in lieu of having a new prescription filled. However, ALF staff must be sure that they

are using the right medication and strength by checking with a pharmacist or the prescribing physician.

### Best practice

To reduce the risk of making a dangerous mistake, follow the best practice for retrieving re-prescribed, discontinued medications as described below.

- ♦ When a medication is ordered for a resident, check to see if the resident has previously been prescribed the medication and if there’s medication left which may be used. (Check with the resident’s representative or guardian or in the discontinued medication area.)
- ♦ In other words, if you have on hand Mrs. Brown’s discontinued Haldol, you may only use the Haldol for Mrs. Brown if it is re-prescribed for her. You may not use it for Mr. Brown, or for any other resident.
- ♦ Verify the name and strength of the drug. To avoid any dangerous medications errors, only use the discontinued medication if it is the same strength as the present order. For example, if the current prescription is for 15 mg of Restoril and the discontinued medication on hand is 30 mg of Restoril, you must obtain a new supply of medication in the correct strength of Restoril from the pharmacy rather than use the wrong strength.
- ♦ Enter the medication information on the MOR.
- ♦ Remove the medication from the discontinued medication area and return it to the resident’s current medications.
- ♦ Have another staff member trained in assistance with medication, or a nurse, review the health care provider’s order, the MOR, and verify the medication label. Check to ensure that the medication is for the:
  - ♦ RIGHT resident and is the
  - ♦ RIGHT medication and the
  - ♦ RIGHT dosage (strength) and the
  - ♦ RIGHT time is recorded on the MOR and the
  - ♦ RIGHT route is indicated.
- ♦ Verify that medication isn’t expired and won’t expire while the medication is to be taken. For example, if there’s enough medication for three weeks, but it expires in two weeks, make arrangements to reorder new medication prior to the expiration of the medication.
- ♦ Note on the MOR that you have retrieved a discontinued medication for reuse. Sign the notation and have the person who verifies this information sign also.

### Disposal of abandoned or expired medications

The ALF is responsible for storing, managing and disposing of medications properly:

- ♦ **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 them.
  - ♦ 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.
- ♦ **Medication disposal:** Medication must be disposed of properly. There are two ways to dispose of discontinued, abandoned, or expired medications:

- ♦ The medication may be taken to a pharmacist for disposal; or
- ♦ The medication may be destroyed by the administrator, or person(s) designated by the administrator and one witness. [To destroy medications in a facility, you may flush them down the toilet.]

### When residents leave the ALF for temporary absences

Residents may leave an ALF on a temporary basis for a variety of reasons. For example, residents may attend day programs in the community; others may go away for the weekend or longer with family and friends. In all instances, it is important that residents continue to receive their prescribed medications.

When a resident who receives “assistance with medication” is away from the facility, the following options may be used to help the resident take the medication as prescribed:

- ♦ The health care provider may prescribe a medication schedule which coincides with the resident’s presence in the facility. For example, for residents who regularly go out during the day, ask the health care provider if the medication can be scheduled for when the resident is regularly in the ALF.
- ♦ The medication container may be given to the resident or a friend or family member upon leaving the facility. This must be noted on the medication observation record. You may not transfer some of the medication into another container, for example, an envelope, to go with the resident.
- ♦ A nurse may transfer the medication to a pill organizer and give it to the resident or a friend or family member upon the resident leaving the facility. This must be 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, so that the resident may take the dosage needed with him/her.

### Medication reordering

For residents who receive assistance with medication or administration of medication, the ALF is responsible for making every reasonable effort to ensure that medications are refilled in a timely manner. Each ALF should have clear procedures for doing this. If you are not familiar with your facility’s procedures, find out what they are prior to assisting residents with their medications.

Each ALF may have different procedures for reordering medications. Some ALFs designate a nurse to handle all health care orders, medication reordering and disposal of medication, etc. It’s imperative that each ALF has a system in place to ensure that residents do not run out of medications. Such a procedure should also address:

- ♦ Procedures for notifying families of the need for medication refills, if the family wishes to pick up prescription medications at a local pharmacy.
- ♦ Procedures to follow if the family doesn’t bring medications in prior to the resident running out of medication.
- ♦ Procedures to follow when family members bring over-the-counter medications or herbal therapies to residents.
- ♦ Ordering medications by mail; handling order changes by mail. [Some residents have insurance which covers prescription medications only if they are ordered by mail.]
- ♦ Designation of responsibilities for medication reordering. [For example, the staffs who work the second shift are responsible for reordering medications, or nursing staff is responsible, etc.]

### Best practice:

The following describes the best practice procedures for reordering medications:

- ♦ Reorder medications from the pharmacy seven days prior to

running out or as directed by the facility’s policy.

- ♦ Keep a log of medications that have been reordered in the medication storage area. This way everyone who has responsibility can see if a medication has been reordered.
- ♦ If medications are not received within three days of ordering, call the pharmacy (or family member) to find out where they are and how you will be able to get them prior to running out. [Even if a designated person is responsible for ordering medications, everyone who assists with medication should be responsible for finding out when refills will arrive, if they haven’t been received three days prior to running out.]
- ♦ When medications are received, check to make sure the correct prescription has arrived prior to placing it into storage.
- ♦ Indicate that medications have been received on the log.

## PART III

### Assistance with self-administered medications

#### Chapter overview

This chapter covers the process of assisting residents to take medications. Step-by-step guidance for assisting with oral and topical medications is provided. “Oral” medications refer to those medications taken into the mouth. “Topical” medications refer to medications applied to a specific surface area of the body. In addition to applications to the skin, it includes ophthalmic (eye), otic (ear), and nasal (nose) dosage forms.

