

# MEDICATION ADMINISTRATION

2022

LENAWEE COMMUNITY MENTAL  
HEALTH AUTHORITY



To be eligible to pass medications, you must:

- Have a current Medication Administration Certificate

Certificates expire one year after the date on the certificate.

To renew a current certificate:

- Pass a Refresher test – must present current certificate or
- Full class and pass full test

You may NOT pass medications if:

- Your certificate has expired or
- You do not have a copy of the current certificate

If you do NOT have a current certificate:

- Full class and full test



# Welcome to Medication Training

After completion of this course, you will  
take a 2-part exam and need to pass  
with 90% or higher

## All home staff will need additional training to be able to do:

- Glucometer testing
- Monitoring subcutaneous injections
- Tube feedings
- Special diet changes
- Simple wound care

Additional training  
may be required (not  
provided in this course)

### You will find:

- Practice problems to transcribe
- Extra MAR's to print out
- Study tool
- Manual
- Slide Show

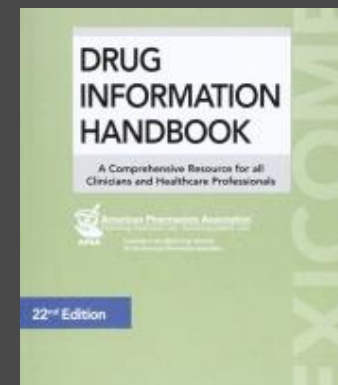
# Resources for after class:

[www.lcmha.org](http://www.lcmha.org)

- Services
- For Providers
- Go down the page to: LCMHA Medication Administration Trainings

- Michigan State Department of Community Health & Human Services governs medication administration
- Most settings require newly medication trained staff to pass medications with supervision a certain number of times before passing independently
- Prior to passing medications staff must know the purpose of each medication and its side effects
- Approved resources for medication information:
  - Registered Nurse
  - Medical provider
  - Pharmacy
  - Medication book/app
  - Poison Control – 1.800.222.1222
  - [www.dailymed.nlm.nih.gov](http://www.dailymed.nlm.nih.gov)

# Things to know before administering medications





**Medication errors are a serious matter and must be reported to:**

- Recipient Rights, by completing an Incident Report
- The doctor who prescribed the medication
- Your Supervisor

# Safety when administering medications

Policies and procedures

Staff need to know and follow relevant policy

- People receiving services have a wide range of needs related to medication administration
- The IPOS will help determine your role
- The needs could range from:
  - Assisting with self-medication
  - Monitoring self-medication
  - Administering medications (full support)

# Know the goals from the IPOS



- Ask if medications were taken
- Prompt to take medication
- Check if medications were taken
- Know the medication side effects
- Make sure enough medication is available
- Document any side effects or other items identified in the IPOS

# Assisting with self-medication





- Perform medication counts to ensure they are taken properly
- Know the medication effects and side effects
- Observe for any side effects
- Make sure all supplies or equipment are available
- Document effects and/or other items identified in the IPOS

## Monitoring self-medication

- Know the medication effects and side effects
- Know how to set up medications accurately and safely
- Observe for any side effects
- Make sure all supplies or equipment are available
- Document effects and/or other items identified in the IPOS



# Providing full support

If a client expresses an interest in learning more about their medications or becoming more independent, contact the Case Manager



# Medications

- A doctor's order and prescription are required for over the counter medications. Example: *Tylenol, triple antibiotic ointment, Benadryl, MOM*
- Over the counter medications do not require a pharmacy label
- Over the counter medications **do need** the following information on the bottle, in permanent ink, be sure to write in an open area:
  - Date the bottle was opened
  - Initials of the client whose medication it is



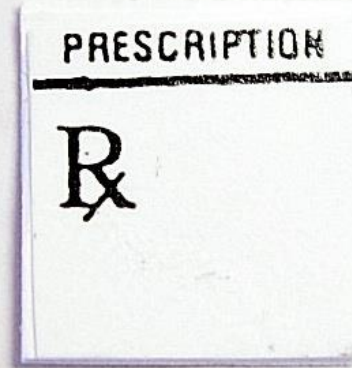
# Over the counter medications

- Over the counter medications expire 1 year from the time they are opened
- Or, if it is before the one year after the bottle was opened – follow the expiration date on the bottle
- Over the counter medications and prescription medications (all meds) are disposed of in the same manner.



