

65G-7 APD Medication Administration Training

Instruction Training Manual

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2. Definitions:

The terms and phrases used in this chapter shall have the meanings defined below:

(1) “Administration of medication” means the obtaining and giving of one or more doses of medicinal drugs by a legally authorized person to an Agency client for his or her consumption (65G-7 F.A.C.).

(2) “Adult Day Training” (ADT) provides training services to enrolled APD adults. The ADT program is intended to support the participation of people in daily, valued routines of the community, which may include work-like settings that assist the recipient to achieve his or her defined outcomes (goals)(Chapter 393, 2008 F.S.).

(3) “Area Office” is the local office responsible for managing one of the Agency’s fourteen service areas (65G-7 F.A.C.)..

(4) “ARNP” is an Advanced Registered Nurse Practitioner, licensed by the Department of Health, practicing within the scope of his or her license, pursuant to Chapter 464, F.S. (Chapter 464, 2008 F.S.).

(5) “Authorized representative” means the client’s parent if the client is a minor, the client’s authorized guardian, court-appointed guardian advocate, health care surrogate, or a health care proxy appointed in accordance with chapter 765, F.S., or any other client advocate legally authorized to make decisions on behalf of a client (65G-7 F.A.C.)..

(6) "Central Office" is the Agency's headquarters, situated at 4030 Esplanade Way, Suite 380, Tallahassee, FL, 32399-0950; main phone number (850) 488-4257 (65G-7 F.A.C.).

(7) "Client's record" means a file maintained for each client that contains the client's name and date of birth, written authorization for routine medical/dental care from the client or guardian and medical summary, the name address and telephone of the client's physician and dentist, a record of the client's illnesses and accidents, the legal status of the client, current services and implementation plan, and client financial documentation (65G-7 F.A.C.).

(8) "Controlled medication" means any substance enumerated in Schedules I, II, III, IV, and V in s. 893.03, F.S. (65G-7 F.A.C.).

(9) "Corrective Action Plan" means a written plan of action developed by the Agency for the purpose of correcting cited deficiencies in compliance with rule 65G-7 F.A.C. (65G-7 F.A.C.).

(10) "Debridement" is the surgical removal of dead tissue, or infected tissue or foreign material from a wound. (Anderson, et al, 2002)

11) "Enteral medication" means medication delivered by tube via the body's gastrointestinal system. (65G-7 F.A.C.)

(12) "Facility" means a residential facility licensed under Chapter 393, F.S., or other facility staffed by direct service providers where Agency

clients receive training, respite care, or other services on a regularly scheduled basis (65G-7 F.A.C.).

(13) “Inhaled medication” means the delivery of medication droplets or moisture suspended in a gas, such as oxygen, by inhalation through the nose or mouth. (65G-7 F.A.C.)

(14) “Medical Case Manager” means a registered nurse or ARNP employed by the Agency to provide nursing consultation and technical assistance to an Area office regarding the medical care of Agency clients. (65G-7 F.A.C.).

(15) “Medication Administration Record (MAR)” means the chart maintained for each client which records the medication information required by this rule chapter. Other information or documents pertinent to medication administration may be attached to the MAR. A copy of the Agency’s form “Medication Administration Record,” APD Form 65G7-00, may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL, 32399-0950; main phone number (850) 488-4257 It may also be obtained on the internet at <http://apd.myflorida.com/forms/> (65G-7 F.A.C.).

(16) “Medication Assistance Provider” (MAP)” means a direct service provider not otherwise licensed to administer medication that has successfully completed an agency-approved training course and has current validation to provide clients with medication administration or to assist clients with self-administration of medication. (65G-7 F.A.C.).

(17) “NKDA” is an acronym that stands for “No Known Drug Allergies.”

(18) “Nebulizer” means an atomizer equipped to produce an extremely fine spray for deep penetration of the lungs. (65G-7 F.A.C.).

(19) “Over-the-counter (OTC) medication” means a medication for general distribution and use without a prescription in the treatment of human illnesses, ailments, or injuries. (65G-7 F.A.C.).

(20) “Ophthalmic medication” means a solution or ointment to be instilled into the eye or applied on or around the eyelid. (65G-7 F.A.C.).

(21) “Oral medication” means any medication in tablet, capsule, or liquid form introduced into the gastrointestinal tract by mouth. (65G-7 F.A.C.).

(22) “Otic medication” means solutions or ointments to be placed in the outer ear canal or applied around the outer ear. (65G-7 F.A.C.).

(23) “Parenteral” means injected into the body through some route other than the alimentary canal. (65G-7 F.A.C.).

(24) “P.O. (per os)” means by way of mouth. (65G-7 F.A.C.).

(25) “Physician” means a doctor of medicine or osteopathy who holds a valid and active license in full force and effect pursuant to the provisions of Chapter 458 or 459, F.S. (65G-7 F.A.C.).

(26) “Prescribed medication” means simple or compound substances or mixtures of substances that are prescribed for the cure, mitigation, or

prevention of disease or for health maintenance prescribed by a licensed practitioner, such as a M.D., A.R.N.P., D.O., etc. (65G-7 F.A.C.).

(27) "Prescription" means any order for drugs, medical supplies, equipment, appliances, devices, or treatments written or transmitted by any means of communication by a licensed practitioner legally authorized to issue such an order, or any order issued by the lawfully designated agent of such practitioner, intended to be filled, compounded, dispensed or furnished by a person authorized by the laws of the State to do so. (65G-7 F.A.C.).

(28) "Primary Care Practitioner (PCP)" is the licensed practitioner (MD, DO, PA, or ARNP) who the client sees for routine medical care.

(29) "Provider" is the organization or individual enrolled with the Agency for Persons with Disabilities who is responsible for the delivery of services to the Medicaid Waiver client.

(30) "PRN (pro re nata)" means the administration of medication on an as-needed basis rather than according to a prescribed schedule. (65G-7 F.A.C.).

(31) "Rectal medication" means any prescribed medication, capsule, enema or suppository to be administered via the rectum. (65G-7 F.A.C.).

(32) "RN" is a registered nurse, licensed by the Department of Health, practicing within the scope of his or her license following Chapter 464 F.S. (Chapter 464, 2006 F.S.)

(33) “Supported living services” means the provision of supports necessary for an adult who has a developmental disability, to establish, live in, and maintain his or her own household in the community. (65G-7 F.A.C.).

(34) “Supervised self-administered medication” means direct, face-to-face observation of a client during the client’s self-administration of medication and includes instruction or other assistance necessary to ensure correct self-administration of the medication. (65G-7 F.A.C.).

(35) “Topical medication” means a salve, lotion, ointment, cream, shampoo or solution applied locally to a body part. (65G-7 F.A.C.).

(36) “Transdermal patch” means an adhesive or non adhesive patch containing a pre-measured amount of topical medication that is absorbed into the body via the epidermis (outer layer of skin) at a fixed rate. (65G-7 F.A.C.).

(37) “Unlicensed” means, for purposes of this rule, not authorized, certified, or otherwise permitted by Florida law to administer medication or to supervise self-administration of medication. (65G-7 F.A.C.).

(38) “Validation” means an unlicensed direct service provider’s demonstration of competency in administering or supervising self-administration of a medication to a client certified by a licensed, registered nurse or licensed physician following the provider’s successful

completion of an Agency-approved medication administration training course. (65G-7 F.A.C.).

3. Course Rationale

This course is prepared to train unlicensed staff who are working through the Agency for Persons with Disabilities to supervise clients who are self administering medications or to administer medication to clients of APD who have been determined by their primary care practitioner (PCP) to require this service.

This medication administration course must be taught by an APD approved trainer using an APD provided or approved training course (this list can be found at any Area office). Only RNs or ARNPs will be approved to teach this course.

Persons with developmental disabilities are living in a wide variety of settings that do not provide 24 hours per day of professional health care services. Unlicensed persons who give medications need training to do so safely. This medication administration course is designed to familiarize participants with the procedural aspects of providing medication administration and supervision while self administering of medications as outlined in Florida Administrative Rule 65G-7 Medication Administration (Appendix). Successful completion will depend upon attendance and obtaining a passing score of 80% or above on an exam at the end of class. A certificate will be awarded and will contain at a minimum:

Name of Agency or Individual who is authorized by APD to be a
Trainer

Approved Course number

Date(s) of course

Name of Student

Name and signature of instructor

The intent of this course is to provide guidelines to all unlicensed direct care staff serving individuals with developmental disabilities in adult day programs, foster homes, group homes, independent living, and supported living arrangements. These guidelines include: (1) when supervision of self administration of medication is appropriate; (2) what may and may not be done while supervising the self administration of medication; (3) when unlicensed direct care staff may administer medication; (4) how to safely administer oral, topical, transdermal, rectal, inhaled, ophthalmic, otic, and enteral medications; (5) how to safely handle medication and (6) when and how to report concerns/errors.

Administrative Rule 65G-7 does **not** apply to clients who are authorized to self administer their own medications without supervision. It also does not apply to family members or friends who administer medications or assist individuals with self administration of medications without compensation, or to health care practitioners whose professional licenses include administration of medications. Also, excluded are those

employed by or under contract to Intermediate Care Facilities for those with Developmental Disabilities (ICF/DD's), home health agencies, hospices, or Assisted Living Facilities (ALFs).

4. Outcomes or Objectives:

By the end of this course participants will be able to:

Discuss the validation requirements

Demonstrate the ability to accurately complete and maintain all forms required for the process of medication administration and supervision of self administration of medication.

Understand the rules for Authorization for Medication Administration and for Informed Consent for Medication Administration.

State and demonstrate the six rights of medication administration

Discuss and demonstrate correct supervision of self-administration of medications

State medical indications/primary effects/purposes, symptoms of adverse reactions, and side effects of commonly used medications

Demonstrate understanding of medication instructions by reading and following instructions on a prescription label or health care practitioner's order, and accurately completing a MAR

State conditions under which PRN medications may be administered.

Demonstrate proper safety and sanitation procedures.

Demonstrate proper positioning of clients.

Demonstrate correct preparation and administration of medication via oral, topical, transdermal, ophthalmic, otic, rectal, inhaled, and enteral routes

Explain the steps to take if a medication error is made.

State principles of safe storage of medications (prescription, controlled, and OTC)

Demonstrate proper disposal of expired or discontinued medications

List steps to be taken when medications are to be taken off-site with the client.

5. Target Population

This course is intended for unlicensed direct care staff working directly with persons with developmental disabilities in their homes or day programs who intend to perform MAP_duties. Waiver Support Coordinators (WSC), Supported Living Coaches (SLC), ADT staff, program managers, personal care assistants, in home support staff, and anyone else who has responsibility for persons with developmental disabilities may complete the course. Family members of persons with developmental disabilities are also welcome to take this course.

6. Validation Requirements (Appendix: Validation Certificate APD form 65G7-04)

Upon successful completion of this medication administration training course with a score of 80% or above on the final exam, a student may

have his or her skills validated by a MD, RN or ARNP. Florida Administrative Rule 65G-7.004(4) requires that a student demonstrate in an actual on-site client setting the student's ability to correctly administer medication and supervise the self administration of medications in a safe and sanitary manner, including a demonstration of the following:

The ability to comprehend and follow medication instructions on a prescription label, health care practitioner's order, and the ability to properly complete a MAR form.

The ability to administer medication by oral, enteral, transdermal, ophthalmic, otic, rectal, inhaled, or topical administration routes

The ability to obtain pertinent medication information, including the purpose of the medication, its common side effects, and symptoms of adverse reactions to the medication, either from the package insert that comes from the pharmacy, or a Physician's Desk Reference or other professionally recognized medication resource, and to maintain this information for easy access and future reference

The ability to write legibly, communicate information accurately, and comply with medication administration record keeping requirements

Knowledge of the proper storage and handling of medications

Knowledge of proper disposal of expired or unused medications

Knowledge of special requirements relating to storage and disposal of controlled medication

Knowledge of requirements for obtaining authorizations to determine need for assistance using form 65G-7.01, and informed consent using form 65G-7.02.

Knowledge of the correct positioning and use of any adaptive equipment or use of special techniques required for the proper administration of medication.

Once a student has successfully completed the validation, he or she may now be called a “Medication Assistance Provider,” or MAP, and will receive a Validation Certificate (Form 65G-7.004). The MAP shall keep the original, and provide copies to his or her employer. Routes by which the MAP is validated to administer medication(s) are noted on the back of the certificate, signed, and dated.

REMEMBER: Validation is by route. Once validated on a particular route a MAP may administer medication via that route to all assigned clients.

When a MAP is validated, it may be that there is no client receiving medications by some of the routes of administration. A MAP will not be able to be validated on these routes until there is a client who needs medications by that route, so it will not be unusual for one or more of the routes on the back of the validation form to be blank. **A MAP may not give medications by any route for which he or she has not been validated!** If a client is ordered a medication that a MAP cannot administer for lack of validation, the MAP’s employer or the client’s WSC is notified **immediately**, so that he/she can make sure that the client has all of his/her needs met. A MAP should take advantage of any

opportunity to become validated on each route of medication administration for which he or she is not currently validated.

A MAP must **revalidate** skills annually, within the 60 days preceding the expiration of his or her current validation. If a MAP fails to revalidate as required, he or she will not be allowed to administer medications or supervise the self administration of medications until he or she has successfully retaken a Medication Administration Training course, and successfully revalidated his or her skills. A MAP may also be required by his or her employer or the APD Area office to retrain or revalidate at any time. This would usually be in response to a medication error that showed a need for further training.

7. Determining the Need for Assistance: (Appendix: Authorization for Medication Administration APD form 65G7-01)

The client's physician (MD or DO), physician assistant (PA) or Advanced Registered Nurse Practitioner (ARNP) are the persons who decide how much help a client needs with medication administration. They must fill out a form called "Authorization for Medication Administration." It must be reviewed by the health care practitioner every year, and when there is any significant change to the client's medical condition, or self sufficiency that might affect his or her ability to self administer medication or to tolerate a particular administration route.

This is APD form 65G7-01 which has three levels of need for assistance with medications. These levels are:

Fully capable of self administering his/her medications

Requires supervision while self administering his/her medications

Requires medication administration

Clients who are **“fully capable of self administering their medications”** may take their own medications by themselves, without any supervision. A MAR is not kept for these clients because a MAP only documents what he or she does, and he or she is not assisting these clients to choose which medicine to take, or watching these clients to make sure they take the medications. This does not mean, however, that these clients may not need a little help. The MAP may be asked to bring them medications if the medications are centrally stored, and the MAP may need to remind these clients that it is time to take medications. These clients may also need assistance reordering or getting medications from the pharmacy. These clients may use a “pill minder” container to store their medications in if they so wish, but these clients or a family member or friend must fill it. If these clients live in a group home or a multi-person supported living environment they may keep their medications in a locked storage area in their room. Under certain circumstances these clients’ medications may be required to be centrally stored. These are:

If the client’s health care practitioner documents that leaving the medications in the client’s possession would threaten the health, welfare, or safety of the client or others;

If the client doesn't keep the medication in a locked place;

The MAP, the administrator of the facility, or APD decide that the physical arrangements in the home or the habits of other residents make it unsafe for the client to keep their medications; or

The client or their authorized representative asks for the medications to be centrally stored.

Clients who do not require medication assistance and live in their own home with no other clients are not required to keep their medications locked up.