#### Assisting residents to take medications

If residents in assisted living facilities can self-administer their medications, they should be encouraged to do so. However, many residents need or desire some assistance with self-administration. As an unlicensed person who has successfully completed this course, you may assist them, but there are limits to the help you may provide. Importantly, unlicensed persons may not “administer” medications. Only a licensed nurse or doctor may administer medications.

- ♦ **Informed consent:** Assisted living facilities are required to advise residents that assistance with medications can be provided by an unlicensed person and whether the assistance will or will not be overseen by a nurse. Having been informed, the resident or the resident’s representative must consent to this before unlicensed staff can provide “assistance with self-administration.”
  - ♦ The facility must document that consent has been received by obtaining a written and signed informed consent from the resident or the resident’s representative prior to assisting the resident with his/her medications for the first time. Your facility should have a procedure for obtaining informed consent from residents who will be receiving assistance with their medications. Be familiar with that procedure.
- ♦ In order to provide assistance with medications, you must be at least 18 years old and have been trained to assist residents with their medications (completed a four-hour medication assistance course like this one). The training may be provided only by a registered nurse (RN), a licensed pharmacist or Department of Elder Affairs’ staff person. A certificate of completion for assistance with self-administered medication training must be documented (copy of original) in your personnel file.
- ♦ Either a nurse or trained unlicensed staff must be in the facility at all times when residents need assistance with any medications.
- ♦ You must be prepared to demonstrate to your administrator that you can read and understand a prescription label.

#### Providing assistance with medication

Assistance with self-administration of medication includes the following:

- ♦ Taking a properly dispensed and labeled medication from where it is stored and bringing it to the resident;
- ♦ In the presence of the resident, reading the label, opening the container and removing the prescribed amount of medication;
- ♦ Closing the container;
- ♦ Placing an oral dosage (generally pills) in the resident's hand; or
- ♦ Placing the oral dosage in another container, such as a small cup, and helping the resident by lifting the container to the resident's mouth;
- ♦ Returning the medication container to the storage area, and storing the medication properly; and
- ♦ Documenting the assistance on the MOR.

Some residents will need you to do only some of these tasks. Allow each resident to do as much as possible for him or herself. Do no more than needed. Remember, you are **assisting them with self-administration. You are there to help, not to take over.**

Assistance with medication also includes applying topical medications. Topical medications include lotions, creams, eye and eardrops, nose drops and sprays, and inhalers. The procedures for providing assistance with topical medications are discussed in detail later in this chapter.

Remember, if you are assisting a resident, you must keep a record of when a resident receives assistance with medication. This means recording each dose of medication for which assistance was provided on the medication observation record (MOR) as soon as it is given.

Assistance with medication does not include:

- ♦ Mixing, compounding, converting or calculating medication dosages;
- ♦ Preparation of syringes for injections and giving injections;
- ♦ Administration of medications through intermittent positive pressure breathing machines or a nebulizer;
- ♦ Administration of medications through a tube inserted in the body;
- ♦ Parenteral preparations (medications which are not taken by mouth or applied topically such as intravenous medications, etc);
- ♦ Irrigations or debriding agents, such as for the treatment of pressure sores;
- ♦ Rectal, urethral, or vaginal preparations (such as suppositories);
- ♦ "As needed" medications which require judgment; and
- ♦ Any medication which requires judgment or discretion on the part of the unlicensed person.

As an unlicensed person, you are prohibited by law from performing any of the tasks listed above.

### **The 5 rights of medication assistance**

Assisting a resident to take their medications includes knowing that the:

- ♦ Right resident takes the
- ♦ Right medication and the
- ♦ Right dosage (amount) at the
- ♦ Right time by the
- ♦ Right route.

Many of us have made sure that our children, spouses, or parents have taken medications as prescribed by a doctor. That is what assisting a resident to take medication means: providing assistance to the person to take the medication safely. **Because you may be assisting more than one person and each person may be taking multiple medications, providing assistance safely can be complicated.**

### **Right resident**

Make sure you know who the residents are. If you are a new employee or have new residents, work with another staff member who knows the residents. Some facilities keep pictures of residents (with their permission) with the MOR. You should still confirm the resident's identity with the resident.

### **Right medication**

Check the medication three times. Check the MOR. Check the medication label. Verify the labeled container with the MOR. Read the label to the resident.

### **Right dosage**

Check the dosage. Make sure the resident takes the correct amount of medication, whether it's in spoonfuls, tablets or drops.

### **Right time**

Medications must be given at the time prescribed. Standard practice is that medications must be given within one hour before or one hour after the time indicated on the label and MOR. Medication given outside that time span is a medication error.

### **Right route**

Give the medications in the manner directed. For example, eardrops are placed in the ear, etc.

Take the time to provide assistance safely and with consideration for residents' privacy. If you cannot assist all the residents to take their medications in a reasonable amount of time, you may have more people to assist than you can safely handle. Talk with your supervisor about the need for another trained person to share the assignment.

### **Know when to ask for help**

Do not provide assistance if you feel uncomfortable.

Ask for help:

- ♦ If you do not understand the medication instructions.
- ♦ Ask a nurse, if you have one on staff, the health care provider or the pharmacist for assistance.
- ♦ If you do not know the resident.
- ♦ Ask another staff member who knows the resident.
- ♦ If you cannot assist residents properly and safely.
- ♦ Notify your supervisor or the ALF administrator.