# Over the counter medications

- Prescription medication is dispensed only by licensed pharmacies
- Prescription medication expires on the date indicated on the bottle



# Prescription medication

Requires a prescription ordered by a licensed physician, dentist, nurse practitioner or physician's assistant



# Controlled Drugs

Controlled drugs are counted because they have a high potential for abuse

*Ex. Ativan; Ritalin, Ambien/Diastat*

- Controlled medications **MUST** be counted and documented:
  - When they are received from the pharmacy (med passer and witness)
  - At shift change (on-coming and off-going med passers count at the same time)
  - When the medication is passed (med passer and witness)
  - Two staff **ALWAYS** count the medications and document at the same time
- If a controlled drug has been discontinued, it must still be counted until it is disposed of

# Controlled drugs

Must be stored in a “double locked” area



- If the count is not correct the staff MUST:
  - Check the standing and PRN med sheets
  - Check the disposal log
  - If it is not correct, notify your Supervisor, who will notify the Case Manager, complete an Incident Report, and follow providers policy

# Controlled Drugs

# Control Medication Count Sheet

## Control Medication Count Sheet

Client Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 Medication: \_\_\_\_\_  
 Directions: \_\_\_\_\_  
 Prescriber: \_\_\_\_\_ Original Order Date: \_\_\_\_\_

DATE	AMOUNT AVAILABLE	AMOUNT PROVIDED	AMOUNT REMAINING	SIGNATURE #1	SIGNATURE #2

- Correctly document on the Controlled Count Sheet that you passed 2 tablets on the 1<sup>st</sup> of the month (shown on the next slide)
- Refer to p.8 in the Medication Administration booklet.

# Control Medication Count Sheet

You have Ativan 0.5mg with 30 tablets in the bottle and you need to pass 2 tablets.

(Ativan 0.5mg, Take 2 tablet PRN for agitation).

Client Name: Billy Bob ID: 4065

Medication: Ativan 0.5mg Dose: 2 tablets

Directions: Take 2 tablets PRN for agitation (every 4 hours PRN)

Prescriber: Dr. Pepper Original Order Date: 12/1/2017

Pharmacy: CVS RX Number: 322

DATE	AMOUNT AVAILABLE	AMOUNT PROVIDED	AMOUNT REMAINING	SIGNATURE #1	SIGNATURE #2
12/1/2017	30	0	30	<i>Sandy Pines</i>	<i>Kim Sonew</i>
12/1/2017	30	2	28	<i>Your Signature</i>	<i>A witness</i>

- A copy of the prescription from the most recent:
  - Doctor appointment
  - Hospital Discharge
  - Other appointment

MUST be kept onsite to reference when transcribing the medication onto the medication sheet, checking the transcription or passing medications

This applies to **ALL** prescription medication and over-the-counter medication

- Prescriptions must state the exact dose of medication ordered for prescription and over the counter medications

# Prescription copies

All medications require a prescription



- Should be taken whole unless a physician order states that it should be sprinkled into two ounces or less of food
- Always inform the client that their medication is in the food. Never try to trick a client into taking their medication.

# Forms of medication

## Capsules

True or False?  
The medication below is enteric coated?



# Forms of medication

Enteric Coated  
*(cannot crush)*



- Which tablet below is scored?



# Forms of medication

## Scored Tablets





# Forms of medication

Dissolvable Tablets

(keep in original package)

The package will indicate if the tablet dissolves on top of, or under, the tongue



# Forms of medication

Topicals



# Forms of medication

Suppositories

Melt at body temperature

For insertion into the vagina or rectum

- Syrups



- Suspensions



- Elixirs



- Measured at eye level on a flat surface
- Pour from unlabeled side
- Use only appropriate measure devices



- If medication comes with a measuring device – use only that

# Forms of medication

## Liquids

In Lenawee County ONLY professional staff or the client, after special training, will administer injections.