Clients who **"require supervision while self administering their medications"** will need the assistance of a properly trained and validated MAP. This help will not be the same for every client, as each needs to be encouraged and trained toward independence. The MAP may need to complete the following duties

Prompt the client and observe him/her taking the medication

Confirm that client is taking the dosage as prescribed

Check the self administered medication dosage against the label of the medication

Open the medication container for a client who is physically unable to do so

Document in writing on a MAR that the client has taken (or refused to take) the medication

Supervision of self administration includes instructions or *any other assistance necessary to ensure the correct self administration of*

medication. This means the client may need the MAP's assistance more for some things than others – some examples:

A client may be able to identify an oral dose, and take the medication out of the bottle and self administer it with supervision only... but requires assistance to instill eye drops or ear drops or to insert a rectal suppository.

A client may be able to identify medications needed, and communicate the route... but may be unable to remove the medication from the container, or self administer. There may be days a client can do something, followed by days they cannot – flexibility is necessary to promote independence.

A client may be able to self administer a topical medication in an easy to reach area, but need the MAP to apply it on a less easy to reach area.

REMEMBER:

The MAP must assist with every scheduled medication delivery.

The MAP documents on a MAR that he or she observed the client appropriately received the scheduled medication.

Clients who require supervision with self administration must have their medications centrally stored.

Clients who “**require medication administration**” are not yet able to safely give their own medications, and must have medications given to them. The MAP will have to prepare and give all of their medications. Then the MAP must document the medications immediately after being given, on the MAR.

It is still important to remember that the goal is to help clients become more independent with their medications. If the client can help the MAP apply a

topical by rubbing it in after it is applied to the skin, the MAP has taken a small but important step in helping them to care for themselves. In assisting the clients with each medication, the MAP should tell the name of the medication, and the reason for it. An example might be, “John, this pill is vitamin C, and you take one every morning to help you stay well. You need to chew this pill up before you swallow it, please.”

Clients who require medication administration must also have their medications centrally stored.

The MAP’s input can be very helpful to the health care health care practitioner when he/she is trying to decide the client capabilities of self administration or need for administration. Remember the MAP will review this with the health care practitioner every year or with any health status change. The MAP is with the client and knows a lot about his/her abilities. The goal is to help him/her to be more independent. One way to achieve this is by stating the name of the medication, reason for use, and directions on administration, and then allowing the client to help as much as possible.

8. Informed Consent for Medication Administration (Appendix: Informed Consent APD form 65G7-02)

A MAP must also obtain from the client or the client’s authorized representative an “Informed Consent for Medication Administration.”

This is APD form 65G7-02, which authorizes a MAP to assist with medication administration. The Informed Consent must be signed by the client or his/her representative **before** an unlicensed person gives the client medication, or supervises the client administering his/her medications. By signing this form, the client or client's representative acknowledges that he/she knows that the person assisting with medications does not have a license to practice nursing or medicine.

If the client is not able to sign the form because of age or legal competency status, it must be signed by a representative of the client. This form **may not** be signed by the MAP, or anyone representing the agency responsible for assisting the client with medications. In practical effect, if the MAP signed this form as the client's representative, the MAP would be giving oneself permission to assist the client with medications – a clear conflict of interest. The MAP may witness and sign the form in the witness space.

9. The Six Rights of Medication Administration

To safely give any medicine, a MAP must first know and understand the **Six Rights of Medication Administration.**

Right Client – Verify the identity of the client if it is unknown. Identity must never be assumed. The MAP always checks first. The MAP could

ask another staff member, or the record or MAR may have a picture of the client. Many clients will tell their name if asked, “What is your name?” It is not a good idea to ask a client “Is your name Jack Sparrow?” Many clients will say “yes,” or nod their head, either because they cannot hear, do not understand, or for some other reason.

Right Medication – Check the label of the medication to ensure that the name of the medication on the label is the name of the medication on the MAR, and that it is the same as the name of the medication on the prescription or doctor’s order. If any differences in the name of the medication are found the MAP should

- not give the medication

- re-check the medication label with the MAR and the original prescription

- inform the supervisor or administrator immediately or follow the facility’s policy

Right Dosage – Ensure that the amount of medicine prescribed on the label is the same on the MAR. If any differences are found, the MAP should

- not give the medication

- re-check the medication label with the MAR and the original prescription

- inform the supervisor or administrator immediately or follow the facility’s policy

Right Time – Ensure that medication is given within one hour before to one hour after it's scheduled time. Check the medication label for the time of day the client is to take the medication, and verify with the MAR. If any differences are found, the MAP should

not give the medication

re-check the medication label with the MAR and the original prescription

inform the supervisor or administrator immediately or follow the facility's policy

Remember: Some medications must be given at specific intervals so the MAP may not rearrange the schedule for the convenience of client or MAP

Right Route – Ensure that oral medications are swallowed; eye medicines are placed in the eye; ear medications are placed in the ear, etc.

Remember that the MAP must be validated on each route individually before he or she can assist with that route.

Right Documentation – The sixth right was added to the medication rights in the last few years. Medication administration must be documented on the client's MAR as discussed in the "Proper Completion of a MAR" section. PRN (as needed) medications must be documented on the PRN MAR. With PRN medication, the MAP should document in the comments section the client's status prior to, during, and after administration, and whether there are any adverse reactions or if the

results are the intended ones (laxative to relieve constipation or bronchodilator (inhaler) to relieve respiratory distress).

It is important to remember that all PRN medications must also be given for the **Right Reason**. This means that if a PRN is ordered for itching, it may not be given for any other reason. A common example of this is Tylenol ordered for a fever over 101 degrees. If a client complains of a headache, and the Tylenol is only ordered for fever, the MAP **may not give it for a headache**.

Remember that the MAP MUST compare the order or prescription to the medication label and to the MAR to make sure they all match!!! **IT IS THE RESPONSIBILITY OF THE MAP TO ENSURE THEY ALL MATCH.**

10. Documentation of Health Care Practitioner's Orders to MAR

Health Care Practitioner writes the prescription

MAP makes copy of the prescription for the client record and takes original to the pharmacy to be filled

Current copies of prescription are kept in the MAR for reference

Archive discontinued prescription orders for reference.

Write prescription order on the client MAR

When medication is picked up or delivered from pharmacy, the label is compared with a copy of the prescription and with the MAR

All information must match in all three places

Medication should be started in a reasonable time frame once ordered (within 24 hours or as determined by the health care practitioner)

Medication is given as prescribed

Supervision of self administration or administration of medication is documented appropriately on the MAR

11. Understanding Prescription Medications and Medication Labels

Prescription Medication

A prescription is a written order by a licensed medical professional for the preparation and use of a medication. Only licensed healthcare professional can prescribe medications. They include:

Medical Physician or Psychiatrist (MD)

Osteopathic Physician (DO)

Advanced Registered Nurse Practitioner (ARNP)

Physician Assistant (PA)

Dentist (DDS or DMD)

Optometrist (OD)

Podiatrist (DPM)

A pharmacist is the professional who dispenses, labels, and packages medications.

Prescription medications can be either brand name or generic name.

Generic medications are usually less expensive than brand name

medications. Some healthcare insurance plans require generic medications be used.

Example:

Tylenol is a brand name and acetaminophen is the generic name.

Motrin is a brand name and ibuprofen is the generic name.

Lanoxin is the brand name and digoxin is the generic name.

Medication labels, prescriptions, and orders:

Doctors often change medication orders based on the client's response or condition. For example, the dosage may be increased or decreased or the timing may be changed (for example: from morning to bedtime). All medication changes must be accompanied by a written prescription from the client's health care practitioner. It is acceptable for the health care practitioner to fax the new order to the facility, or a copy or pharmacy profile signed by the pharmacist may be obtained from the pharmacy. The new directions shall be recorded on the MAR. The current prescription may be re-packaged and re-labeled by the pharmacist so that the new medication order matches the new order on the MAR. The old prescription may also be archived and the new prescription started. Contact the physician if the pharmacist is unable to fill the new prescription for any reason.

No prescription medication may be kept in the facility unless it is properly labeled and dispensed.

Sample medication given by a MD office to the client must be accompanied by a prescription and have a professional label signed by the physician. Maintain medication samples in their original containers labeled by the dispensing health care practitioner with the client's name, the practitioner's name, and the directions for administering the medication. The MAP must initial the label and add the date the medication is opened.

Only a pharmacist may transfer medications from one container to another container. This is called dispensing.

"As directed" on a prescription, label, or order will need more specific instructions obtained from the health care practitioner prescribing the medication before the medication can be given.

The provider must maintain a copy of the prescription or order with the client's MAR or in a place readily accessible to the MAP.

Important: A MAP cannot make changes on a prescription label. Only a pharmacist can change a prescription label.

PRN or "As Needed" Prescription Medications both Prescribed and Over-the-counter (OTC)

Some medications are ordered by the licensed healthcare professional to be given "as needed". Medications that are given "as needed" may also

be called **p.r.n.** medications. “As needed” medications are not scheduled to be given at specific times. They are given when the resident “needs” them because of a certain circumstance.

Examples include:

The client complains of a headache

The client complains of diarrhea

The client has an upset stomach

Medication example: prn for fever > 101 F. Notify MD if fever is 102 or greater or if fever persists beyond 3 days.

The prescription must contain the following information:

The name of the medication	Tylenol
The strength of the medication	325 mg
Route of administration	by mouth
Amount of medication	2 tablets (650 mg)
Time of administration	every 4 hours
Specific reason for medication	fever > 101 F
Conditions to notify MD	fever > 102 F
Maximum number of days/ doses	3 days

As an unlicensed person, a MAP is prohibited by law from administering or supervising medication that requires judgment or discretion. A MAP

may not administer or supervise self administration of medication when he or she sees directions such as:

Lasix 40 mg PO prn for fluid retention.

A MAP is not trained to assess for fluid retention. Notify the health care practitioner to clarify PRN orders like the above Lasix order. This order, correctly written, might look like this:

Lasix 40 mg PO QD PRN for fluid retention, as evidenced by weight gain of 2 pounds or more in 24 hours. Client must be weighed QAM at the same time. Call MD if weight gain is 5 pounds or more in 24 hours. If needed for more than three days in a row, call MD before giving fourth dose for further instructions.

Pain medication may only be given for a specific site of pain or diagnosis.

Examples: Pain left shoulder, Arthritis, Generalized Pain.

The MAP may not assist with PRN medications, including OTC medications, unless a health care practitioner has provided written directions for the medication. The provider must attach to the client's MAR a copy of the prescription or order legibly displaying the following information:

The name of the medication;

The prescription number, if applicable;

The prescribed dosage; and

Specific directions for use, including the medical reason for the medication, the time intervals for administration, the maximum number of doses, the maximum number of days that the medication should be administered, and conditions under which the health care practitioner should be notified.

Over the Counter Medication (OTC)

These are medications that are available to buy at pharmacies, grocery stores, etc. Clients may take them as regularly scheduled medications. It is very common for a low dose of aspirin to be ordered daily, as well as vitamins or stomach medications such as Prilosec OTC. Over the counter medications are frequently used as PRNs. Acetaminophen (Tylenol), ibuprofen (Advil or Motrin), colace, Pepto-Bismol, cough syrups, diphenhydramine (Benadryl), and antibiotic ointments are all examples of common PRN OTCs.

Group homes, ADTs, and supported living arrangements with more than one client may keep stock supplies of OTCs for the use of more than one client.

OTC medications do not have to be labeled with instructions by the pharmacist for the client to use them. MAPs should refer to the order given by the client's health care practitioner for instructions on how much of the medication to give, and how often to give it. **The health care practitioner's order must be followed exactly when using over the counter medication.**

Over the counter medication requires:

An order by the health care practitioner for each medication

Documentation on the MAR

A copy of the order kept with the MAR.

Medication must be discarded by the expiration date.

The medication container be initialed and dated when first opened,
The medication container should not be used if the original seal has
been broken.

12. Controlled Medication (Appendix: Control Medication Count APD form 65G7.07)

Controlled medications are regulated under the jurisdiction of the Controlled Substance Act of 1970 and are divided into 5 groups listed as Schedule I thru Schedule V. The abuse potential is the highest with the Schedule I drugs and there is limited abuse potential with the Schedule V medications.

Examples:

Schedule II: Ritalin, Codeine, Demerol, Duragesic patch, Percocet

Schedule IV: Phenobarbital, Valium, Ativan

Controlled medications also need to be signed out on a separate Control Sheet and the MAR. The pharmacy can provide the Control sheet and stamp the sheet with a "C".

Controlled medication storage requires the following additional safeguards:

The medications must be stored separately from other prescription and OTC medications in a locked container within a locked enclosure. (double locked).

For facilities operating in shifts, a MAP must perform controlled medication counts for each incoming and outgoing personnel shift, as follows:

The medication count must be performed by a MAP and witnessed by another MAP;

Both providers must verify count accuracy by documenting the amount of medication present and comparing that amount to both the previous count and number of doses administered between counts;

The providers must record the medication count on a "Controlled Medication Form," APD Form 65G7-07. The form must be signed and dated by the providers verifying the count.

For facilities with only one medication assistance provider per shift, the medication assistance provider must conduct, document, and sign a daily medication count on the Controlled Medication Form.

For facilities with no shifts, the medication assistance provider must conduct, document, and sign a controlled medication count at least once each day (EVERY 24 HOURS) on the Controlled Medication Form, using the same counting and documentation technique.

Following a medication count, the medication assistance provider must report a discrepancy in the accounting of controlled substances by 5:00 p.m. of the next business day following discovery of the error to the Area office and, if applicable, to the facility supervisor.

Medication assistance provider will have to sign on MAR, Controlled medication count sheet and Controlled Medication Form,” APD Form 65G7-07.

Use a new Controlled Count Sheet form every month.

Example:

If a new medication is received on the 10th of the month the form should be viewed as a shift to shift count of the medications for that month, beginning in the space that is numbered “10.” When the following month begins the count is moved to the 1st of the month and when new medication is added then the count will reflect the new amount plus the old amount. Have the staff note on the count sheet when the new medication was received so to show how the total is correct.

April 10 received 30 Darvocet

May 1st have 10 Darvocet left to begin the month-

May 7th receive 30 Darvocet so the count that should be on the sheet will equal 40 Darvocet (staff to note when new Darvocet received)

13. Forms of Packaging

A facility may use one or more of the following methods of medication distribution systems:

Client's medication stored in labeled bottles

Individual's medicine stored in sealed, labeled plastic "bubble packs" or "bingo cards".

Color coding on packaging for different time periods.(Only developed by the Pharmacy)

Unit dose dispensing system.

All medication must be stored in the original container in which the pharmacist dispensed it. The labels must be kept intact and legible.

The pharmacist must be called immediately if the medication label is torn, damaged, incomplete or unreadable. Only a pharmacist may make changes to the prescription label. A MAP must not make any marks or changes on prescription label.

The prescription label according to law must contain:

Name, telephone number and complete address of dispensing pharmacy.

Either brand name or generic name of the medication. If the generic name is used, the manufacturer or distributor's name will also appear.

Strength of prescribed medication.

The quantity dispensed.

The date that medication was dispensed.

The identifying number under which the prescription is recorded in the pharmacy's files.

It may also include the name of the client, name of physician, physician office information, name and license/DEA numbers, refills, expiration date, and directions for use (dosage instructions and special instructions).

Manufacturers Label for over the counter medication

The manufacturers label will contain:

Name of medication

Strength of medication

Purpose of medication

Amount of medication included in container

Directions for use

Active and inert ingredients

Possible side effects

Warnings – possible drug interactions, maximum dosage

Storage conditions

Name and address of the manufacturer

Expiration date

Lot number

14. Common Prescription Abbreviations

The following chart includes a list of some common medical abbreviations. They are used daily in medicine as “medical shorthand.”