### **Manual skills**

#### **Skill No. 1 – Providing assistance with solid doses of oral medication**

- ♦ Wash hands and prepare any necessary items: water, juice, cups, spoons, etc.
- ♦ Obtain the medication observation record.
- ♦ Obtain the medication from storage. Verify medication has not expired.
- ♦ Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- ♦ Take the medication to the resident and tell him/her what medication you are providing by reading the label to him/her. Open the container in the presence of the resident.
- ♦ Give the resident his/her medication, providing the type of assistance needed and with an appropriate liquid.
- ♦ Observe the resident swallow the medication.
- ♦ Record that the assistance was provided on the MOR and return closed medication to storage.

Note: You may place any unused medication back into the bottle as long as it hasn't been contaminated. [If pills or other solid medications are dropped onto a clean surface, they are probably not contaminated. Do not touch the medication with your hands.]

You may place an oral dosage in the resident's hand or in another container and help the resident by lifting the container to the resident's mouth. You may not place the medication directly in the resident's mouth.

Never assist with a medication poured by someone else. You cannot be sure what it is.

### **Skill No. 2 – Providing assistance with liquid medication**

- ♦ Wash hands and prepare necessary items.
- ♦ Obtain medication from storage and verify medication has not expired.
- ♦ Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- ♦ Always use a cup or container which contains lined measurements. You may ask the pharmacist to mark the correct dosage on the cup you will be using.
- ♦ Shake liquids enough to mix medication.
- ♦ Hold cup at eye level. Use your thumb to mark off the correct level on the cup.
- ♦ Pour medication into the cup and stop at the mark for the prescribed dose.
- ♦ Give the cup to the resident. If necessary, assist the resident to lift the cup to his/her mouth. Observe the resident swallow the medication.
- ♦ Record that assistance was provided on the MOR and return closed medication to storage.

If the liquid is measured in drops, only use the dropper provided with the medication.

### **Skill No. 3 – Breaking scored tablets and crushing tablets**

- ♦ **Scored tablets:** Sometimes a medication label will read: take half a tablet. You may break tablets and caplets which are "scored." A scored tablet has been imbedded for easier and even breakage; that assures the correct amount. You may use a pill cutter or your thumbs to break a scored medication. You must wear gloves if you handle the pill.
- ♦ **Crushing a tablet:** 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 which are "sustained-release," "controlled release," "extended release" or which have an enteric coating may not be crushed. 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.

If a resident seems to be having difficulty swallowing medications, talk to the health care provider. Can the medication be crushed? Can the capsule be opened and mixed with food? Request specific directions for doing this. Could the medication be given in liquid form? Is there another medication which may be easier for the resident to swallow? Remember that you are assisting residents to take medications, not administering medications.

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.

To crush a medication, using a pill crusher:

- ♦ Wash hands and obtain necessary items.
- ♦ Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- ♦ Place the pill in a soufflé cup (paper cup).

- ♦ Cover the cup with another soufflé cup.
- ♦ Lower the lid of the pill crusher onto cup top and press.
- ♦ Place crushed pill onto spoon with food (for example applesauce). Make sure you get all particles of medication from underneath the cup used on top.
- ♦ Record that assistance was provided on the MOR and return closed container to storage.

### **Skill No. 4 – Assisting with nasal drops and sprays**

Some residents may need assistance with nasal drops and sprays. Allow each resident to do as much as possible for himself/herself. You may assist a resident with nasal drops or sprays in the following manner:

- ♦ Wash hands and prepare necessary items.
- ♦ Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- ♦ Ask the resident to gently blow his/her nose to clear the nasal passage.
- ♦ Ask the resident to either lie down or sit down and tilt his/her head back. If resident lies down, put a pillow under the resident's shoulders and allow the head to fall over the edge of the pillow.
- ♦ Ask the resident to elevate the nares slightly by pressing the thumb against the tip of the nose.
- ♦ Hold the dropper or spray just above the resident's nostril. Place no more than three drops at a time, unless otherwise prescribed.  
**Do not touch the dropper or spray bottle tip to the inside of the nostrils.**
- ♦ Ask the resident to inhale slowly and deeply through the nose; hold the breath for several seconds and then exhale slowly; and remain in position with head tilted back for one to three minutes so the solution will come into contact with the entire nasal surface.
- ♦ Discard any medication remaining in the dropper before returning the dropper to the bottle.
- ♦ Rinse the tip of the dropper with hot water, dry with tissue and recap promptly.
- ♦ Wash hands.
- ♦ Record that assistance was provided on the MOR and return medication to storage.

### **Skill No. 5 – Assisting with ear drops**

Some residents may need assistance with eardrops. Allow each resident to do as much as possible for himself/herself. You may assist a resident with eardrops in the following manner:

- ♦ Wash hands.
- ♦ Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- ♦ Ask resident to tilt head so that the ear needing drops is up and tilted slightly back, so drops cannot roll into the eye.
- ♦ Ask the resident to gently pull the ear up and back.
- ♦ Place drops in ear according to prescription. Do not touch the ear with the dropper.
- ♦ Hold head in position for approximately two minutes.
- ♦ Allow resident to wipe ear with a cotton ball or a tissue.
- ♦ Wash hands.
- ♦ Record that assistance was provided on the MOR and return closed container to storage.

### **Skill No. 6 – Assistance with eye drops or ointments**

Some residents may need assistance with eye drops or ointments. Allow each resident to do as much as possible for himself/herself. You may assist a resident with eye drops or ointments in the following manner:

- ♦ Wash hands and gather necessary items.
- ♦ Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR **before** providing the medication to the resident.
- ♦ Assist the resident to a comfortable position, either sitting or lying down.
- ♦ 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.]
- ♦ Ask resident to pull lower lid down and out gently, or using forefinger, gently pull lower lid down and out.
- ♦ Ask the resident to look up.
- ♦ Approach the eye from the side and drop medication into center of lower lid. **Do not touch the eye with the dropper. Do not drop directly onto the cornea.** Use care so that the medication does not roll into the other eye. If assisting with an ointment, gently squeeze medication along inner lower lid. **Do not touch eye with end of tube.**
- ♦ Instruct the resident to close eyes slowly, but not to squeeze or rub them.
- ♦ After at least 30 seconds, instruct the resident to open eye.
- ♦ Allow resident to wipe off excess solution with a cotton ball or tissue.
- ♦ Wash hands and return medications to the storage area.
- ♦ Record that assistance was provided on the MOR.