- *Intramuscular – injected into a muscle*  
- Antibiotics
- *Subcutaneous "Sub Q" – injected under the skin*  
- Insulin



# Forms of medications

## Injections



# Forms of medication

Inhaler

Delivers medication to the lungs

*Read and follow directions for the specific inhaler*



# Forms of medication

Patch

Placed on the skin to deliver medication into the body for controlled release of medication



**Keep the tip and lid sterile to reduce contamination or injury, wear gloves**



# Forms of medication

Drops (Eye, Ear & Nose)

Ointments for the eyes



# HANDOUTS in your manual

Pages 14-16

- Topical medications
- Eye drops and ointment
- Rectal and vaginal suppositories

# How medications work in the body

- **Local action**
  - Targets a specific area of the body
- **Systemic action**
  - Can potentially affect the whole body

Can you think of examples for each?

- Therapeutic effects – desired response
- Side effects – unintended response
- Adverse effects – harmful response
- Contraindication – inadvisable for use

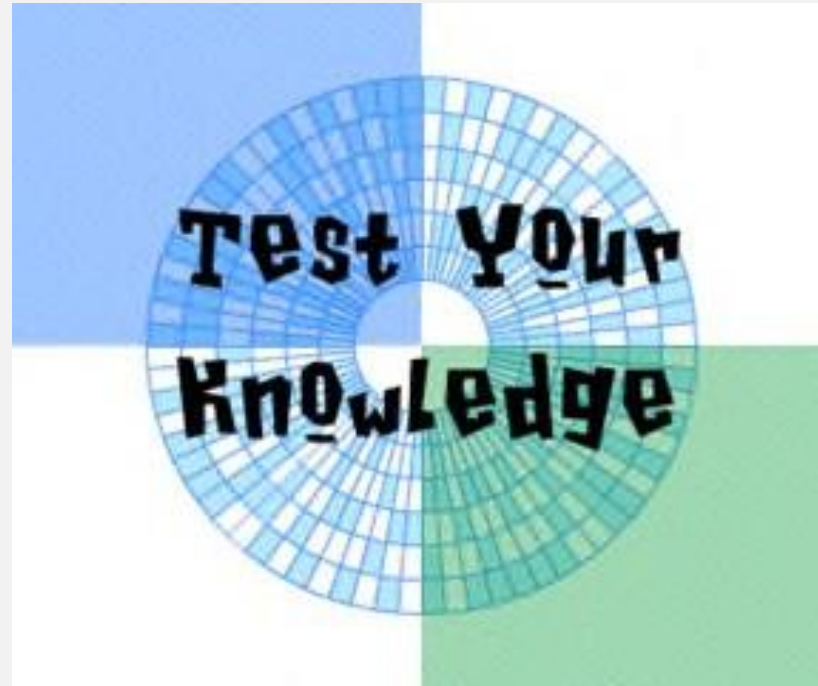


# Response to Medication

- Children and aging people may react more sensitively to medication and should be monitored closely for possible side effects
- Children may have a paradoxical (opposite) effect to a medication, especially the first time it is taken
  - Benadryl ordered to decrease anxiety or help a child sleep, may cause hyperactivity or hallucinations

# Response to Medication

# POP QUIZ!



# Which term is being described below?

1. Benadryl, ordered to relieve allergy symptoms, also caused mild drowsiness is an example of a \_\_\_\_\_.
2. Jimmy will never take an antibiotic, he had a serious allergic reaction which means the antibiotic is now \_\_\_\_\_.
3. Tylenol is ordered to bring a fever down. The \_\_\_\_\_ of the Tylenol is fever reduction.
4. Zyprexa caused a whole body rash and difficulty breathing, this is an example of an \_\_\_\_\_ effect.
5. Benadryl ointment resolved an itchy bee sting. The Benadryl had a \_\_\_\_\_.
6. When a medication is swallowed, enters the blood stream and is circulated to all of the cells in the body, it is having a \_\_\_\_\_ action.