Abbreviation	Meaning
a.c.	Before meals
ad lib	As directed
BID	Twice a day
cap	capsule
D/C or d/c	Discontinue (do not use)
gtt	drop
H.S. or h.s.	Hour of sleep, or bedtime
mg	Milligram
ml	Milliliter
od	Right eye
os	Left eye
ou	Both eyes
po	By mouth
p.c.	After meals
pr	Per rectum
prn	As needed
QD	Daily, once per day
QOD	Every other day
Tab	Tablet
Q3h	Every 3 hours
QID or qid	Four times daily
sig	Label
TID or tid	Three times daily
U or u	units

When writing an order on the MAR, it is usually best NOT to use the abbreviations. While many health care practitioners still use them, abbreviations have been identified as the main cause of many medication errors. They can be very confusing! For instance, it is better to write out “daily” than to use “QD,” which is easily confused with “QID” or “QOD.” “PO,” “pc,” “pr,” and “prn” look very similar, but mean very different things.

15. Safety and Sanitation

Hand washing should be done before and after each contact with a client, and between each different route of medication administration.

Steps to follow include:

Collect soap (avoid bar soap if possible), paper towels, and a trash basket.

Turn the water on and adjust the temperature to warm.

Wet hands up to wrists.

Apply soap using enough to create a good lather.

Spread soap to back and front of hands up to wrists, being sure to reach under nails. Use firm rubbing and circular movements to wash the palms, back of hands, and wrists. Keep rubbing while rotating fingers through each other up to your wrists for 15–30 seconds (about the amount of time it takes to sing the “Happy Birthday” song).

Rinse hands, avoiding contact with the sink and the faucet area. Allow the water to run downward from the wrist area when rinsing.

Dry hands with paper towels and use the towels to turn the faucet off.

Keep the area used to prepare medications clean! Clean the counter surfaces often and wipe up spills immediately.

The area where medications are stored should be well organized, with no clutter. It should also be quiet, well lit, and separate from places where people gather.

Know the client:

Be familiar with the client's medical history.

Know the client's medication background, allergies and diet.

Locate the name and contact numbers of the client's health care practitioner so that questions may be asked about the client's medications, if necessary.

Understand the best positioning and adaptive devices for each particular client. If the positioning for a specific client's medication administration is unknown, ask the supervisor!

Other safety concerns:

There should be no use of cell phones during medication administration.

Other distracters to avoid would be attention to other household tasks—i.e. laundry, cleaning of floors or bathrooms, meal preparation, watching television, etc.

16. Procedures for each Route of Medication Administration

Oral Medication

Wash hands.

Gather equipment – medication spoon or syringe, medicine cup, gloves, pill cutters or crushers, paper towels, glass of water or other liquid with which to take or follow medication.

Verify first five Rights of Medication Administration.

Unlock the medication storage area and remove one client's medication at a time.

Select the needed medications, making sure to compare the label to the order or prescription to the MAR and check expiration dates.

Follow any special instructions, for instance “take on empty stomach,” “take with food,” “check pulse and hold for pulse less than 60,” “do not give if client is having diarrhea.”

Place a dot on the MAR.

Pop or pour the medication into a medication cup – remember to pour a pill from the container into the lid, then into the medication cup. If too many pills are poured into the lid, the MAP can pour them back into the bottle and try again. Do not touch with fingers.

For liquid medications, shake bottle before pouring (as directed by label), make sure that the cup is on a level surface for accurate measuring, pour away from the label. Wipe the lid and neck of the bottle with a dampened paper towel before returning to storage. Read the amount of medication at the bottom of the curve of the liquid in the medication cup at eye level.

Crush medications if directed to do so, and mix with applesauce, pudding, or ordered substance.

Compare the label on the medication to the directions on the MAR again.

Return the medication to the storage area and lock.

Hand the medication cup to the client, followed by glass of liquid with which to swallow the pills. Verify that the client swallows the medication. Give pills first, liquids last. If giving a medication for cough, it should be given last to coat the throat.

Again check the label against the MAR. Sign the MAR and blister pack, if used.

Wash hands.

Document on the MAR. Controlled substances requires additional documentation on the Controlled Drug Count Form (see attached)

Check on client and assist to comfortable position, if needed.

Check client for response to medication, especially if PRN medication.

Buccal or Sublingual medication

Wash hands.

Gather equipment—medication cup, gloves, glass of water or other liquid with which to take or follow medication.

Verify first five Rights of Medication Administration.

Unlock the medication storage area and remove one client's medication at a time.

Select the needed medications, making sure to compare the label to the order or prescription to the MAR and check expiration date.

Follow any special instructions, for instance “take on empty stomach.” “take with food,” “check pulse and hold for pulse less than 60,” “do not give if client is having diarrhea.”

Place a dot on the MAR.

Pop or pour the medication into a medication cup—remember to pour a pill from the container into the lid, then into the medication cup. If too many are poured into the lid, the MAP can pour them back into the bottle and try again. Do not touch with fingers.

Compare the label on the medication to the directions on the MAR again.

Return the medication to the storage area and lock.

Hand the medication cup to the client and instruct them to place the medication under their tongue if sublingual, or between cheek and gum if buccal. If the client is unable to do this, the MAP should carefully place the medication in the appropriate spot.

Instruct the client not to drink liquids until the medication has dissolved and been absorbed.

Tell the client not to swallow the pill, and to let it dissolve by itself

Again check the label against the MAR. Sign the MAR and blister pack, if used.

Wash hands.

Document on the MAR. Controlled substances require additional documentation on the Controlled Drug Count Form (see attached).

Check on client and assist to comfortable position, if needed.

Check client for response to medication, especially if PRN medication. (if PRN medication document response on back of MAR)

Inhaled medications

Inhalers (such as albuterol)

Wash hands.

Gather equipment – spacers, glass of water, tissue,

Verify first five Rights of Medication Administration.

Unlock the medication storage area and remove one client's medication at a time.

Select the needed medications, making sure to compare the label to the order or prescription to the MAR.

Place a dot on the MAR.

Remove the cap from the inhaler and ensure that mouthpiece is clean; shake if indicated.

Ask the client to exhale and then place the mouthpiece, tilted slightly upward, into his/her mouth. Instruct the client to close lips around mouthpiece.

Use a spacer attached to the mouthpiece as instructed if the client is unable to close lips around mouthpiece.

Ask the client to inhale slowly as you push the cylinder of the medication down against the mouthpiece one time.

Ask the client to hold his/her breath for several seconds.

Remove the mouthpiece from the client's mouth.

Ask the client to exhale slowly through pursed lips.

If a second puff is required, wait at least one minute between each puff, and then repeat above instructions.

Ask the client to rinse out his/her mouth.

Rinse the mouthpiece with warm water, dry with a paper towel, and recap.

Store medication in properly locked area.

Wash hands.

Document on the MAR.

Have the client use any inhalers first and then take oral medications.

Dry powder inhalers (such as Advair)

Follow the steps above for inhalers through placing a sot on the MAR.

Pull back the dose lever until it clicks into place. Do not tilt the inhaler, and ask the client not to breath into the inhaler.

Ask the client to exhale.

Place the mouthpiece into the client's mouth, and instruct the client to close his/her lips around it.

Instruct the client to inhale forcefully and deeply.

. Ask the client to hold his/her breath for several seconds.

Remove the mouthpiece from the client's mouth.

Ask the client to exhale slowly through pursed lips.

If a second puff is required, wait at least one minute between each puff, and then repeat above instructions.

Ask the client to rinse out his/her mouth.

Store medication in properly locked area

Wash hands.

Document on the MAR.

Have the client use any inhalers first and then take oral medications.

Nose sprays

Wash hands.

Gather paper towels or tissues and gloves.

Verify first five Rights of Medication Administration.

Unlock the medication storage area and remove one client's medication at a time.

Select the needed medications, making sure to compare the label to the order or prescription to the MAR.

Place a dot on the MAR.

Put on gloves.

Ask the client to blow his/her nose gently to clear the nasal passages.

Ask the client to tilt his/her head backwards; making sure the neck is supported.

Elevate the nostrils slightly by pressing the thumb against the tip of the nose.

Hold the spray just above the client's nostril, without touching it. Use spray as directed by the prescription or order.

Ask the client to inhale slowly and deeply-through the nose, hold breath for several seconds and then exhale slowly. Client may blot nose with tissue, but caution client to not blow nose for several minutes following instillation.

Rinse the tip of the spray bottle with hot water or wipe with an alcohol pad and dry with tissue before recapping.

Remove gloves and dispose of properly.

Place medication back in locked storage area.

Wash hands.

Document on the MAR.

Nose drops

Follow the directions for nasal sprays above, making sure to use the correct number of drops.

Do not touch the nostrils with the dropper.

Document on the MAR.

Transdermal Medication – self adhesive patches

Wash hands.

Gather equipment – gloves, washcloth and towel.

Verify first five Rights of Medication Administration.

Unlock the medication storage area and remove one client's medication at a time.

Select the needed medications, making sure to compare the label to the order or prescription to the MAR.

Place a dot on the MAR.

Provide for privacy for client.

Wear gloves; check client for latex allergies if using latex gloves.

Remove old patch and dispose of appropriately.

Make sure site for new patch is clean and dry. If needed, clean area with soap and warm water and then pat area dry. *Do not apply over a bony prominence such as the collarbone or shoulder blade.* Do not apply the patch over a pacemaker site. Apply in a hairless area. Apply the patch to a different site with each new patch application. Avoid areas of increased warmth (such as the back if bed-ridden) which would promote faster absorption. Do not apply to areas with redness, rash, or broken skin. Report these areas to your supervisor.

Open the package and remove the patch.

Date and initial the patch.

Remove the backing from the patch.

Apply the patch to the chosen spot, pressing firmly around the edges to adhere.

Apply, and cover patch, if applicable, making sure it is dated and initialed.

Remove gloves and dispose of properly

Place medication back in locked storage area.

Wash hands.

Document on the MAR.

Topical Medications (such as ointments, lotions, creams, sprays)

Wash hands.

Gather equipment – gloves, applicators, wash cloth and towel, water.

Verify first five Rights of Medication Administration, making sure you understand where on the client's body the medication is to be applied.

Unlock the medication storage area and remove one client's medication at a time.

Select the needed medications, making sure to compare the label to the order or prescription to the MAR.

Place a dot on the MAR.

Provide for privacy for client.

Wear gloves: check client for latex allergies if using latex gloves.

Make sure site for medication is clean and dry. If not, cleanse gently with soap and warm water and pat dry, unless the prescription directions say otherwise. Previous medications are

usually removed before applying additional medication, except for lotions which are used for soothing the skin).

Squeeze a small amount of medication (if a cream, ointment, or lotion) onto the applicator. Always shake lotions to activate ingredients. If applying to a large surface area, warm lotions/creams in hands before use so the client does not chill. Keep powder away from the nose and mouth to keep the client from inhaling it. If applied to the face, apply while the client exhales. *If applying nitroglycerin ointment, measure in centimeters or inches on special provided paper or applicator.* Do not apply to areas with redness, rash, or broken skin unless you are treating that area (rash).

Apply gently to correct site.

If a spray, hold the can about 6" away from site and spray.

Discard applicator.

Gently lay dressing over site, if applicable, and secure. MAP may only apply simple dressings which are intended to cover and protect, such as Band-Aids, Telfa or gauze pads.

Discard gloves and dispose of properly.

Place medication back in locked storage area.

Wash hands.

Document on the MAR.

Eye Medications (ointments and drops)

Wash hands.

Gather equipment – gloves, cotton balls or gauze, tissues, clean wash cloth, towel, warm water, simple dressing, if ordered.

Verify first five Rights of Medication Administration.

Unlock the medication storage area and remove one client's medication at a time.

Select the needed medications, making sure to compare the label to the order or prescription to the MAR. Check number of drops and eye (right, left, both).

Place a dot on the MAR.

Wear gloves: check client for latex allergies if using latex gloves.

Assist the client to a comfortable position either sitting or lying down with head tilted back. May turn the head slightly toward the affected side to prevent medication or tears from flowing toward the opposite eye. If using both drops and ointment, administer the drops first and wait 5 minutes before applying the ointment.

Give client a tissue to remove solution/tears that may spill from eye during the procedure.

Clean eye area if discharge or crusting is present. Use cotton balls moistened with warm water (unless ordered otherwise). Use each cotton ball for only one stroke, starting at the inner eye corner and working outward away from the nose. If using wash cloth instead of cotton balls, rotate to new area of wash cloth with each stroke.

After removing the lid to the medication, place on a clean tissue, on its side.

Gently pull down on the lower eyelid.

Ask the client to look upward.

Approach the eye from the side and drop medication into the center of the lower lid. Do not touch the eye with the dropper, or drop medication directly onto the surface of the eye.

If using ointment, gently apply the prescribed length of ointment in a thin line along inner edge of the lower lid moving from the inner corner to the outer corner. Do not touch the eye with the end of the tube. If the client blinks, closes eye, or if drops/ointment lands on the outer lid margin, repeat the procedure

Release the lower lid after the eye drops or ointment is administered.

If drops, ask the client to close eyes slowly, but not to squeeze or rub them. Apply gentle pressure over inner corner of eye to prevent eye drops from flowing into tear duct. If ointments, ask the client to close eye and rub lid gently in circular motion, if rubbing is not contraindicated.

Client may open eyes after 30 seconds and gently wipe off excess medication or tears with a tissue.

If multiple medications are needed for the same eye, you must wait at least 5 minutes between medications.

Remove gloves and dispose of properly.

Place medication back in locked storage area.

Wash hands.

Document on MAR.

Ear Medications

Wash hands.

Gather equipment – gloves, tissues clean wash cloth and warm water.

Verify first five Rights of Medication Administration.

Unlock the medication storage area and remove one client's medication at a time.

Select the needed medications, making sure to compare the label to the order or prescription to the MAR.

Place a dot on the MAR.

Put on gloves.

Assist the client to a comfortable position either sitting with head tilted to the side or lying down so that ear needing drops is up.

Warm the medication to body temperature (hold in hand, or place in cup of warm water for a few minutes) to minimize discomfort to the client.

Gently pull ear up and back if the client is an adult, and down and back if a child.

Place drops in the ear according to the prescription-letting the drops fall on the side of the ear canal and not directly on the eardrum. Take care not to touch the ear with the dropper.

Release the ear and have the client hold the head position for at least 2–5 minutes.

Allow client to wipe ear with a tissue.

Instill drops in the other ear, if prescribed, using the same procedure.

MAP may insert or remove cotton portion (wick) into or from outer part of canal if ordered.

Remove gloves and dispose of properly.

Place medication back in locked storage area.

Wash hands.

Document on MAR.

Rectal Medications

Suppositories

Wash hands.

Gather equipment – gloves, tissues, water soluble lubricant (K-Y jelly)

Verify first five Rights of Medication Administration.

Unlock the medication storage area and remove one client's medication at a time.

Select the needed medications, making sure to compare the label to the order or prescription to the MAR.

Place a dot on the MAR.

Return the medication to the storage area and lock.

Explain to the client what is going to be done, and provide for privacy.

Place the client in a side lying position, preferably on the left, with the right leg bent at the knee and drawn up towards the stomach. Keep client covered as much as possible. Place waterproof pad or other absorbent material beneath client's hips and buttocks.

Remove wrapper and lubricate the suppository rounded end or remove cap and lubricate tip (if applicable) and finger tips with a water soluble gel (K-Y jelly).