If more than one medication is prescribed, wait three to five minutes between each medication. Observe the resident's response to the medication and report redness, drainage, pain or itching, swelling or other discomforts or visual disturbances.

#### **Skill No. 7 – Application of transdermal medication**

Transdermal medications are usually in the form of patches. You may assist a resident to apply a patch in the following manner:

- ♦ Wash hands and gather necessary items.
- ♦ Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- ♦ Explain to the resident how you will assist him/her.
- ♦ Open the package and remove the patch.
- ♦ Date and initial the patch. (And time, if appropriate.)
- ♦ Remove the backing from the patch, using care not to touch medication with hands.
- ♦ 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.
- ♦ Wash hands immediately to avoid absorbing the medication yourself.
- ♦ Record that assistance was provided on the MOR and dispose of supplies appropriately.

#### **Skill No. 8 – Providing assistance with creams and ointments**

- ♦ Wash hands and gather necessary items.
- ♦ Verify the medication label with the MOR. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- ♦ Put on gloves or use an applicator, such as a wooden tongue depressor or Q-tip, so that your hands do not come into contact with medication or affected skin.
- ♦ Squeeze small amount onto a tongue depressor (or similar tool). [A 4 x 4 clean gauze pad may also be used to apply cream or ointment.]

- ♦ Spread onto affected area as prescribed by a physician until absorbed, unless the directions say to leave a film. Avoid rubbing the skin.
- ♦ Discard tongue depressor and gloves and wash hands.
- ♦ Record that assistance was provided on the MOR and return closed container to storage.

You may assist only with creams or ointments that do not require a dressing.

#### **Skill No. 9 – Providing assistance with inhalers**

- ♦ Wash hands and prepare necessary items.
- ♦ Verify the medication label with the medication observation record. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
- ♦ Explain to the resident how you will assist him/her. Shake or invert the container several times to mix the liquid. Remove the cap from the inhaler.
- ♦ Ask the resident to exhale, and then immediately place the mouthpiece of the inhaler into his/her mouth. Instruct the resident to close lips around the mouthpiece.
- ♦ Ask the resident to inhale slowly as either the resident or you push the bottle against the mouthpiece one time.
- ♦ Instruct the resident to continue inhaling until his/her lungs feel full, and then hold his/her breath for several seconds or as long as comfortable. Remove the mouthpiece from resident's mouth.
- ♦ Instruct the resident to exhale slowly through pursed lips.
- ♦ If a second puff is ordered, wait at least 30 seconds for valve pressure to rebuild. Again shake before reusing the applicator. Rinse the mouthpiece with warm water and recap.
- ♦ The resident may wish to rinse his/her mouth with water.
- ♦ Record that assistance was provided on the MOR and return medication to storage.

#### **Do's and don'ts for assistance with medication**

- ♦ Wash your hands before handling medications, after coming into contact with a resident, and/or a topical medication. Wear gloves when appropriate.
- ♦ Use clean, disposable cups, spoons, etc. Make sure the area where you will be assisting residents is clean, organized and clutter free.
- ♦ Dispose of used cups, spoons, gloves, etc. immediately after each use.
- ♦ Make sure there's good lighting.
- ♦ Avoid distractions and interruptions while assisting residents with their medications.
- ♦ Never leave medications unattended. If you must step away, even for a minute, lock the cart or the area until you return.
- ♦ All centrally stored medications must be kept in their legally dispensed and properly labeled containers. Call the pharmacist immediately if a label becomes smeared or difficult to read.
- ♦ Avoid using discolored medications. Call the pharmacist to discuss.
- ♦ The same person who provides assistance must record on the MOR that assistance was provided. Ask for help when you are unsure of things, are uncomfortable or have too many residents to assist at once.
- ♦ Unlicensed staff is prohibited from providing assistance with medications for which the instructions are unclear or which require judgment or discretion. Seek clarification and alternatives for such situations.
- ♦ Unlicensed persons may assist with "as needed" medication only at the request of a competent resident.
- ♦ Medications cannot be "hidden" in foods or drinks. A resident

may knowingly take a medication with food if it's easier for him/her.

Medications should be given as close to the time prescribed as possible. A general guideline allows no more than one hour either way of the time prescribed.

Pay close attention to specific instructions, such as, "take with food," "remain in a sitting position for one-half-hour after taking," and remind residents of such instructions.

Talk with residents about their medications and their concerns.

Listen to what they say. You may pick up side effects, confusion, lack of compliance with medications or other problems.

Be aware of your residents' "normal" appearance and behavior. If you observe changes in him/her, consider that such changes may be due to medications and report such changes to the resident's health care provider.

Especially for a new medication, check the resident frequently after first doses to evaluate the effect.

### **Tips for promoting safe medication habits**

Be pro-active! Schedule "brown bag" medication sessions and other educational sessions on a regular basis. For example, ask a pharmacist to come to the ALF monthly to hold question-and-answer sessions with residents and staff. Allow residents to bring their medications and ask questions, discuss misuse of medications, drug interactions, etc.

Encourage residents to share a list of his/her medications with you for his/her record. This way if there's an emergency, you'll have a list of the medications to give to a medical provider. Don't forget to include change orders. If a nurse is available, schedule regular monthly reviews of medications.