## *Terms to pick from:*

- *Local Action*
- *Therapeutic Action*
- *Side Effect*
- *Contraindicated*
- *Systemic*
- *Adverse*

- All medications must be in the original container in a locked med box
- Meds requiring refrigeration need to be in a locked box in the refrigerator
- External medications such as ointments and creams, drops, shampoo, need to be stored separately from oral medication in the locked medication cabinet.



# Storage of medications

## Locking Medication Boxes

- Should never be placed over heated areas (temperature extremes change the properties of medications)
- Should only be used for medications
- Should be kept locked at all times and be organized and clean
- Should have adequate lighting

The key to medication boxes and cabinets must be kept by the person passing medications



# Storage of medications

## Medication Cabinets

Remember – controlled drugs, narcotics, must be double locked



- Right Person
- Right Medication
- Right Dosage
- Right Time
- Right Route
- Right Documentation

# The 6 Rights of Medication Administration

- Look at a picture of the client
- Ask an experienced staff
- Ask client their name
- Ask client their birth date
- Client shows you a photo ID

# Right Person

You must use two ways to positively identify the client **before** you administer medication

- When transcribing a transcription:
  - Compare a copy of the prescription with the written physician order, and the bottle label – all three must match before you can do the transcription
- When double checking a transcription:
  - Compare the copy of the prescription with the written physician order, the medication bottle label and the transcription. All four must match before you can document that the transcription is accurate
- When setting up a medication to pass:
  - Compare the transcription with the medication bottle label and the most current copy of the prescription. All three must match before you can set up the medication

# Right Medication

- Oral medication
  - The strength of medication in one pill/capsule is measured in:
    - Milligrams (mg)
    - Grams (gm)
    - International units (IU)

# Right Dosage

The dosage of a medication is how much is given at one medication time

The strength is measured in:

- Milligrams (mg)
- Grams (gm)
- IN
- Milliliters (ml)

Example:

you put one:

- aspirin 325mg tablet in 5ml of water and stir until it dissolves
  
- You will have – aspirin suspension 325mg/5ml

Both mg and ml are needed to know how much medication to give.

# Right Dosage

## Liquid Medication



- It is very important that medications are administered as close as possible to the prescribed time
- This will ensure a constant therapeutic level of medication in the blood stream; therefore, the client will be receiving the most benefit from the medication.

## Right Time

The right time is when the medication is due to be administered

What is the medication administration window?

- Medications must be given by the route indicated in the doctors order and on the medication label.
- How the medication is given determines the amount of the medication that reaches the bloodstream or other body systems within a specified time.

# Right Route

The way the medication is administered into the body is called the route

- ✓ Check the med book – what medication does the client get now?
- ✓ Check the date and initial box to be sure the medication has not already been passed
- ✓ Clear and clean the area
- ✓ Wash hands
- ✓ Check the MAR for allergies and compare with medications to be given
- ✓ Check one medication bottle label with the most recent copy of the prescription and the transcription
- ✓ You are checking/comparing the 6 Rights:
  - ✓ Person
  - ✓ Medication (including the strength)
  - ✓ Dose
  - ✓ Route
  - ✓ Time
  - ✓ Documentation

# Medication Administration Procedure

Home staff administration of  
medication



- ✓ Repeat the checking/comparing **THREE** times:
  1. When the med bottle is taken from the cabinet
  2. When the med is put from the bottle to the bottle lid
  3. Right before the med bottle is returned to the cabinet
- ✓ Dump the medication from the bottle lid into the med cup
- ✓ Return medication to the cabinet
- ✓ Repeat for all medications consumer is ordered to receive at this time
- ✓ Be sure all bottles of medications are in the medication cabinet and lock it
- ✓ Positively identify the client – using 2 methods
- ✓ Check that the client has 8 ounces of water to take pills with
- ✓ Stay with the client and observe while they swallow the medication