Separate the buttocks and then have client relax by breathing slow, deep breaths through the mouth while the suppository is gently inserted through the anus about 4 inches for adults and 2 inches for children and infants. Do not attempt to push the suppository through stool. Instead try to place it along the side of the rectal space.

Hold the buttocks together, or press lightly against the anus with a tissue until the urge to push the suppository out has passed. Ask client to remain on side or flat for at least 5 minutes.

Remove gloves and dispose of properly.

Assist client to rearrange clothing, etc. Be sure that client understands that he/she is to retain the suppository, usually for 30–45 minutes after insertion. Have some way (bell) for client to alert staff of urgency if the suppository was a laxative or stool softener.

Wash hands

Document on MAR.

Observe and record effects of suppository in comments section of MAR

Enemas (such as Fleet's)

Follow steps through placing the client in the proper position for suppositories.

Remove cap and gently insert lubricated enema tip slowly into rectum until the entire tip is in the rectum (3–4 inches): if the tip is not lubricated, use water soluble gel (K–Y) to lubricate. It is best to guide along the rectal wall, and not try to push it through any stool that may be present.

Gently squeeze the enema bottle slowly (to prevent cramping) to expel the contents into the rectum and colon.

If the client begins to cramp, stop squeezing until the cramp eases and then resume squeezing slowly. Encourage the client to hold the enema for as long as possible until the urge to have a bowel movement occurs (2–5 minutes).

Assist the client to the toilet, beside commode, or bedpan, if necessary. Attend to any cleaning of client that is needed.

Remove gloves and dispose of properly.

Wash hands.

Document on MAR. Also document results of enema per the company policy and in the comments section of the MAR.

Enteral Medication

For clients receiving continuous feeding through their tube, make sure to turn the feeding off at least 30 minutes before giving medication. Get a written order for when to pause pump and for when to resume feeding.

*It is extremely important that the MAP understand how to use the type of tube a particular client has. If at any time a MAP is asked to give medication through a tube or device with which the MAP is unfamiliar, **the MAP must ask for help**. The MAP may need to be validated by a RN or MD if the device is unfamiliar to you. The MAP should check with the supervisor.*

Wash hands.

Gather equipment – gloves, extension tubing, cup, warm water, pill crusher, 30–60 cc oral, enteral or catheter tipped syringe.

Verify first five Rights of Medication Administration.

Unlock the medication storage area and remove one client's medication at a time.

Select the needed medications, making sure to compare the label to the order or prescription to the MAR.

Prepare the medications as appropriate for administration through the tube – an order is needed to crush, dissolve, or dilute any medications. If the medication is not a liquid and there is an order to mix, then mix with 10–30 cc of warm water. Liquids should not be mixed with water. Each medication must be administered separately from others. Place a dot on the MAR.

Position the client appropriately. If in bed, the head of the bed must be elevated at least 45 degrees in the position that is specific to that individual. Explain to the client what you are going to do.

Put on gloves.

Connect the extension tubing, if necessary.

Flush the tube with at least 30cc of warm water, or the amount ordered by the health care practitioner. Do not force a flush if the tube is not flowing easily. Contact supervisor.

Pour the first medication into the syringe, and allow to flow slowly by gravity.

Flush with at least 5cc water via gravity after each medication, and repeat with each medication until all medications are given. It is a good idea to give liquid medicines first, medicines that need to be dissolved second and thick medications last.

Once all medications are administered, flush tube with at least 30cc warm water via gravity, or the amount ordered by the health care practitioner.

Reclamp tube, or disconnect the extension set and reinsert the stopper or plug.

Rinse equipment with warm water and dry. Replace equipment every 24 hours.

Keep the individual upright for at least an hour.

Remove gloves and dispose of properly.

Wash hands.

Document on MAR.

These are general instructions for giving medications through a feeding tube. Check with the prescribing health care practitioner about specific instructions for the client being assisted.

Positioning for medication administration:

ROUTE	BEST BODY POSITION
PO - By mouth	Sitting upright
Ophthalmic (eye medication)	Sitting upright with head tilted back and supported - OR Lying on back with head tilted back over a pillow
Otic (ear medication)	Lying on the opposite side that medication is given or sitting with head tilted to side with ear needing medication is up. May turn to the other side after 5 minutes if medication is ordered for both ears
Topical medications	No specific positioning is needed. If possible, keep the client off of the body part being treated for a few minutes.
Transdermal patches	No specific positioning needed.
Nasal drops and sprays	Sitting with the head tilted back and supported - OR Lying in bed with the head tilted back
Inhalers	Sitting upright in chair or in bed with head of bed at a 45 degree angle.
Rectal	Side-lying, preferably on left side with right knee bent with knee pulled up

	toward stomach.
Enteral (G-tube)	Lying in bed with head of bed at a 45 degree angle or higher – OR Sitting upright in a chair

17. Medication Administration Documentation (Appendix: Medication Administration Record (MAR) and PRN MAR APD form 65G7-00)

When a MAP gives a medication, or supervises the client giving him/herself medication it must be written down and recorded somewhere. This is done on a Medication Administration Record, commonly called a MAR. Documenting that the medication has been taken is done AFTER the person has actually swallowed the medication, or after it has been applied, inhaled, inserted, etc – by method that the medication has been given.

This MAR is a LEGAL record of what medication a client has received during his/her day. All entries, even errors, must always remain. This means that the MAP may not change an entry – he or she may only cross it out with one line and initial with the word “error.” Any clarifications may be made in the notes section on the back of the form.

There is an APD approved MAR that may be used. It is also permissible to use a facility or pharmacy generated form, as long as it contains the required information, as follows:

Client’s name

Allergies to food or medication or other substances

Name of each medication the client takes

Strength of the medication – for instance, 5mg per tsp

Health care practitioner who prescribed the medication

Date the medication was ordered

Any date the medication was changed, including the date the medication was discontinued

Prescribed dosage for the medication – for instance, 10mg, or 15mg tab, give two tabs

Times the medications are to be given

Route by which the medication is to be given

Instructions for crushing, mixing or diluting the medication, if there are any

Dates each medication is to be given

Each MAP's initials and signature for identification of initials

A record of any missed medications

MAP must initial and circle the correct square on the MAR

Must turn the MAR over, and write down the reason the medication was not taken, using the codes on the back of the form

MAR documentation

The medication order written on the MAR must match the pharmacy label exactly. If the pharmacy label states “Buspar 5 mg– take 2 tablets by mouth daily”, the **MAR cannot read differently.**

Do not use abbreviations on the MAR.

Dot system: (this is a best practice system) The MAP prepares the medication. Recheck the MAR prior to giving the medication and place a dot in the place provided for initials. Immediately following administration of medication, return to MAR and add MAP initials.

Complete administration for one client before starting another client’s medication pass.

Use code sheet to identify the reason a medication is not given (see How to Document Missed Medication, below).

When an order is changed, the original medication entry on the MAR should not be changed. Instead the original order should be marked discontinued with the date and time, initialed, and highlighted in yellow. The new order should be written in a new space.

MAR must be initialed and signed with full signature of all individuals who administer medications or supervise self administration of medication.

Medication errors–follow medication error guidelines per Florida Administrative Code chapter 65G–7 (see medication error section).

Any changes in directions for a medication must be accompanied by a written prescription issued and signed by the client’s health care practitioner. A faxed copy of the prescription is acceptable.

Authorization for Medication Administration,” APD Form 65G7-01, Informed Consent for Medication Administration” APD Form 65G7-02, and a copy of the updated prescriptions and side effect sheets must be readily available for review by the MAP. Best practice is to keep these in the onsite client Medication Administration Record (MAR) book, but they may also be kept separately, as long as they are easily accessible to the MAP giving the medications.

An updated picture of the client should be in the Medication Administration Record book (Best practice, but not required).

Documenting on the PRN MAR

There is an APD approved PRN MAR that may be used. It is also permissible to use a facility or pharmacy generated form, as long as it contains the following information:

Client's name

Allergies to food, medication, or other substances

The month and year this MAR covers

The ordering MD (or other prescriber)

The date of the order

The medication name, dose, and route

The date and time given with the MAP's initials

The signature of the MAP at the bottom of the form to identify the initials.

A copy of the prescription or order must be kept with the MAR or easily accessible. It must contain the following information:

The name of the medication

The prescription number, if applicable

The prescribed dosage

Specific directions for use of the medication, including:

the reason it should be given (fever over 101, or cough, for instance)

the time intervals for giving it (Q2hrs, QHS, etc)

the maximum number of doses

the maximum number of days the medication should be given

the conditions under which the health care provider should be notified (fever over 102.5, pain not relieved within 24 hrs, swelling or redness, etc)

A MAP may only give a PRN medication for the reason it was prescribed. Some examples:

If Benadryl (diphenhydramine) is ordered for itching, the MAP may NOT give it to help someone sleep, even though it is often used for that. If it is ordered for sleep, the MAP may NOT give it for itching.

If acetaminophen (Tylenol) is ordered for temperature over 101 or headache, a MAP may NOT give it for muscle aches.

If Vicodin is ordered for backache that is the only reason the MAP may give it. If the client complains of foot pain, he/she could not have the Vicodin for that.

When administering PRN medications, a MAP must observe the client for a minimum of 20 minutes. If the client continues to have the same complaint (itching, or headache, for example), the MAP should inform the supervisor.

As with the regular MAR, abbreviations should not be used, and the order written on the MAR should match the label on the medication exactly, if there is one. Many PRN orders are for OTC medications, which will not have a pharmacy label. The MAP must be very careful to compare the order to the MAR, and to the label on the medication to make sure he or she is giving the correct dose of the correct medication.

For example:

Acetaminophen 650mg PO is ordered for headache. A bottle of Tylenol 325mg tablets in house stock. Acetaminophen is the generic name for Tylenol and will be noted as such on the label, so the MAP could give the medication. The order is for 650mg, so the MAP would need to give two tablets (325mg + 325mg = 650mg)

Atarax 50mg is ordered for itching. Diphenhydramine 25mg capsules are in house stock. While 2 capsules would equal 50mg, the MAP cannot give diphenhydramine instead of Atarax – they are NOT the same drug. In this case, the MAP should look in the client’s own medication supply for the Atarax – it would probably not be a house stock medication. This illustrates that the MAP **may not guess!!!** The MAP must look it up in a drug reference or call the pharmacy to ask if he or she is not sure. The MAP never gives a medication unless he or she is sure it is the one that was ordered!

How to Document missed medication

Procedure:

Obtain the MAR (Medication Administration Record)

Determine the reason the client is not taking the medication.

Place the staff initials on the front of the MAR and circle initials then place the appropriate code number, date and time on the back of the MAR:

1. Home visit
2. ADT/ School/ Work

3. ER/ Hospitalization
4. Refused/ Chose not to take
5. Medication not available—explain on back of MAR
6. Held per MD order/ NPO—explain on back of MAR
7. Other—explain on back of MAR

If code #5, #6 or #7 is used, the MAP must explain on the back or explanation area of the MAR. The explanation area should contain the name and dose of the medication, date and time of occurrence, the MAP's signature and initials, and an explanation of what occurred, and who was notified.

The MAP should notify the designated person for his or her facility, (e.g. supervisor, WSC, nurse, MD).

Remember that the facility may be using a different code than is listed above, if it is using a pharmacy or facility created MAR. This is fine, as long as all of the items listed are present.

18. The Do's and Don'ts of Medication Administration

DO's:

Identify client prior to medication administration.

Call client by name

Ask client to tell you his/her name if possible

Use photo ID if present in MAR

Ask another staff member to identify client

The staff member that prepares and performs the three medication checks must be the person who administers the medication to the client.

Do administer medication within one hour of designated time.

Provide liquids (preferably water if on empty stomach—at least ½ cup) or food to aid in swallowing medication.

Ask client to open his/her mouth and visually check that medications have been swallowed.

Report all problems to nurse or supervisor per the facility's policy.

Make at least 2 attempts to educate client to take medication. If medication is refused, MAP is to contact the supervisor immediately.

Observe client for at least 20 minutes for adverse medication reactions after the first 3 doses of any new medications, and report immediately if noted. (time frame of reaction may vary per individual)

Be kind and friendly to clients and assist as needed.

Always listen to the client. Double check any questions he or she has.

Administer medications to one client at a time.

Only administer or assist with self administration of medications prescribed in writing by the health care practitioner and properly labeled and dispensed.

Return each person's medication to its storage location before assisting another individual and retrieving his/her medications.

Have understanding of how to operate equipment used in medication administration.

Check for special instructions such as check blood pressure or heart rate before administration.

Ensure that all prescriptions are filled on time. If the MAP is not directly responsible for routine refills he or she should notify the provider that is responsible for refilling the medications and let him/her know of need for more medications. Document notification.

DON'Ts:

Do not assume anything—always consult with the designated person at the facility (nurse preferably) if there are any doubts or questions regarding medication orders.

Do not prepare syringes for injection.

Do not administer vaginal or tracheostomy medications.

Do not mix or pour medication administered through intermittent positive pressure breathing machines unless trained by certified equipment technician, respiratory therapist, or registered nurse, one-on-one, step-by-step, in proper use and maintenance of such equipment. Training and qualifications of trainer, and description of breathing equipment used must be documented in the client's file.

Do not do any irrigations or debridement of skin structures. Do not do any dressing changes. The MAP may reinforce dressing to keep body fluids from contaminating clothing, etc. The MAP may only change those dressings that are intended to cover and protect an area. Some examples would be Band-Aids, Telfa pads, or gauze dressings. A MAP may not change or apply dressings to decubitus

ulcers (bedsores), or surgical wounds that require packing, or irrigation. If in doubt, the MAP should ask the supervisor.

Do not give any medication for which administration requires judgment or discretion by unlicensed MAP.

Never give medication to a client that has been prepared by another staff member.

Do not administer a medication if it is expired or is no longer prescribed – always check the directions and expiration date of medications.

Do not cut or break any unscored tablets. MAP's can cut scored tablets, however it is best practice for the tablets to come from the pharmacy in proper dosage.

Do not record that medications have been given until you ensure **all six rights of the individual have been met.**

19. Other Documents (and where they are kept)

In the client record where the client lives:

Completed MAR forms

Completed controlled medication count forms

Authorization for Medication Administration form

Original Informed Consent form

Off-Site Custody of Medication form for each absence

Depending on where the client lives, there may be a MAR book for the entire facility with all clients included (usually seen in group homes), or each client may have a separate record that includes the MAR (usually in supported living or family home). Wherever the current MAR is, the information about side effects, adverse reactions, and drug interactions for each medication must be kept in the back of that client's MAR. Copies of prescriptions or orders for current meds are kept in the same area of the book or record. Sometimes this may take the form of a "pharmacy profile" from the pharmacy, signed by the pharmacist. It is good to have copies of any lab report or consultations related to these medications also with the MAR.

For instance... in X group home, all clients' MARs are kept together in a big notebook - behind each client's MAR there should be a section or set of drug information sheets from the pharmacy for each medication, as well as the orders, prescriptions, or pharmacy profiles for that client.

MAPs should keep their original copies of their validation certificates and also their Certificate of Completion of the Medication Administration Course. Employers should be provided with a copy of these certificates.