All staff should "be on the lookout" for unsafe medication practices and for changes in residents' "normal" appearance and behavior. This includes housekeeping and dining services staff who often see residents regularly, notice when residents are absent, notice changes to the upkeep of residents' rooms, or pills on the floor, etc. [All staff should be cross-trained to observe for problems with medications and changes in residents' appearance and behavior.]

Encourage residents to be independent, but to accept assistance if needed. Arrange for pill organizers and electronic pill machines, if possible, to assist residents to remain as independent as long as possible.

Talk with residents. Ask how they're doing, if they need anything, if they have any concerns. Ask how their doctor appointments went, even when residents are independent. If nothing else, the resident may appreciate your concern for his/her welfare and may be more likely to share concerns when experiencing a problem.

## **PART IV**

### **Common medications and side effects**

#### **Chapter overview**

This chapter provides basic information about common drugs and the side effects associated with these drugs.

#### **Common medications**

As a general rule, caregivers usually are required to assist residents with medications because of a physical or mental condition which limits the resident's ability to self-administer.

You will be assisting residents with medications as prescribed by a health care provider and perhaps assisting with over-the-counter medications a resident chooses to take. All medications must be used carefully. Part of your role when assisting residents is to be aware that the resident may experience side effects as a result of taking a

medication. While we generally think a medication is supposed to make a person feel better, all medications have side effects, some of which may be tolerable and others that may be very dangerous and, in fact, life-threatening.

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. Knowing how the medication is classified will help you understand its effect on the body.

It is important to have some general knowledge of common medications classifications and their potential side effects, adverse reactions, and drug interactions. Knowledge of common drug interactions can help prevent problems. [A "drug interaction" occurs when a drug interacts with other drugs and/or certain foods to produce side effects.]

The following are examples of classes of drugs and the most common types used.

#### ♦ **Cardiovascular system medications:**

- ♦ Vasodilators relax or dilate the walls of arteries so that less force is needed to push the blood through. They are used especially to control angina. Common vasodilators are sublingual nitroglycerine (Nitrostat) and isosorbide (Isordil, Imdur).
- ♦ Diuretics, or sometimes called "water pills," 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). Commonly used diuretics include hydrochlorothiazide (HydroDiuril), spironolactone (Aldactone), furosemide (Lasix) and Demadex.
- ♦ Antihypertensives are drugs that lower blood pressure. Hydralazine (Apresoline), captopril (Capoten), nifedipine (Procardia), propranolol (Inderal), methyldopa (Aldomet) and metoprolol (Lopressor) are some of the major antihypertensive drugs.
- ♦ Antiarrhythmic medications are used to treat irregular heartbeats. They calm the heart so that it doesn't beat too rapidly. Examples of antiarrhythmic medications are digitalis (Lanoxin), quinidine (Quinora) and procainamide (Pronestyl).
- ♦ Anticoagulants, sometimes called "blood thinners" prevent blood from clotting. Warfarin (Coumadin) is an example of an oral anticoagulant.

Most side effects from cardiovascular drugs come from overdosage. Report any of the following side effects to the health care provider immediately: Headache, nervousness, "pounding pulse," weakness, flushing of the skin, fainting (especially when a person stands after lying down)

Warning: Use of aspirin can be dangerous with anticoagulants.

#### ♦ **Respiratory system medication**

- ♦ Antitussive drugs are cough suppressants. Codeine is a narcotic antitussive. Dextromethorphan (Dimetapp-DM) is a non-narcotic antitussive.
- ♦ Expectorants break up thick mucous secretions of the lungs and bronchi so they can be coughed up. Robitussin DM contains an expectorant.
- ♦ Decongestants reduce swelling and some dry up the mucous membranes. Examples of decongestants include Neo-Synephrine, Benzedrex and Afrin.
- ♦ Bronchodilators cause the bronchioles to relax and expand which helps ease breathing. Bronchodilator medications

are most often prescribed as inhalers and include albuterol (Proventil and Ventolin), Primatine Mist, theophylline (Slo-Bid and Theo-Dur).

♦ **Medications for the skin: Each skin disorder has its own best treatment and drugs.** Most of the drugs fall into one or more of the following categories:

- ♦ Protectives and astringents work by covering, cooling, drying or soothing 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 relieve itching caused by inflammation. Some of these drugs (emollients, oils, creams and lotions) are soothing and relieve the itching. Antihistamines such as Benadryl and Atarax also relieve itching.
- ♦ Anti-inflammatory drugs (also called topical corticosteroids) have three actions that work to relieve the symptoms of skin disorders: (1) relieve itching; (2) suppress the body's natural reactions to irritation; and (3) tighten the blood vessels in the area of the inflammation. Examples of anti-inflammatory drugs are triamcinolone (Aristocort, Kenalog) and hydrocortisone. These are usually to be taken with food to decrease side effects.
- ♦ Anti-infective drugs kill or inhibit organisms that cause skin infections. Antibiotic ointments, such as Neosporin and Bactroban, are anti-infective ointments.
- ♦ Antiseptics inhibit germs on skin surfaces. They are never given orally. Antiseptics are used to prevent infections in cuts, scratches and surgical wounds. Alcohol and Betadine are antiseptics.
- ♦ Topical anesthetics 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. Solarcaine is a topical anesthetic.
- ♦ Parasiticides kill insect parasites that infest the skin such as scabies and lice. An example of a parasiticide is Kwell.

♦ **Urinary system medications:**

- ♦ Antibiotics may be used to treat urinary tract infections. Examples of antibiotics include Cipro, Bactrim and Septra.
- ♦ Diuretics are used to increase the output of water. Diuretics are often given to maintain normal urine production for persons with kidney disorders.

♦ **Gastrointestinal (digestive) system medications:**

Gastrointestinal disorders may require medications and physical care. Medication alone may not be sufficient to treat the problem. For example, a person with constipation needs to eat fresh fruits and bran, drink water regularly, exercise and get on a regular bowel program.

- ♦ Antacids relieve gastric and ulcer pain by neutralizing stomach acid. Too many antacids can interfere with digestion. Milk of Magnesia, Maalox, Gelusil and Mylanta are antacids.
- ♦ Acid blockers block acid from entering the stomach and causing pain. Common acid blockers include: Ranitidine (Zantac), Axid, Prevacid and Prilosec.
- ♦ Antiflatulents relieve gassiness and bloating that accompanies indigestion. Phazyme, Di-Gel and Mylanta are antiflatulents
- ♦ Emetics produce vomiting in case of poisoning. Ipecac is an emetic syrup.
- ♦ Anticholinergics and antispasmodics are often used to treat ulcers and irritable bowel syndrome. Dicyclomine (Bentyl) and Levsin are examples.
- ♦ Anti-inflammatory drugs are used to treat colitis. Examples

of such medications are Medrol and Prednisone.

- ♦ 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 subcategories of laxatives and purgatives. Some elderly people get in a cycle of use/abuse of laxatives.
- ♦ Stimulants help push fecal matter through the intestines and include castor oil, Senokot, Dulcolax and Ex-Lax.
- ♦ Saline softens feces and stimulates bowel movements. Examples include milk of magnesia and Epsom salts.
- ♦ Bulk formers stimulate bowel movements and include Metamucil.
- ♦ Emollients/lubricants are lubricants and detergents that work to allow fecal matter to pass more easily through the intestine. Also called stool softeners this group includes docusate (Colace), Peri-Colace and Senokot-S.

Time of administration is important for these medications. Some medications must be given without food. Pay close attention to instructions about giving before, after or with food.

♦ **Endocrine system:**

- ♦ Antidiabetic agents such as glipizide (Glucotrol), metformin (Glucophage) and glyburide (Micronase, Diabeta) are oral medications used to control blood sugar levels. Injectable antidiabetic agents include insulins such as Humalog, Novolin and Humulin.
- ♦ Hormonal drugs are used for disorders related to problems with thyroid and pituitary glands, adrenal, pancreas, and ovaries and testes by regulating hormones. Common hormonal drugs include Thyroid, Synthroid, Vasopressin (Pitressin), and Corticotropin (ACTH).

Ensure that residents take these medications at regularly scheduled times. Do not miss dosages with these medications. The health care provider should be contacted immediately if a resident stops taking his/her medication.

♦ **Nervous system**

- ♦ Anticonvulsants are used to treat seizure disorders. Phenytoin (Dilantin), Depakote, carbamazepine (Tegretol), and clonazepam (Klonopin) are examples of anti-convulsant medication. If you have a resident on anticonvulsants, know what to do for a seizure.

♦ **Psychiatric medications:** Psychiatric medications are given to decrease the symptoms of mental disorders. Each medication helps a certain set of symptoms.

- ♦ Anti-depressants are used to decrease symptoms of depression such as trouble concentrating, loss of enjoyment, changes in sleeping and eating patterns, or thoughts of wishing to die.

♦ **Brand name – generic name**

- ♦ Elavil– amitriptyline
- ♦ Norpramin – desipramine
- ♦ Tofranil – imipramine
- ♦ Pamelor – nortriptyline
- ♦ Sinequan – doxepin
- ♦ Ludiomil – maprotiline
- ♦ Paxil – paroxetine
- ♦ Prozac – fluoxetine
- ♦ Wellbutrin – bupropion
- ♦ Zoloft – sertraline
- ♦ Desyrel – Trazodone

- ♦ Anti-anxiety medications are given to decrease symptoms of anxiety such as intense fears, panic, repetitious thoughts, stomachaches, fast breathing and heartbeat, and tremors. These medications are often habit forming.
  - ♦ **Brand name – generic name**
  - ♦ Ativan – lorazepam
  - ♦ Klonopin – clonazepam
  - ♦ Librium – chlordiazepoxide
  - ♦ Serax – oxazepam
  - ♦ Tranxene – clorazepate
  - ♦ Valium – diazepam
  - ♦ Xanax – alprazolam
  - ♦ Buspar – buspirone
- ♦ Anti-psychotic medications are given to decrease symptoms of psychosis such as hallucinations, delusions or disorganized thinking.
  - ♦ **Brand name – generic name**
  - ♦ Ativan – lorazepam
  - ♦ Mellaril – thioridazine
  - ♦ Stelazine – trifluoperazine
  - ♦ Thorazine – chlorpromazine
  - ♦ Trilafon – perphenazine
  - ♦ Navane – Thiothixene
  - ♦ Loxitane – loxapine
  - ♦ Moban – molindone
  - ♦ Clozaril – clozapine
  - ♦ Risperdal – risperidone
  - ♦ Haldol – haloperidol
  - ♦ Prolixin – fluphenazine
  - ♦ Zyprexa – olanzapine
  - ♦ Seroquel – quetiapine

Anti-psychotic medications can take as long as a month of consistent administration before they are effective. Close observation is important.

Some side effects associated with anti-psychotic medications are particularly dangerous. Tardive dyskinesia is often seen in persons taking anti-psychotic medications. Untreated, the symptoms characteristic of tardive dyskinesia can become permanent. These symptoms include involuntary movements such as facial tics, facial grimacing, eye blinking, lip smacking, tongue thrusting, foot tapping, shuffling gait, head nodding, and moving one's head to the back or to the side. If you notice any of these symptoms, notify the health care provider as soon as possible.