20.Common Medications – Indications, side effects, and adverse reactions (Clark, 2008)

Below are examples of classes of drugs and the most common medications in each

Cardiovascular System Medications

TYPE	USE	COMMON DRUGS
Vasodilators	Relax or dilate the walls of arteries. Used especially to control angina.	Sublingual Nitroglycerine (Nitrostat); Isosorbide (Isordil, Imdur)
Diuretics	Helps to eliminate excess fluid through urinary excretion. Often given in conjunction with antihypertensive drugs to treat high blood pressure, used to treat congestive heart failure (CHF)	Hydrochlorothiazide (HydroDiuril); Spironolactone (Aldactone); Furosemide (Lasix) and Demadex Bumetadfine (Bumex)
Antihypertensive	Drugs that lower blood pressure	Hydralazine (Apresoline); Captopril (Capoten); nifedipine (Procardia); metoprolol (Lopressor), verapamil (Calan,

		Isoptin)
Antiarrhythmic	Drugs that treat irregular heartbeats	Digitalis (Lanoxin); Quinidine (Quinora); Procainamide (Pronestyl)
Anticoagulants	Prevents blood from clotting	Warfarin (Coumadin), Affronex, Plavix

Most side effects from cardiovascular drugs come from overdose.

Report any of the following side effects to the health care provider immediately:

Headache, nervousness, “pounding pulse”, weakness, flushing of skin, fainting

WARNING: MONITOR THE USE OF ASPIRIN WITH ANTICOAGULANTS!

This is because both aspirin and anticoagulants thin the blood, which can lead to bleeding. Make sure the client’s PCP is aware if both are prescribed.

Respiratory System Medications

TYPE	USE	COMMON DRUGS
Antitussives	Cough Suppressants	Codeine is a narcotic antitussive Dextromethorphan (Dimetapp-DM, non-

		narcotic antitussives.
Expectorants	Break up thick mucus secretions in the lungs and bronchi	Robitussin
Decongestants	Reduce swelling and some dry up the mucous membranes	Neo-Synephrine, Benzedrex; Afrin
Bronchodilators	Relaxes and expands the bronchioles. Most often prescribed as inhalers	Albuteral (Proventil and Ventolin); Primatine Mist; Theophyllin (Slo-Bid and Theo-Dur).

Medications for the Skin

TYPE	USE	COMMON DRUGS
Protectives and Astringents	To cover, cool, dry or soothe inflamed skin. They form a long-lasting film protecting the skin from water, air, and clothing. Astringents shrink blood vessels, dry up secretions from scrapes and cuts, and lessen sensitivity of the skin.	Dimeticone, Stoma, Conotrane Zinc oxide, Calamine lotion Allentoin
Antipruritics	Relieve itching caused by inflammation	Emollients, Oils, Creams, Lotions sooth and relive the itching.
Anti-Inflammatory (topical corticosteroids)	Relieve itching; suppress the body's natural reactions to irritation; tighten the blood vessels in the area of the inflammation	Triamcinolone (Aristocort, Kenalog) and Hydrocortisone
Anti-Infective Drugs	Kill or inhibit organisms that cause skin infections	Antibiotic ointments: Neosporin and Bactroban
Antiseptics	Inhibit germs on skin	Alcohol; Betadine

	surfaces	
Topical Anesthetics	Relieve pain on the skin surface or mucous membranes by numbing	Solarcaine
Parasiticides	Kills insect parasites that infest the skin, (Scabies, Lice)	Kwell, Nix

Urinary System Medications

TYPE	USE	COMMON DRUGS
Antibiotics	One of its uses is to treat urinary tract infections	Cipro, Bactrim, Septra, Macrobid
Diuretics	Increases the output of water. Often given to maintain normal urine production for persons with kidney disorders.	Triamterine, (Dyazide); Hydrochlorothiazide (HCTZ), Furosemide (Lasix) Esidrix, Serpasil
Analgesics	Relieve pain from UTI	Pyridium

Urinary analgesics may stain the urine bright orange. Make sure that the client and/or caregivers are aware of this so that they don't become alarmed.

Gastrointestinal System Medications

Most gastrointestinal disorders not only require medications but also physical care. If a person suffers from chronic GI problems they should be overseen by a doctor.

TYPE	USE	COMMON DRUGS
Antacids	Relieve gastric and ulcer pain	Milk of Magnesia; Maalox; Gelusil; Mylanta
Acid Blockers	Block acid from entering the stomach	Ranitidine (Zantac), Axid, Prevacid and Prilosec
Antiflatulents	Relieves gassiness and bloating that accompany indigestion	Phazyme, Di-Gel, Maalox, Mylanta
Emetics	Produce vomiting in cases of poisoning	Ipecac Syrup
Anticholinergics and Antispasmodics	Treat ulcers and irritable bowel syndrome (IBS)	Dicyclomine (Bentyl); Levsin
Anti-inflammatory drugs	Used to treat colitis	Medrol and Prednisone
Gastrointestinal stimulant	Speeds transit time of food through the bowel, relieves nausea, promotes gastric emptying	Metoclopramide (Reglan)
Laxatives and Purgatives:	Promote bowel movements	
Stimulants	Helps push fecal matter through the intestines	Castor Oil, Senokot, Dulcolax, Ex-Lax
Saline	Softens feces and stimulates bowel	Milk of Magnesia, Epsom Salts

	movements	
Bulk Formers	Stimulate bowel movements	Metamucil
Emollients and Lubricants	Allow fecal matter to pass more easily through the intestine (stool softeners)	Docusate (Colace), Peri-Colace and Senokot-S

Medication that helps aid digestion must be given before, during, or after meals as prescribed. Some must be given without food. Pay close attention to the instructions. Side effects may include diarrhea and/or nausea; with the use of metoclopramide, assess client for tardive dyskinesia (jerky movements of the limbs) regularly.

Endocrine System Medications

TYPE	USE	COMMON DRUGS
Antidiabetic Agents/Oral	Oral medications used to control blood sugar levels	Glipizide (Glucotrol); Metformin (Glucophage); Glyburide (Micronase Diabeta)
Antidiabetic Agents/Injectable	Injectable Antidiabetic Agents	Humalog, Novolin, Humulin
Hormonal Drugs	Used for disorders related to problems with thyroid, pituitary glands, adrenal, pancreas, ovaries and testes by regulating hormones	Thyroid, Synthroid, Vasopressin (Pitressin), Corticotropin (ACTH), Androderm

Ensure that residents take these medications at their regularly scheduled times. **DO NOT MISS DOSAGES.** If the resident stops taking this medication, notify the health care provider

Please remember that MAPs are not permitted to assist with injectable medications. If a client is authorized to self administer without supervision, a MAP may remind them that it is time for them to take their medications, and may bring the medications to the client – but they may not fill syringes, inject medications, or supervise a client who is using injectables.

NERVOUS SYSTEM MEDICATIONS

TYPE	USE	COMMON DRUGS
Anticonvulsants	Used to treat seizure disorders	Phenytoin (Dilantin); Depakote, Carbamazepine (Tegretol); Clonazepan (Klonopin), Gabapentin (Neurontin)

PSYCHIATRIC MEDICATIONS are given to decrease the symptoms of mental disorder. Each medication helps a certain set of symptoms.

ANTI-DEPRESSANTS are used to decrease symptoms of depression such as troubled concentration, 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
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ANTI-ANXIETY Medications are given to decrease symptoms of anxiety such as panic, intense fears, repetitious thoughts, stomachaches, fast breathing and heartbeat, and tremors. **THESE MEDICATIONS ARE OFTEN HABIT FORMING.**

BRAND NAME	GENERIC NAME
Ativan	Lorazepam
Klonopin	Clonazepam
Librium	Chlordiazpoxide
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
Mellaril	Thioridazine
Stelazine	Trifluoperazine
Thorazine	Chlorpromazine
Trilafon	Perphenazine
Navane	Thiothixene
Loxitane	Loxapine

Moban	Molindone
Clozaril	Lozapine
Risperdal	Risperidone
Haldol	Haloperidol
Prolixin	Fluphenazine
Zyprexa	Olanzapine
Seroquel	Quetiapine

Some side effects that are associated with anti-psychotic medications are dangerous. Tardive dyskinesia is often seen in persons taking anti-psychotic medications. Untreated the symptoms that are characteristic of this side effect can become permanent. These include involuntary movements such as facial tics; facial grimacing, eye blocking, lip smacking, tongue thrusting, foot tapping, shuffling gait, head nodding, and moving ones head to the back or to the side. If the MAP notices any of these symptoms, the health care provider must be notified as soon as possible. One of the most serious side effects is a life threatening problem called neuroleptic malignant syndrome (NMS) which is a medical emergency. One would suspect NMS if the client has a high fever, stiff muscles, sweating, fast or irregular heartbeat, change in blood pressure, and confusion.

MOOD STABILIZING MEDICATIONS are used to treat the symptoms of mania such as not sleeping for several nights, frantic highs, and drastic lows.

BRAND NAME	GENERIC NAME
Lithium	Lithobid, Lithium

Eskalith	Lithium
Tegretol	Carbamazepine
Depakote	Depakene, Valproic Acid

Lithium Toxicity occurs when the body has too much lithium and is a potentially life-threatening side effect. It can also occur due to dehydration. Dehydration results from diarrhea, too much alcohol, a bad sunburn, vomiting or anything that causes the person to lose a lot of body fluids.

Some or all of the following symptoms would be present if a person is suffering from lithium toxicity: slurred speech, mental confusion, vomiting, diarrhea, severe muscle tremors, severe drowsiness, poor coordination, and coma. If a resident is showing these signs contact the health care provider immediately or call 911.

UNDERSTANDING SIDE EFFECTS OF MEDICATION

A **side effect** is the body's reaction to a medication, which is different from that which was intended by the health care provider. There are some general side effects that one 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 consumer's healthcare provider immediately (these are commonly called '**adverse reactions**'). The facility should have clear procedures for responding to changes in a client's condition. These procedures should describe the type of changes which should be documented in the client's records, when changes should be reported to the supervisor, nurse, or health care provider, and who should call the health care provider. Before

administering a medication, find out what the facility's procedure is. Remember, the MAP is responsible for safely administering the needed medications and for noticing side effects and responding to them in a timely manner.

COMMON MILD TO MODERATE SIDE EFFECTS

SYMPTOM	ACTION TO BE TAKEN
Eyes sensitive to strong sun or light	Wear sunglasses, hat or visor, avoid prolonged exposure in the sun
Dryness of lips and/or mouth	Increase fluid intake; rinse mouth often with water, keep sugarless gum handy, offer 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, drink lemon juice in warm water
Occasional dizziness	Get up slowly from a sitting or lying-down position
Tiredness	Take a brief rest period during the day; consult health care provider

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.
Dark or discolored urine.	Increase fluid intake.

CALL THE HEALTH CARE PROVIDER IF NO RELIEF IS OBTAINED BY FOLLOWING THESE SUGGESTIONS

MORE SERIOUS SIDE EFFECTS 'ADVERSE REACTIONS'

If any of the following symptoms occur, the MAP must call the supervisor and the health care provider immediately:

SYMPTOM	EXPLANATION
Blurred vision	Difficulty focusing eyes
Drooling 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., mask-like face)

Nervousness, inability to sit or lie still, or inner turmoil	Muscle restlessness in body, arms or legs
Rash	Skin eruptions, pimples on body
Skin discoloration	Excessive pigmentation
Sexual difficulty or menstrual irregularity	Delayed ejaculation; impotence; breast changes; unusual erections; changes in periods
Sunburn	Over sensitivity to sun's rays
Tardive dyskinesia	Slow involuntary movements of mouth, tongue, hand or other parts of the body
Sleepiness during the day	Excessive sedation
Extreme difficulty urinating	Bladder tone relaxed
Shortness of breath	Difficulty breathing, with or without exertion

Allergic reactions

An allergy is an abnormal response to something such as mold, pollen, insect bites, foods and medications.

Mild – runny nose, sneezing, watery eyes, itchy skin with a rash, nausea, vomiting, diarrhea.

More severe – we call anaphylactic shock. This is life threatening.

Symptoms include:

Flushing, rash and itchiness

Tingling of lips and tongue, may also have a metallic taste in mouth)

Heart racing, feels dizzy , anxious, has a feeling of doom

Swelling of tongue, lips and throat

Difficulty breathing as all air passages swell

Collapse

use epi- pen if applicable and call 911

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 GRAPEFUIT JUICE WITH PROCARDIA	Fatigue, low blood pressure and/or pulse, nausea, vomiting, diarrhea, rash, difficulty breathing, headache
RESPIRATORY TRACT	Antihistamines, Expectorants, Inhalants Bronchodilators; Atrovent; Ispurel, Albuterol, Alupent, Theo-Dur, Benadryl	Restlessness, nausea, vomiting, diarrhea, palpitations, dizziness, headache
ANTIBIOTICS	Penicillin, Ceclor, Tetracycline, Erythromycin, Cipro, Amoxicillin. WATCH ANTACIDS AND MILK	New rash, itching, nausea, vomiting, stomach/abdominal pain, diarrhea

	PRODUCTS	
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

SEDATIVES	Nembutal, Seconal, Restoril, Halcion, Ambien, Dalmane	Lethargy, hangover, rash, itching, nausea, vomiting
ANTIDIABETIC AGENTS	ORAL: Glucotrol, Diabeta, Micronase INJECTIONS: 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, Neurontin	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, slow jerky movements

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
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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
ANALGESICS FOR PAIN AND FEVER	Aspirin, Tylenol, Motrin Narcotics: Tylenol #3, Darvocet N, Percocet	Rash, itching, GI tract sensitivity Watch for signs of distress, i.e.: nausea, vomiting, diarrhea, and ANY SIGN OF BLEEDING Lethargy, sleepiness, over-excitement, tremors, dizziness
MISCELLANEOUS	Fosamax Miacalcin Nasal Spray	Wait 30 minutes after administering before taking any food or other medication Store in refrigerator. (Keeps 2 weeks after opening.)

21. Medication Errors (Appendix: Medication Error- APD form 65G7-05)

[The National Coordinating Council for Medication Error Reporting and Prevention](#) defines a medication error as "any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer. Such events may be related to professional practice, health care products, procedures, and systems, including prescribing; order communication; product labeling, packaging, and nomenclature; compounding; dispensing; distribution; administration; education; monitoring; and use."

Conditions which may lead to medication errors:

Preparing or administering medication in poor lighting.

Distractions of any kind while preparing and administering the medication.

Talking to others

Talking on a cell phone, or sending and receiving text messages

Watching TV or listening to the radio

Attending to other tasks while preparing medications

Preparation of medication for more than one client at the same time.

Pre-pouring medications

A medication error is any of the following actions:

Giving the wrong medication

Giving the wrong dose of a medication

Giving the medication by the wrong route, for instance, putting eye medication in the ear, or topical medication in the eye.

Giving a medication for any symptom, illness or reason other than the one for which the medication was prescribed (most commonly seen with PRN medications).

Giving a medication to the wrong client.

Giving the medication at the wrong time. Medications must be given within 60 minutes of the scheduled time.

Not documenting on the MAR immediately and accurately

Not filling a newly prescribed prescription within twenty four hours of receiving the prescription.

Not refilling a current medication on time, resulting in one or more missed doses of medication.

Giving an expired or improperly labeled medication.

Failing to conduct an accurate medication count for controlled medications.

Immediately following a medication error, the MAP and/or facility administrator must take the following steps:

Notify any supervisory personnel, per the agency's policy.