- ♦ Mood stabilizing medications are used to treat the symptoms of bipolar disorder, such as not sleeping for several nights, frantic highs (mania), and drastic lows.
  - ♦ **Brand name – generic name**
  - ♦ Lithium Lithobid – lithium
  - ♦ Eskalith – lithium
  - ♦ Tegretol – carbamazepine
  - ♦ Depakote Depakene – valproic acid

Lithium toxicity is a potentially life-threatening side effect. It occurs when the body has too much lithium. It can happen because of high dosage or dehydration. Dehydration can result from diarrhea, too much alcohol, a really bad sunburn, vomiting; anything that causes the person to lose a lot of body fluids.

A person who is lithium toxic would have some or all of the following symptoms: mental confusion, slurred speech, vomiting, diarrhea, severe muscle tremors, severe drowsiness, poor

coordination, and coma. If a person seems to be showing signs of lithium toxicity, contact the health care provider or call 911 immediately.

### Understanding side effects of medications

A side effect is the body's reaction to a medication which is different from that which was intended by the health care provider. While it may not be possible to know all of the potential side effects of the medications your residents are taking, there are some general side effects that you should be aware of. Some mild side effects can be taken care of by simple techniques. More severe side effects should be reported to the resident's health care provider immediately. On the following pages are guidelines for handling these general side effects.

There are also a number of guides or handbooks that you might keep on hand for easy reference and which can usually be purchased at a local bookstore. Sometimes, a leaflet is included with a medication. Keep this and other up-to-date resources handy. There is a table included at the end of this chapter which may also be used as a quick reference guide.

- ♦ Resources
  - ♦ Nurse Drug Handbook
  - ♦ Physician's Desk Reference

Your facility should have clear procedures for responding to changes in a resident's condition. Such procedures should describe the type of changes which should be documented in the resident's record, when changes should be reported to the administrator, nurse, or health care provider and who should call the health care provider. If you are unaware of your facility's procedures, find out what they are prior to providing assistance with medication. Remember, you are responsible for safely assisting residents to take medications.

### Common mild to moderate side effects

When any of the following effects occur, take appropriate action and report symptoms to the doctor on the next visit.

Symptom	Action to be taken
Eyes sensitive to strong sun or light.	Wear sunglasses, hat or visor; avoid prolonged exposure.
Dryness of lips and/or mouth.	Increase fluid intake; rinse mouth often with water; keep sugarless gum handy; ice chips.
Occasional upset stomach.	Drink small amounts of water; eat dry saltines or toast. DO NOT TAKE antacids without consulting the health care provider or pharmacist.
Occasional constipation.	Increase water intake; increase physical exercise; eat leafy green vegetables or bran cereals, etc.
Occasional dizziness.	Get up slowly from sitting or lying-down position.
Tiredness.	Take a brief rest period during the day; consult health care provider about switching daily dosages to bedtime.
Dryness of skin.	Use mild shampoo and soap; use hand and body lotion after each bath; wear seasonal protective clothing.

Mild restlessness, muscle stiffness or feeling slowed down.	Exercise; take short walks; stretch muscles; relax to music.
Weight gain.	Increase exercise; watch diet and reduce overeating.

If no relief is obtained by following these suggestions, call the health care provider.

### More serious side effects

If any of the following symptoms occur, call the health care provider. Call immediately for any wheezing or trouble breathing, for any swelling in the face, lips or throat and for a rash or hives.

Symptoms	Explanation
Blurred vision.	Difficulty focusing eyes.
Drizzling or difficulty swallowing.	Spasms of swallowing muscles.
Body tremors or spasms.	Involuntary shaking or tightening of muscles.
Diarrhea.	Liquid stools (for more than two days).
Severe constipation.	Unable to move bowels (for more than two days).
Muscle rigidity.	Difficulty moving (e.g., masklike face).
Nervousness, inability to sit or lie still, or inner turmoil.	Muscle restlessness in body, arms or legs.
Rash/hives.	Skin eruptions; pimples on body (Notice where they begin and pattern of appearance. A rash can involve internal lesions or peeling skin can be dangerous.)
Skin discoloration.	Excessive pigmentation.
Sexual difficulty or menstrual irregularity.	Delayed ejaculation; impotence; breast changes; unusual erections; changes in periods.
Sunburn.	Sensitivity to sun's rays.
Tardive dyskinesia.	Slow, involuntary movements of mouth, tongue, hand or other parts of body.
Sleepiness during the day.	Excessive sedation.
Extreme difficulty urinating.	Bladder tone relaxed.

### Common side effects and drug interactions

Category	Frequently Used	Watch for
Heart	Digoxin, Procardia, Nitropatch, Calan	Slow pulse, weakness, agitation, dizziness, headache, local skin irritation from Nitro ointments.
Diuretics	Lasix, Bumex, Hydrodiuril, Demadex	Nausea, vomiting, loss of appetite, rash, dizziness, headache.

High blood pressure	Tenorim, Capoten, Aldomet, Zestril. No grapefruit juice with Procardia.	Fatigue, low blood pressure and/or pulse, nausea, vomiting, diarrhea, rash, difficulty breathing, headache, dry cough, swelling tongue.
Respiratory tract	Antihistamines, expectorants, Inhalants. Bronchodilators: Atrovent, Isuprel, Alupent, Theo-Dur, Benadry.	Restlessness, nausea, vomiting, diarrhea, palpitations, dizziness, headache.
Antibiotics	Penicillin, Ceclor, Tetracycline, Erythromycin, Cipro, Amoxicillin. Watch antacids and milk products.	New rash, itching, nausea, vomiting, stomach/abdominal pain.
GI tract	Antacids, anti-diarrheals, laxatives, anti-ulcer (Tagamet, Axid, Zantac).	Dizziness, nausea, vomiting, rashes, itching, constipation.
Steroids	Medrol, Prednisone	Delayed wound healing, gastric ulcer common uses, but last resort treatment. Do not stop suddenly.
Sedatives	Nembutal, Seconal, Restoril, Halcion, Ambien, Dalmane	Lethargy, hangover, rash, itching, nausea, vomiting.
Antidiabetic agents	Oral: Glucotrol, Diabeta Micronase injections: Insulin-Humulin, Novolin	Nausea, heartburn, rash, facial flushing, dizziness Low blood sugar, itching, local reaction at injection site.
Thyroid hormones	Synthroid, Armour Thyroid, Levothyroid	Nervousness, insomnia, tremor, nausea, diarrhea, headache.
Seizures (anti-convulsants)	Dilantin, Dilantin with Phenobarbital, Klonopin	Slurred speech, dizziness, insomnia, twitching, headache, increased eye movement, confusion.
Antidepressants	Elavil, Wellbutrin, Prozac, Pamelor, Zoloft, Desyrel, Paxil No alcohol	Drowsiness, dizziness, rapid pulse, blurred vision, nausea, vomiting, rash, itching.

Anti-psychotics	Thorazine, Clozaril, Haldol, Prolixin No alcohol	Low blood pressure, sedation, dry mouth, urinary retention, constipation, rash, muscle stiffness.
Parkinson's	Eldepryl, Sinemet, Levodopa	Aggressive behavior, involuntary grimacing or jerking motions, blurred vision, nausea, vomiting, loss of appetite, dry mouth, bitter taste, urinary frequency.
Anticoagulants	Coumadin: watch foods high in Vitamin K, watch aspirin.	Bruising, hemorrhage, nausea, vomiting, diarrhea, rash.
Ophthalmic (eye) agents	Pilocarpine drops, Betoptic drops, Timoptic, Xalatan.	Diminished vision, burning or stinging eyes, headache, nausea, vomiting, cramps.
Analgesics for pain and fever	Aspirin, Tylenol, Motrin Narcotics: Tylenol NO. 3, Darvocet N, Percocet	Rash, itching, GI tract sensitive to many of these. Watch for signs of distress, i.e., nausea, vomiting, diarrhea, and ANY SIGN OF BLEEDING (bruising, blood, dark tarry stools) Lethargy, sleepiness, overexcitement, tremors, dizziness
Miscellaneous	Fosamax Miacalcin nasal spray	Wait 30 minutes after administering before taking any food or medication or lying down. Take with 8 oz. water. Store in refrigerator. (Keeps two weeks after opening).

### Talking with a resident's health care provider

When you or another staff member contact a resident's health care provider, be ready to provide organized information and be prepared to ask for direction. Review the resident's record prior to contacting the health care provider. Determine the specific conditions or behavior you wish to discuss, including the amount of time the resident appears to have been experiencing such conditions and any other pertinent information you have about the resident. Have the phone number for the pharmacy available. If another staff member speaks to the health care provider, be sure you find out the results of the contact. Document all calls and instructions given.

### Important questions to ask:

- ♦ What is the medicine for?
- ♦ Will the medicine interact with other drugs the resident takes?
- ♦ Are there any special instructions? Does the medication need to be taken with food? Can the resident continue to have alcohol?
- ♦ Are there any side effects and should we report them?
- ♦ Can we prevent or mitigate the side effects?
- ♦ What should we do if the person misses a dose?

If you called the health care provider because the resident appears to be experiencing problems with the medication, do not hang up until a plan of action has been established. The health care provider might ask you to monitor for certain symptoms or discontinue the medication. Document the conversation in the resident's record.

A pharmacist may also be able to answer many of these questions for you.

Many of the most common side effects of medications are incorrectly interpreted as signs of aging in the elderly including:

- ♦ Confusion.
- ♦ Forgetfulness.
- ♦ Depression.
- ♦ Tremor.
- ♦ Lack of appetite.
- ♦ Constipation.
- ♦ Weakness.
- ♦ Dizziness.
- ♦ Lethargy.
- ♦ Diarrhea.
- ♦ Ataxia.
- ♦ Urinary retention.





**ASSISTANCE WITH SELF-ADMINISTERED MEDICATIONS  
(STUDY GUIDE FOR ASSISTED LIVING FACILITY STAFF)**

**NOTES**

**Final Examination Questions**

Choose True or False for questions 1 through 10 and mark your answers online at [www.elitecme.com](http://www.elitecme.com).

1. Only a pharmacist can change a prescription label.  
True                      False
2. Unlicensed staff may assist with “as needed” medications only at the request of a competent resident/client.  
True                      False
3. If you are assisting a resident/client, it is not necessary to keep a record of when a resident/client receives assistance with medication.  
True                      False
4. Assistance with medication includes mixing, compounding, converting or calculating medication dosages.  
True                      False
5. When providing assistance with oral medications, you may place the medication directly in the resident’s/client’s mouth.  
True                      False
6. Medications cannot be “hidden” in foods for residents/clients who are refusing them.  
True                      False
7. A “drug interaction” occurs when a drug interacts with other drugs and/or certain foods to produce side effects.  
True                      False
8. A side effect is the body’s reaction to a medication which is different from that which was intended by the health care provider.  
True                      False
9. Some mild side effects can be wheezing or trouble breathing, swelling in the face, lips or throat or a rash or hives.  
True                      False
10. Common side effects of medications, such as confusion, forgetfulness and depression, are incorrectly interpreted as signs of aging in the elderly  
True                      False