In the case of giving a wrong medication or a wrong dosage, watch the client closely for a **minimum** period of 20 minutes or longer if necessary after the medication was given, and immediately report any observed changes in the client's condition to the prescribing health care practitioner. Best practice is to notify the health care practitioner upon discovery and let him/her know that you will observe and notify of changes and obtain any additional instructions from the health care practitioner. **Call 911 to request emergency services if the client exhibits respiratory difficulty or other potentially life-threatening symptoms.**

Notify the client's prescribing health care practitioner of the error, and ask them to fax an order addressing the error to the client's home, facility, or pharmacy, and document the health care practitioner's response to this request. If the order is to be faxed to the client's pharmacy, the MAP should alert the pharmacy to expect the fax, and to keep it until it can be picked up.

Fully document all observations and contacts made regarding a medication error in a "Medication Error Report," APD Form 65G7-05.

If the medication error occurs in a facility, the MAP must submit copies of the report to the facility administrator and to the APD Area Office within 24 hours of the discovery of the error. A copy of the error report should be kept in client's file.

If the medication error occurs in a client's home and the medication assistance provider committed the error, the provider must submit a Medication Error Report to the APD Area Office within 24 hours of the discovery of the error. A copy of the report must be kept in the client's file, easily accessible for review.

Following a medication count, the medication assistance provider must report a discrepancy in the accounting of controlled substances by 5PM of the next business day following the discovery

of the error to the APD Area office, and if applicable, to the facility supervisor.

Medication Refusal:

Clients have the right to refuse some or all of their medication. This is not a medication error, but should be documented in the client record. The MAP should make several attempts during the medication pass to encourage the refusing client to take their medications. The MAP's supervisor or the client's WSC should be made aware of all refusals, and the health care practitioner notified if refusals are frequent. If the client is incompetent or a minor the guardian as well as the supervisor and WSC should be notified immediately. Document notification in the client record.

22. Medication Storage

All Medication must be kept centrally stored in a locked cabinet, locked cart or locked storage area at all times.

Controlled medications must be double locked.

Medications must be kept in their original or legally dispensed labeled package including OTC medications. Each medication must be returned to its portable or permanent storage unit immediately following medication administration assistance.

Each client's medication must be kept separate from other client's medication.

Creams, ointments, eye and ear drops, and inhalers must be stored separately from oral medication by a physical barrier. A MAP may use a zip lock bag or place in a separate container.

Medication storage areas need to be free of dampness and at normal temperatures (away from abnormally warm place such as close to refrigerators, motors, or ovens) unless the medication needs refrigeration.

Refrigerated medication must be kept in the refrigerator in a locked container clearly labeled as containing medication or the refrigerator must be locked or the room must be locked.

Keys need to be stored in a safe area which is inaccessible to clients. If the MAP or licensed health care practitioner leaves the facility with the keys, he or she must return them immediately.

Written procedural provisions for accessibility to medications in case of emergency will be provided by a licensed health care practitioner or a MAP -i.e. extra key maintained by supervisor, return key immediately upon discovery if taken home by mistake, or keys

maintained in key lock box with combination lock. Supervisor, MAP, and director have combination.

Storage of medication is also addressed in section 7

23. Medication Disposal (Appendix: Medication Destruction Record – APD form 65G7–06)

Expired medications or discontinued medications must be destroyed and the disposal documented on the Medication Destruction Record.

There are two ways to dispose of discontinued or expired medications:

The medication may be returned to the pharmacy in a sealed container or bubble pack.

The medication may be destroyed by the administrator or person designated by the administrator **and** one witness. The MAP should **consult with the pharmacist** as to safe destruction practice of the medications. Destruction of medications is recorded on the Medication Destruction Log.

Medications that are contaminated or refused may be destroyed at the facility using procedure # 2 above. The reason the medication was destroyed is documented on the back of the MAR.

The Medication Destruction Log should be completed with this information:

Name of client.

Medication name, strength, dose and quantity to be destroyed.

Method of destruction – use method approved by the facility.

Destruction of all medication will be witnessed by administrator or designated personnel.

Both staff and witness initial and sign the destruction log.

Destruction log is returned to appropriate area.

24. Off-Site Medication (Appendix: Off-site Custody of Medications – APD form 65G7-08)

Purpose: To maintain a record when a client leaves the facility with medications.

Procedure:

Obtain medications needed to be signed out for leave. (The entire container of medication (bottle or bubble pack) or the specially packaged off site medications will be needed.) Medication may not be transferred from its original container to a weekly pill organizer or otherwise co-mingled unless the client's primary care provider determines that the client is able to **self-administer that medication without supervision**; in that case, only the client, the client's family member, or a legal guardian may transfer the medications from the original container.

Obtain a copy of the current MAR to give to the client's responsible party, if requested. The MAP must provide the name and telephone number of a contact person and the name and telephone number of the client's prescribing practitioner to the person who will assist the client with medication administration while the client is offsite.

Release all medications the client is currently prescribed, unless they are stock medications that the facility provides to all to use. If facility has prior notice, try to obtain off site medications from the pharmacy.

Instruct the responsible party in the correct medication, dose, time and route. Include how to administer or assist the client with the medication.

Complete the Off Site Medication Form, to include: the client's name, each medication, dose, medication times and quantity. Give

a copy to the responsible party, and record both medication counts on an “Off-site Medication Form,” APD Form 65G7-08

Staff and client’s responsible party sign Off Site Medication Form. Remind the responsible party that if the medications are not returned with the client that the client will have to replace missing medications with their own money.

Chart on MAR using the reason medication not administered code (i.e. #1-Home) for all days that client is away from the facility. Place the Off Site Medication Form in front of the client’s MAR.

Upon return to the facility, the MAP will verify that each medication is returned against the Off Site Medication Form. The MAP will note quantity of returned medications. The MAP will notify the supervisor immediately for any noted discrepancies. Any discrepancies should be documented and education should be provided to the family regarding the importance of giving medications as ordered.

Once medications are verified correct, the MAP and responsible party will sign the Off Site Medication Form.

If the responsible party requested a MAR copy to take home, the MAP will make sure that this copy is NOT brought back to the facility and entered into the client record.

If a medication error is made by family members, the medication error report is not required. All family errors should be documented in the client record. If a pattern of errors is noted, the supervisor and the health care practitioner must be contacted. The MAP should also contact the APD Area Medical Case Manager for consultation and assistance.

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Appendices

1. Forms
 - MARs
 - Authorization for Medication Administration
 - Informed Consent
 - Medication Error Report
 - Medication Destruction Record
 - Controlled Medication Count
 - Off-site Custody of Medications
2. Administrative Rule 65G-7
 - 2008 Florida Statute 393.506

Appendix One

Forms

REASON MEDICATION NOT ADMINISTERED

- 1 = Home
- 2 = Work/ADT
- 3 = ER/Hospital
- 4 = Refused
- 5 = Medication not available – explain ⇨
- 6 = Held by MD – explain ⇨
- 7 = Other – explain ⇨

Time, date, and initial each explanation.

Sign and initial at the bottom of the form.

Name: _____

Record medication administration notes below. For medication not administered, use the codes in the box at the left, including appropriate dates, comments, and explanations.

SIGNATURE	INITIALS	SIGNATURE	INITIALS	SIGNATURE	INITIALS



PRN

Medication Administration Record

Recipient Name: _____ Allergies: _____
Month: _____, Year: 20_____

Ordering MD Date Ordered	Medication Name, Dose, Route	Date, Time, By	Ordering MD Date Ordered	Medication Name, Dose, Route	Date, Time, By
Date: _____ Time: _____ By: _____		Date: _____ Time: _____ By: _____	MD: _____ Date: _____		Date: _____ Time: _____ By: _____
Date: _____ Time: _____ By: _____		Date: _____ Time: _____ By: _____	MD: _____ Date: _____		Date: _____ Time: _____ By: _____
Date: _____ Time: _____ By: _____		Date: _____ Time: _____ By: _____	MD: _____ Date: _____		Date: _____ Time: _____ By: _____
Date: _____ Time: _____ By: _____		Date: _____ Time: _____ By: _____	MD: _____ Date: _____		Date: _____ Time: _____ By: _____
Date: _____ Time: _____ By: _____		Date: _____ Time: _____ By: _____	MD: _____ Date: _____		Date: _____ Time: _____ By: _____
Date: _____ Time: _____ By: _____		Date: _____ Time: _____ By: _____	MD: _____ Date: _____		Date: _____ Time: _____ By: _____
Date: _____ Time: _____ By: _____		Date: _____ Time: _____ By: _____	MD: _____ Date: _____		Date: _____ Time: _____ By: _____
Date: _____ Time: _____ By: _____		Date: _____ Time: _____ By: _____	MD: _____ Date: _____		Date: _____ Time: _____ By: _____
Date: _____ Time: _____ By: _____		Date: _____ Time: _____ By: _____	MD: _____ Date: _____		Date: _____ Time: _____ By: _____
Signature		Int.	Signature	Int.	Notes



agency for persons with disabilities
State of Florida

Authorization for Medication Administration

APD Client's Name _____ Date of Birth _____

Health Care Provider _____

I am a physician, physician's assistant, or Advanced Registered Nurse Practitioner licensed to practice in the State of Florida, and a provider of health care services for the above-named client receiving developmental disabilities from the Agency for Persons with Disabilities. It is my professional opinion, based on my knowledge of his/her health status and physical condition, that he/she is:

_____ Fully capable of self-administering his/her medications; or

_____ Requires supervision while self-administering his/her medications by a validated medication administration assistant; or

_____ Requires medication administration by a validated medication administration assistant; or

Health Care Provider's Signature

Date of Authorization



agency for persons with disabilities
State of Florida

Informed Consent

Section 393.506, Florida Statutes, authorizes an independent direct service provider (including a direct service provider employee) not licensed to practice nursing or medicine to administer medication or supervise the self-administration of medication following completion of medication administration training and current annual competency validation by a licensed registered nurse or physician. This form authorizes medication assistance by a trained, validated provider.

I, _____, as the below-named client or client's legal
(Printed name of client or client's representative)

representative, contingent upon the authorization of my health care provider,

provide my consent to _____ to:
(Printed name of validated medication assistance provider)

_____ Administer medications prescribed for me by my professional health care provider; or

_____ Supervise my self-administration medications prescribed for me by my professional health care provider.

Signature of Client or Client's Legal Representative

Date

Printed name of person signing

Date

(NOTE: A validated unlicensed direct service provider cannot consent as the client's legal representative.)

Signature of Witness No. 1

Printed Name of Witness No. 1

Date

Signature of Witness No. 2

Printed name of Witness No. 2

Date

This document remains effective until _____, unless I
(Twelve months from signature date)
elect to withdraw my consent.



Agency for Persons with Disabilities
MEDICATION ERROR REPORT

THIS DOCUMENT IS SUBJECT TO CONFIDENTIALITY REQUIREMENTS AND SHOULD BE HANDLED ACCORDINGLY

Please Print All Information Clearly and Use One Form For Each Occurrence

Report Date (mm/dd/yy): _____

Agency/Provider: _____ Group Home Family Home Supported Living Other

Address: _____ City: _____ State: _____ Zip: _____

Date of Med. Error (mm/dd/yy): _____ Time: _____ Location of Occurrence: _____

Individual Completing This Report: _____ Title: _____ Signature: _____

Name of Staff Member Involved: _____ Title: _____ Medication Certified? Yes No

Consumer: _____ SSN: _____ Date of Birth (mm/dd/yy): _____

Name of Medication: _____ Dose: _____ Times Given: _____

Name of Medication: _____ Dose: _____ Times Given: _____

Name of Medication: _____ Dose: _____ Times Given: _____

Type of Medication Error Involved:

- | | |
|---|---|
| <input type="checkbox"/> Medication Given to the Wrong Person | <input type="checkbox"/> Wrong Medication Given |
| <input type="checkbox"/> Wrong Dose of Medication Given | <input type="checkbox"/> Medication Not Given |
| <input type="checkbox"/> Newly Prescribed Order Not Initiated within 24 hours | <input type="checkbox"/> Medication Not Given at the Right Time |
| <input type="checkbox"/> Medication Refill Not Ordered Timely (no doses missed) | <input type="checkbox"/> Family Error |
| <input type="checkbox"/> Shift to Shift Count on Controlled Medication Not Accurate | <input type="checkbox"/> Client Refused Medication |
| <input type="checkbox"/> Medication Administration Record Not Accurately Documented | |
| <input type="checkbox"/> Other _____ | |

Description of Incident and Required Medical Nursing Care:

Immediate Action/Intervention:

Notification:

- Physician or ARNP Name: _____ (Must be notified)
- Family/Guardian Support Coordinator Name: _____ (Must be notified)
- Abuse Registry Developmental Disabilities Office Other-List: _____

This Section to be Completed by Supervisory Personnel

Follow-up/Corrective Action taken or Plans:

Name: _____ Title: _____ Signature: _____

Contact Phone Number: _____

This Section to be Completed by Department

Date Report was received by DD Office (mm/dd/yy): _____

Follow-up Recommended by DD Office:



Agency for Persons with Disabilities MEDICATION ERROR REPORT

THIS DOCUMENT IS SUBJECT TO CONFIDENTIALITY REQUIREMENTS AND SHOULD BE HANDLED ACCORDINGLY

Please Print All Information Clearly and Use One Form For Each Occurrence

Report Date (mm/dd/yy): _____

Agency/Provider: _____

Group Home Family Home Supported Living Other

Address: _____

City: _____

State: FL Zip: _____

Date of Med. Error (mm/dd/yy): _____ Time: _____

Location of Occurrence: _____

Individual Completing This Report: _____

Title: _____

Signature: _____

Name of Staff Member Involved: _____

Title: _____

Medication Certified? Yes No

Consumer: _____

SSN: _____

Date of Birth (mm/dd/yy): _____

Name of Medication: _____

Dose: _____

Times Given: _____

Name of Medication: _____

Dose: _____

Times Given: _____

Name of Medication: _____

Dose: _____

Times Given: _____

Type of Medication Error Involved:

- | | |
|---|---|
| <input type="checkbox"/> Medication Given to the Wrong Person | <input type="checkbox"/> Wrong Medication Given |
| <input type="checkbox"/> Wrong Dose of Medication Given | <input type="checkbox"/> Medication Not Given |
| <input type="checkbox"/> Newly Prescribed Order Not Initiated within 24 hours | <input type="checkbox"/> Medication Not Given at the Right Time |
| <input type="checkbox"/> Medication Refill Not Ordered Timely (no doses missed) | <input type="checkbox"/> Family Error |
| <input type="checkbox"/> Shift to Shift Count on Controlled Medication Not Accurate | <input type="checkbox"/> Client Refused Medication |
| <input type="checkbox"/> Medication Administration Record Not Accurately Documented | |
| <input type="checkbox"/> Other _____ | |

Description of Incident and Required Medical Nursing Care:

Immediate Action/Intervention:

Notification:

- Physician or ARNP Name: _____ (Must be notified)
- Family/Guardian Support Coordinator Name: _____ (Must be notified)
- Abuse Registry Developmental Disabilities Office Other-List: _____

This Section to be Completed by Supervisory Personnel

Follow-up/Corrective Action taken or Plans:

Name: _____ Title: _____ Signature: _____

Contact Phone Number: _____

This Section to be Completed by Department

Date Report was received by DD Office (mm/dd/yy): _____

Follow-up Recommended by DD Office: _____



agency for persons with disabilities
State of Florida

Medication Destruction Record

Date	Name of Medication and Dosage	Number or Quantity Destroyed	Recipient Name on Prescription Label	Method of Destruction (Flushed, Trash)	Medication Discontinued by Prescriber (Yes or No)	Medication Out of Date (Yes or No)	Initial # 1	Initial # 2
			Signature	Initials				



**CONTROLLED MEDICATION
COUNT**

Consumer _____

Medication _____

Dose _____

Month/Year _____

DATE	1 st Shift Count	On	Off	2 nd Shift Count	On	Off	3 rd Shift Count	On	Off
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

Please sign and initial below to identify initials used in "on" and "off" columns above.

Signature	Initial	Signature	Initial	Signature	Initial



Off-site Custody of Medications

I, _____
Responsible person
acknowledge that the following medications are in
my custody for _____
Client

Staff have instructed me regarding administration, times to be given, and the purpose for each medication. I acknowledge that I am responsible for any medication errors while the medication is in my custody.

Signature of Person Accepting Medications *Date*

Signature of Two (2) Staff Releasing Medications *Date*

Signature of Two (2) Staff Receiving Medications *Date*

Rx #	Physician	Name of Drug and Dose	Administration times	Purpose of Drug	Quantity Released	Quantity Returned

65G-7.001 Definitions.

The terms and phrases used in this chapter shall have the meanings defined below:

- (1) "Administration of medication" means the obtaining and giving of one or more doses of medicinal drugs by a legally authorized person to an Agency client for his or her consumption.
- (2) "Area Office" is the local office responsible for managing one of the Agency's fourteen service areas.
- (3) "Authorized representative" means the client's parent if the client is a minor, the client's authorized guardian, court-appointed guardian advocate, health care surrogate, or a health care proxy appointed in accordance with Chapter 765, F.S., or any other client advocate legally authorized to make decisions on behalf of a client.
- (4) "Central Office" is the Agency's headquarters, situated at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257.
- (5) "Client's record" means a file maintained for each client that contains the client's name and date of birth, written authorization for routine medical/dental care from the client or guardian and medical summary, the name address and telephone of the client's physician and dentist, a record of the client's illnesses and accidents, the legal status of the client, current services and implementation plan, and client financial documentation
- (6) "Controlled medication" means any substance enumerated in Schedules I, II, III, IV, and V in Section 893.03, F.S.
- (7) "Corrective Action Plan," for purpose of this rule, means a written plan of action developed by the Agency for the purpose of correcting cited deficiencies in compliance with this rule chapter.
- (8) "Enteral medication" means medication delivered by tube via the body's gastrointestinal system.
- (9) "Facility" means a residential facility licensed under Chapter 393, F.S., or other facility staffed by direct service providers where Agency clients receive training, respite care, or other services on a regularly scheduled basis.
- (10) "Inhaled medication" means the delivery of medication droplets or moisture suspended in a gas, such as oxygen, by inhalation through the nose or mouth.
- (11) "Medical Case Manager" means a registered nurse or ARNP employed by the Agency to provide nursing consultation and technical assistance to an Area office regarding the medical care of Agency clients.
- (12) "Medication Administration Record" or "MAR" means the chart maintained for each client which records the medication information required by this rule chapter. Other information or documents pertinent to medication administration may be attached to the MAR. A copy of the Agency's form "Medication Administration Record," APD Form 65G7-00 (3/30/08), incorporated herein by reference, may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257.
- (13) "Medication Assistance Provider" means a direct service provider not otherwise licensed to administer medication who has successfully completed an agency-approved training course and has current validation to provide clients with medication administration or to assist clients with self-administration of medication.
- (14) "Nebulizer" means an atomizer equipped to produce an extremely fine spray for deep penetration of the lungs.
- (15) "Over-the-counter (OTC) medication" means a medication for general distribution and use without a prescription in the treatment of human illnesses, ailments, or injuries.
- (16) "Ophthalmic medication" means a solution or ointment to be instilled into the eye or applied on or around the eyelid.
- (17) "Oral medication" means any medication in tablet, capsule, or liquid form introduced into the gastrointestinal tract by mouth.
- (18) "Otic medication" means solutions or ointments to be placed in the outer ear canal or applied around the outer ear.
- (19) "Parenteral" means injected into the body through some route other than the alimentary canal.

(20) “Physician” means a doctor of medicine or osteopathy who holds a valid and active license in full force and effect pursuant to the provisions of Chapter 458 or 459, F.S., or the applicable laws of the state in which the service is furnished.

(21) “Prescribed medication” means simple or compound substances or mixtures of substances that are prescribed for the cure, mitigation, or prevention of disease or for health maintenance prescribed by a licensed practitioner authorized by law to prescribe such substances.

(22) “Prescription” means any order for drugs, medical supplies, equipment, appliances, devices, or treatments written or transmitted by any means of communication by a licensed practitioner legally authorized to issue such an order, or any order issued by the lawfully designated agent of such practitioner, intended to be filled, compounded, dispensed or furnished by a person authorized by the laws of the State to do so.

(23) “PRN” (“pro re nata”) means the administration of medication on an as-needed basis rather than according to a prescribed schedule.

(24) “Rectal medication” means any prescribed medication, capsule, enema or suppository to be administered via the rectum.

(25) “Supported living services” means the provision of supports necessary for an adult who has a developmental disability to establish, live in, and maintain his or her own household in the community.

(26) “Supervised self-administered medication” means direct, face-to-face observation of a client during the client’s self-administration of medication and includes instruction or other assistance necessary to ensure correct self-administration of the medication.

(27) “Topical medication” means a salve, lotion, ointment, cream, shampoo or solution applied locally to a body part.

(28) “Transdermal patch” means an adhesive patch containing a pre-measured amount of topical medication that is absorbed into the body via the epidermis (outer layer of skin) at a fixed rate.

(29) “Unlicensed” means, for purposes of this rule, not authorized, certified, or otherwise permitted by other Florida law to administer medication or to supervise self-administration of medication.

(30) “Validation” means an unlicensed direct service provider’s demonstration of competency in administering or supervising self-administration of a medication to a client, certified by a licensed, registered nurse or licensed physician following the provider’s successful completion of an Agency-approved medication administration training course.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History—New 3-30-08.

65G-7.002 Determining Need for Assistance; Informed Consent Requirement.

(1) An Agency client’s need for assistance with medication administration or ability to self-administer medication without supervision must be documented by the client’s physician, physician assistant, or Advanced Registered Nurse Practitioner, licensed under Chapter 464, 458, or 459, F.S., to practice in the State of Florida, on an “Authorization for Medication Administration,” APD Form 65G7-01, (3/30/08), incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257.

(2) A client who is authorized, as provided above, to self-administer medication without supervision shall be encouraged to do so. The medication assistance provider shall assist the client by making the medication available and reminding the client to take medication at appropriate times.

(3) The medication assistance provider must maintain a current Authorization form, reviewed by the client’s physician, physician assistant, or ARNP at least annually and upon any change to the client’s medical condition or self-sufficiency which would affect the client’s ability to self-administer medication or to tolerate particular administration routes.

(4) An unlicensed provider is not authorized to administer medication or assist a client with self-administration of medication unless he or she has successfully completed an Agency-approved medication administration training course and has obtained a current validation.

(5) In addition to an executed Authorization for Medication Administration and before providing a client with medication assistance, a provider must also obtain from the client or the client's authorized representative an "Informed Consent for Medication Administration" APD Form 65G7-02 (3/30/08) incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257. The Informed Consent form must contain a description of the medication routes and procedures that the medication assistance provider is authorized to supervise or administer.

(6) The medication assistance provider may not also act as the client's health care surrogate or proxy, or sign the Medication Administration Informed Consent form referenced above. Providers or other facility staff may witness the execution of the form.

(7) A medication assistance provider will limit his or her assistance to the minimum necessary to ensure proper administration or self-administration of the medication while preserving the client's independence.

(8) The requirements of this rule chapter do not apply to the following:

(a) Health care practitioners whose professional licenses include administration of medication;

(b) Client family members or friends who provide medication assistance without compensation, as permitted by Section 464.022(1), F.S.;

(c) Providers employed by or under contract with State Medicaid intermediate care facilities for the developmentally disabled, regulated through Chapter 400, Part VIII, F.S., providers employed by or under contract with licensed home health agencies regulated under Chapter 400, Part III, hospices regulated under Chapter 400, Part IV, or health care service pools regulated through Chapter 400, Part IX, F.S., or providers employed by or under contract with assisted living facilities regulated through Chapter 429, Part I, F.S.; and

(d) Clients authorized to self-administer medication without assistance or supervision, as documented by an executed Authorization, APD Form 65G7-01 (3/30/08) incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History—New 3-30-08.

65G-7.003 Medication Administration Training Course.

(1) Medication administration training courses not offered through the Agency must be approved by the Agency in order to provide qualification for validation. To obtain Agency approval, a course provider must submit an application on a "Medication Administration Provider/Course Approval Form," APD Form 65G7-03 (3/30/08) incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257. Course providers offering medication administration training at the time this rule is adopted shall have 180 days from the effective date of the rule to request and receive Agency approval for their course, during which time they may continue to offer the training.

(2) The application must include the following information: the total number of training course hours; a course syllabus; a detailed outline of the contents of the course; and the names, qualifications, and license numbers of all proposed instructors known at the time of the application.

(3) If the Agency denies an application for course approval, it will identify the reasons for the denial in writing. A course may be resubmitted to the Agency with modifications.

(4) Only licensed registered nurses or Advanced Registered Nurse Practitioners may conduct training courses for medication administration assistance certification.

(5) Medication administration training courses must provide training curriculum and step-by-step procedures covering, at a minimum, the following subjects:

(a) Safe storage, handling, and disposal of medications;

(b) Comprehensive understanding of and compliance with medication instructions on a prescription label, a health care practitioner's order, and proper completion of a MAR form;

(c) The medical indications and purposes for commonly used medications, their common side effects, and symptoms of adverse reactions;

(d) The proper administration of oral, transdermal, ophthalmic, otic, rectal, inhaled or topical medications;

(e) Safety and sanitation practices while administering medication;

(f) Medication administration documentation and record-keeping requirements;

(g) Medical errors and medical error reporting;

(h) Determinations of need for medication administration assistance and informed consent requirements;

(i) Procedural arrangements for clients who require medication offsite; and

(j) Validation requirements.

(6) Medication administration courses may be administered either through web-based distance learning or in a traditional classroom setting, utilizing an Agency or Agency-approved medication administration training curriculum.

(7) A course provider applying for Agency approval of web-based distance learning must submit documentation indicating the following:

(a) The means by which the course will demonstrate interactivity between the student and course provider within a maximum of 24 hours, which interactivity promotes student involvement and demonstrates that the course measures learning and addresses comprehension of content at regular intervals;

(b) The means by which the course provider is able to monitor student enrollment, participation, and course completion;

(c) The means by which the course provider will be able to satisfactorily demonstrate that stated course hours are consistent with the actual hours spent by the student to complete the course;

(d) The means by which the provider will assure qualified instructors will be available to answer questions and provide students with necessary support during the course; and

(e) A requirement that the student complete a statement at the end of the course indicating that he/she personally completed each module/session of instruction.

(8) Each medication administration course must consist of a minimum of four hours of instruction and classroom courses must be limited to no more than 20 participants for each class.

(9) Any change to an approved course curriculum or protocol requires new agency approval for that course.

(10) The Agency shall assign to approved courses a course number that the course provider must display in the course syllabus and all other materials used in connection with the course.

(11) The Agency may deny or withdraw course approval for any of the following acts or omissions:

(a) Obtaining or attempting to obtain course approval through fraud, deceit, false statements, or misrepresentation of material facts, whether such statements are made knowingly or negligently;

(b) Failure to provide complete and accurate information in the initial application for approval or in any notification of change in information;

(c) Failure to notify the Agency within six weeks of a change in the information required for course approval;

(d) Falsification of any records regarding the course conducted by the provider or persons attending the course;

- (e) Failure to maintain any required records regarding the course conducted by the provider or persons who attended the course;
- (f) Failure to maintain the course curriculum in the format and content approved by the Agency;
- (g) Advertisement or administration of the course before the date it is approved by the Agency;
- (h) Administration of course training by instructors not licensed as registered nurses or Advanced Registered Nurse Practitioners;
- (i) Failure to maintain records of course administration and attendance.

(12) As a prerequisite to validation as a medication assistance provider, the applicant must achieve a score of at least 80% on an agency provided or agency-approved medication administration training course exam. Upon successful completion of the examination, the course provider shall issue the examinee a certificate containing the name of the provider, the course number, date(s) of course administration, name of the student and, for classroom-based courses, the name and signature of the course instructor.

(13) Medication assistance providers must maintain proof of certification and validation. Employers of medication administration assistance providers also must maintain a copy of the certificate and proof of current validation for each employee providing medication assistance.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History—New 3-30-08.

65G-7.004 Validation Requirements.

(1) An unlicensed provider applying for validation as a medication assistance provider must be assessed and validated at least annually, through demonstration, as competent to administer medication or to supervise the self-administration of medication. Successful completion of an Agency-approved medication administration course is a prerequisite to an assessment of competency validation.

(2) Only a registered nurse licensed pursuant to Chapter 464, F.S., or a physician licensed pursuant to Chapter 458 or 459, F.S., may validate the competency of an unlicensed direct service provider to provide medication administration assistance.

(3) The applicant for validation must complete an on-site assessment with 100% proficiency documented on a "Validation Certificate," APD Form 65G7-004 (3/30/08) incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257. The form must contain the following information:

- (a) The name and address of the applicant being validated and, if an employee, the name of the employing entity;
- (b) The date of assessment and validation;
- (c) A description of the medication routes and procedures that the applicant is authorized to supervise or administer;
- (d) Any limitations on the applicant's validation to administer medication, such as limitations on validated routes of medication administration;
- (e) The printed name and original signature of the validating nurse or physician as it appears on his or her license; and
- (f) The validating nurse or physician's license number and license expiration date.

(4) Successful assessment and validation requires that the applicant demonstrate in an actual on-site client setting his or her capability to correctly administer medication and supervise the self-administration of medications in a safe and sanitary manner as required by this rule chapter, including a demonstration of the following proficiencies:

- (a) The ability to comprehend and follow medication instructions on a prescription label, physician's order, and properly complete a MAR form;
- (b) The ability to administer medication by oral, transdermal, ophthalmic, otic, rectal, inhaled, or topical administration routes;
- (c) The ability to obtain pertinent medication information, including the purpose of the medication, its common side effects, and symptoms of adverse reactions to the medication, either from the package insert that

comes from the pharmacy, or a Physician's Desk Reference or other professionally recognized medication resource, and maintaining this information for easy access and future reference;

(d) The ability to write legibly, convey accurate information, and comply with medication administration record-keeping requirements;

(e) Knowledge of the proper storage and handling of medications;

(f) Knowledge of proper disposal of expired or unused medications;

(g) Knowledge of special requirements relating to storage and disposal of controlled medications;

(h) Requirements for obtaining authorizations for assistance with medication administration, authorization for self-administration of medication without supervision, and informed consent for medication assistance; and

(i) Adequate training on the correct positioning and use of any adaptive equipment or use of special techniques required for the proper administration of medication.

(5) When a client is prescribed a medication requiring an administration route for which the medication assistance provider has not been validated, the provider must obtain an assessment and validation for that specific administration route before administering the medication to the client.

(6) A medication assistance provider must be re-validated annually within the 60 days preceding the expiration of his or her current validation. An unlicensed provider may not under any circumstances administer or supervise the self-administration of medication before receiving validation or following expiration of an annual validation.

(7) Medication assistance providers who fail to acquire re-validation before the expiration of the current validation must retake the medication administration training course and obtain current validation before assisting with the administration or self-administration of medication.

(8) Any employer or contractor who offers medication assistance provider services is responsible for maintaining a record of the provider's training certification and annual validation and for making such records available for Agency review upon request.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History—New 3-30-08.

65G-7.005 Medication Administration Procedures.

(1) Upon certification and validation as provided by this rule chapter, unlicensed providers are authorized to assist with the administration of prescribed medications via the following medication routes:

(a) Oral;

(b) Transdermal;

(c) Ophthalmic;

(d) Otic;

(e) Rectal;

(f) Inhaled; and

(g) Topical.

(2) A validated medication assistance provider must comply with the following requirements:

(a) Before providing any medication assistance, become familiar with the client's medical history and medication background and locate the name and contact numbers of the client's prescribing practitioner for consultation regarding the prescribed medications;

(b) Perform appropriate hand sanitation measures before providing medication assistance, with repeated sanitization as needed during medication administration;

(c) Assist only one client at a time with medication administration in a quiet location free from distraction;

(d) Following medication administration or assistance with self-administration, return each client's medication to its portable or permanent medication storage location before assisting another client;

(e) Limit administration, or assistance with self-administration, to medications prescribed in writing by the client's health care practitioner and properly labeled and dispensed in accordance with Chapters 465 and 499, F.S.;

(f) Immediately report torn, damaged, illegible, or mislabeled prescription labels to the dispensing pharmacist or health care practitioner and, if a client is residing in a residential facility, notify the facility supervisor;

(g) Check the directions and expiration date of each medication to ensure that expired prescription medications or those no longer prescribed are not administered;

(h) Verify that the correct medication is administered to the correct client, at the correct time, with the correct dosage, by the correct route, and for the correct reason, as prescribed by the health care practitioner;

(i) Observe complete ingestion of oral medication before leaving the client and before recording or documenting the administration of the medication on the MAR;

(j) Record the date, time, dosage, and name of each medication in the MAR immediately following administration and sign the entries;

(k) Observe the client directly for a minimum of 20 minutes following the first three doses of a new or PRN medication in order to detect and respond immediately to potential side effects, unless ordered differently by the prescribing health care practitioner, and review the MAR for any special instructions by the prescribing practitioner regarding required observations.

(3) A medication assistance provider may not assist with the administration of any OTC medication or medication samples without a written order by the client's primary care physician or Advanced Registered Nurse Practitioner.

(4) Medications may not be crushed, diluted, or mixed without written instructions from the prescribing health care practitioner in the MAR.

(5) The medication assistance provider is responsible for ensuring that the prescription for a medication is promptly refilled so that a client does not miss a prescribed dosage of medication. If the medication assistance provider is not responsible for routine refills of a medication, he or she shall notify the provider responsible for refilling the client's prescriptions that the client is in need of medication and document this notification.

(6) The medication assistance provider may not assist with PRN medications, including OTC medications, unless a health care practitioner has provided written directions for the medication. The provider must attach to the client's MAR a copy of the prescription or order legibly displaying the following information:

(a) The name of the medication;

(b) The prescription number, if applicable;

(c) The prescribed dosage; and

(d) Specific directions for use, including the medical basis for the medication, the time intervals for administration, the maximum number of doses, the maximum number of days that the medication should be administered, and conditions under which the health care practitioner should be notified.

(7) A medication assistance provider may not perform the following acts of assistance:

(a) Prepare syringes for a client's use during the self-administration of medication via a subcutaneous, intra-dermal, intra-muscular or intravenous route;

(b) Administer, or supervise self-administration of, medications that are inserted vaginally, administered enterally, or administered via a tracheostomy;

(c) Mix or pour medications administered through intermittent positive pressure breathing machines or nebulizers, unless the medication assistance provider and client who self-administers medication with supervision have received one-on-one, step-by-step, training in the proper use and maintenance of such

equipment from a certified equipment technician, respiratory therapist, or a registered nurse, with documentation in the client's file of the date of training, the name and qualifications of the persons providing the training, and a description of the breathing equipment that was the subject of the training;

(d) Administer medications via a subcutaneous, intra-dermal, intra-muscular or intravenous route;

(e) Perform irrigation of partial or full thickness wounds (such as vascular ulcers, diabetic ulcers, pressure ulcers, surgical wounds) or apply agents used in the debridement of necrotic tissues in wounds of any type; and

(f) Assist a client with medications for which the health care provider's prescription does not specify the medication schedule, medication amount, dosage, route of administration, purpose for the medication, or with medication which would require professional medical judgment by the medication assistance provider.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History—New 3-30-08.

65G-7.006 Medication Errors.

(1) A "medication error" is any of the following actions:

(a) Administration of a wrong medication;

(b) Administration of a wrong dose;

(c) Administration of medication via the wrong route;

(d) Administration of medication for any symptom, illness, or reason other than the one for which the medication was prescribed;

(e) Failure to administer medication or assist with self-administration within 60 minutes of the prescribed dosage time;

(f) Administration of a medication, or the provision of a self-administered medication, to the wrong client;

(g) Failure to immediately and accurately document administration on the MAR;

(h) Failure to fill newly prescribed medications within twenty-four hours of receipt of the prescription;

(i) Failure to promptly refill current medications, resulting in one or more missed doses of medication;

(j) Administration or assistance with self-administration of an expired or improperly labeled medication; and

(k) Failure to conduct an accurate medication count for controlled medications.

(2) Immediately following a medication error, the medication assistance provider or facility administrator must take the following steps:

(a) Notify any supervisory personnel;

(b) In the case of administration of a wrong medication or a wrong dosage, observe the client closely for a minimum period of 20 minutes after the medication was administered or self-administered, immediately report any observed changes in the client's condition to the prescribing health care practitioner, and call 911 to request emergency services if the client exhibits respiratory difficulty or other potentially life-threatening symptoms;

(c) Notify the client's prescribing health care practitioner of the error, request that the practitioner prepare and fax a medication directive addressing the error to the client's home, facility, or pharmacy, and document the client's health care practitioner's response; and

(d) Fully document all observations and contacts made regarding a medication error in a "Medication Error Report," APD Form 65G7-05 (3/30/08) incorporated herein by reference, and place a copy of the Report in the client's file. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257. An electronic copy of the form is available at <http://apd.myflorida.com/medication/forms>.

(3) If a medication error occurs in a facility, the medication assistance provider must submit copies of the Report to the facility administrator and to the Agency area office within 24 hours of discovering the error.

(4) If a medication error occurs in a client's home and the medication assistance provider committed the error, the provider must submit a Medication Error Report to the Agency area office within 24 hours of the discovering the error and maintain a copy of the report in the client's file or other location easily accessible for review.

(5) Following a medication count, the medication assistance provider must report a discrepancy in the accounting of controlled substances by 5:00 p.m. of the next business day following discovery of the error to the Area office and, if applicable, to the facility supervisor.

(6) If the Agency Medical Case Manager determines that a medication assistance provider's medication error justifies corrective action, including additional training, the Area Office will notify the provider in writing of the necessary corrective action plan, including a specific and reasonable timeframe for completion of the corrective action plan. If the medication assistance provider fails to comply with the corrective action plan, the Agency will revoke the medication assistance provider's validation, subject to the provisions of Chapter 120, F.S.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History--New 3-30-08.

65G-7.007 Storage Requirements.

(1) Medication assistance providers must observe the following medication storage requirements:

(a) Store each medication at the temperature appropriate for that medication, including refrigeration if required;

(b) Destroy any prescription medication that has expired or is no longer prescribed and document the medication disposal on a "Medication Destruction Record," APD Form 65G7-06 (3/30/08) incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257. Sign the Record before a third-party witness;

(c) Maintain medication samples in their original containers labeled by the dispensing health care practitioner with the client's name, the practitioner's name, and the directions for administering the medication. The medication assistance provider must initial and add to the label the date the medication is opened.

(d) Maintain OTC medications in their original stock containers.

(2) A residential facility or supported living client who does not require medication assistance or supervised self-administration may store his or her medication in secure, locked place within his or her room. However, a client's medications must be centrally stored and retrieved by the medication assistance provider if:

(a) The client's physician documents in the client's file that leaving the medication in the personal possession of the client would constitute a threat to the health, safety, or welfare of the client or others;

(b) The client fails to securely maintain the medication in a locked place;

(c) The medication assistance provider, facility administrator, or Agency determines that, based on the home's physical arrangements or the habits of other residents, the client's personal possession of medication poses a threat to the safety of others; or

(d) The client or the client's authorized representative requests that the client's medication be centrally stored.

(3) If the client requiring medication assistance is residing or receiving services in a facility setting, the medications must be centrally stored in a locked container in a secured enclosure.

(4) Either a licensed health care practitioner or medication assistance provider must securely maintain keys to the locked containers and storage enclosures containing controlled medications, and provide written procedural provisions for accessibility to medications in cases of emergency.

(5) Stored medications must be organized and maintained in a manner that ensures their safe retrieval and minimizes medication errors.

(6) Medications requiring refrigeration must be stored in a refrigerator. The medications shall be stored in their original containers either within a locked storage container clearly labeled as containing medications or in a refrigerator located in a locked, secured medication storage room.

(7) Each medication must be returned to its portable or permanent storage unit immediately following medication administration assistance.

(8) Controlled medication storage requires the following additional safeguards:

(a) The medications must be stored separately from other prescription and OTC medications in a locked container within a locked enclosure.

(b) For facilities operating in shifts, a medication assistance provider must perform controlled medication counts for each incoming and outgoing personnel shift, as follows:

1. The medication count must be performed by a medication assistance provider and witnessed by another medication assistance provider;

2. Both providers must verify count accuracy by documenting the amount of medication present and comparing that amount to both the previous count and number of doses administered between counts;

3. The providers must record the medication count on a "Controlled Medication Form," APD Form 65G7-07 (3/30/08) incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257. The form must be signed and dated by the providers verifying the count; and

4. Immediately document and report any medication discrepancies to the facility supervisor.

(c) For facilities with only one medication assistance provider per shift, the medication assistance provider must conduct, document, and sign a daily medication count on the Controlled Medication Form; and

(d) For facilities with no shifts, the medication assistance provider must conduct, document, and sign a controlled medication count at least once each day on the Controlled Medication Form, using the same counting and documentation technique described above.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History—New 3-30-08.

65G-7.008 Documentation and Record Keeping.

(1) An up-to-date MAR shall be maintained for each client requiring assistance with medication administration, except when the client is off-site. The medication assistance provider must document the administration of medication or supervision of self-administered medication immediately on the MAR, using either APD Form 65G7-00 (3/30/08), incorporated by reference at subsection 65G-7.001(12), F.A.C., or on an alternative MAR form that includes the following information:

(a) The client's name;

(b) Any client food or medication allergies;

(c) The name of each medication prescribed for the client;

(d) The medication strength (i.e., 5mg/ tsp);

(e) The prescribing health care practitioner for each medication;

(f) The date that the medication was ordered and any date the medication was changed (including D/C date);

(g) Prescribed dosage for each medication;

(h) Scheduled time of administration for each medication;

(i) Prescribed route of administration for each medication;

(j) Prescribed instructions for crushing, mixing or diluting of specific medications, if applicable;

(k) The dates each medication was administered;

(l) The initials and signature of the medication assistance provider who assisted with medication administration;

(m) A record of any medication dosage refused or missed, documented by the medication assistance provider responsible for administering the scheduled dosage, by drawing a circle around the appropriate space on the MAR form and initialing it; and

(n) The reasons for not administering a medication, annotated and initialed by the medication assistance provider in the comments section on the MAR form using the following system, or a comparable numbering and coding system containing the same information: 1 – home, 2 – work, 3 – ER/hospital, 4 – refused, 5 – medication not available (explain on back of MAR form), 6 – held by MD (explain on back of MAR), 7 – other (explain on back of MAR).

(2) Each client record must contain the following medication documentation readily available to the medication assistance provider and for Agency review upon request:

- (a) Completed MAR forms;
- (b) A list of potential side effects, adverse reactions, and drug interactions for each medication;
- (c) A record of drug counts for each controlled medication;
- (d) Written determination by the client's physician that the client requires assistance with the administration of his or her medications; and
- (e) The original Informed Consent form permitting a medication assistance provider to assist with the administration of medication.

(3) The validated medication assistance provider or the provider's employer must maintain documentation that the medication assistance provider has completed an approved medication administration course and is currently validated as competent to assist with the administration of medication.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History—New 3-30-08.

65G-7.009 Off-site Medication Administration.

(1) If a client will be away from a licensed residential facility or supported living home and requires during that time administration of medication by persons other than the medication assistance provider, the medication assistance provider must comply with the following requirements to assure that the client has appropriate medications during his or her absence:

(a) Provide an adequate amount of medication for administration of all dosages the client requires while away;

(b) Perform a count of the medication amounts provided to the client for administration during the absence and a second count of the medication amounts received upon the client's return;

(c) Record both medication counts in an "Off-site Medication Form," APD Form 65G7-08 (3/30/08), incorporated herein by reference. A copy of the form may be obtained by writing or calling the Agency for Persons with Disabilities, at 4030 Esplanade Way, Suite 380, Tallahassee, FL 32399-0950; main phone number (850) 488-4257.

(2) Medication may not be transferred from its original container to a weekly pill organizer or otherwise co-mingled unless the client's primary care provider determines that the client is able to self-administer that medication without supervision; in that case, only the client, the client's family member, or a legal guardian may transfer the medications from the original container.

(3) The medication assistance provider must provide the name and telephone number of a contact person and the name and telephone number of the client's prescribing practitioner to the person who will assist the client with medication administration while the client is offsite.

Specific Authority 393.501 FS. Law Implemented 393.506 FS. History—New 3-30-08

The 2008 Florida Statutes

Title XXIX
PUBLIC
HEALTH

Chapter 393
DEVELOPMENTAL
DISABILITIES

View Entire
Chapter

393.506 Administration of medication.--

- (1) A direct service provider who is not currently licensed to administer medication may supervise the self-administration of medication or may administer oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medications to a client as provided in this section.
- (2) In order to supervise the self-administration of medication or to administer medications as provided in subsection (1), a direct service provider must satisfactorily complete a training course of not less than 4 hours in medication administration and be found competent to supervise the self-administration of medication by a client or to administer medication to a client in a safe and sanitary manner. Competency must be assessed and validated at least annually in an onsite setting and must include personally observing the direct service provider satisfactorily:
- (a) Supervising the self-administration of medication by a client; and
 - (b) Administering medication to a client.
- (3) A direct service provider may supervise the self-administration of medication by a client or may administer medication to a client only if the client, or the client's guardian or legal representative, has given his or her informed consent to self-administering medication under the supervision of an unlicensed direct service provider or to receiving medication administered by an unlicensed direct service provider. Such informed consent must be based on a description of the medication routes and procedures that the direct service provider is authorized to supervise or administer. Only a provider who has received appropriate training and has been validated as competent may supervise the self-administration of medication by a client or may administer medication to a client.
- (4) The determination of competency and annual validation required in this section shall be conducted by a registered nurse licensed pursuant to chapter 464 or a physician licensed pursuant to chapter 458 or chapter 459.
- (5) The agency shall establish by rule standards and procedures that a direct service provider must follow when supervising the self-administration of medication by a client and when administering medication to a client. Such rules must, at a minimum, address requirements for labeling medication, documentation and recordkeeping, the storage and disposal of medication, instructions concerning the safe administration of medication or supervision of self-administered medication, informed-consent requirements and records, and the training curriculum and validation procedures.

History.--s. 1, ch. 2003-57; s. 113, ch. 2004-267; s. 1, ch. 2006-37; s. 16, ch. 2006-197; s. 11, ch. 2008-244.