# Medication Administration Procedure

- ✓ Document on the med sheet (MAR)
- ✓ Clean hands
- ✓ Set up next consumers medications

# Medication Administration Procedure

- Never touch any medication with your bare hands.
- Pour pills/capsules into the lid, get the correct number of pills in the lid, and then pour them into the med cup
  - If medication falls onto the clean counter, trained staff may pick up the pill with a gloved hand
  - If medication falls onto the floor, it must be disposed of in the approved manner.
- Pour liquids from the unlabeled side of the bottle at eye level
- Put a dot in the box to indicate you have put the pill in the med cup.
- Always wear gloves to pass rectal, vaginal, eye drops, nose drops, ear drops or topical medications

# Medication Administration

- Minimize distractions – do not take phone calls or have casual conversations
- Prepare and administer one consumer's medication at a time
- Follow any special directions on the bottle label
- Offer the client privacy
- Explain to the consumer that this is the medicine that the doctor ordered for them
- Consumers have the right to refuse any medication or treatment
- Never give one client's medication to another client
- Only administer medication that is in the original container
- Only administer medication that you have prepared
- Never take your eyes off the medications

# Medication Administration

Always provide for the client's privacy

- Put your initials in the appropriate box after you observe the consumer swallow the medication or complete the treatment
  - Your initials in the date box indicate the medication was passed in the medication window (1/2 hour before and after the time on the med sheet).
- You must have a written physician order to change the medication administration window (1/2 hour before and after the time on the medication sheet).
  - Put a star in the initial box, flip the med sheet over and write the date, what meds were due at what time, why they weren't passed at the scheduled time, what time they were passed and sign.
- If a medication is not passed, for any reason:
  - Star the initial box
  - Write on the back of the med sheet:
    - Date, time the med should have been passed, what happened, why, and sign.
    - Complete an Incident Report and inform your Supervisor who will inform the LCMHA Case Manager

# MAR Documentation

- Sign all of the medication sheets with your signature and initials
- If you make an error when documenting
  - Never use white-out or try to scribble out anything on a med sheet
  - Put one line through the mistake and write "error" above it with your initials
- Never throw away a med sheet that has initials from when medications were passed already filled in
- Only use pen to document on a med sheet. It is a legal record, so it must be documented in a permanent manner
- Only the person who set up and administered the medication can put their initials in the appropriate box on the medication sheet

# MAR Documentation

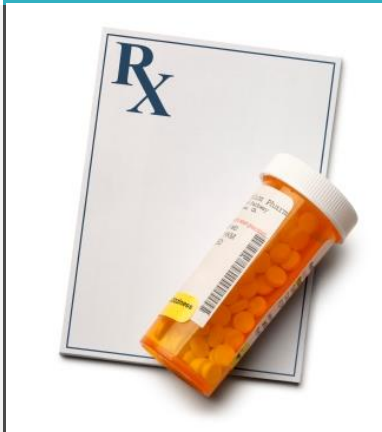
# Missed Medication Form

Medication Strength, Dose, Time given	Directions
<i>Celexa 10mg 1 tablet by mouth every morning</i>	a. Call for directions immediately b. Give up to <b>3</b> hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other
	a. Call for directions immediately b. Give up to _____ hours late, after that call for directions c. Omit dose, resume medication at next scheduled dose d. Omit dose, notify MD office e. Other _____

- Make sure the client has enough medications at all times!
- It is the responsibility of staff passing meds to obtain refills or new medication
- Update MAR's as needed for new meds

### Not enough Medication to pass?

- ✓ If there are refills indicated on the bottle label, call the pharmacy
- ✓ If no refills indicated on the bottle, call the physician's office and explain that you need a refill
- ✓ Complete an Incident Report
- ✓ Contact your Supervisor
- ✓ Obtain the meds ASAP



# Refills and New Prescriptions

Meds given for only a specific amount of time, such as antibiotics, need to be counted when received, to be sure there are enough for the complete dose





- Seizures
- Unconsciousness
- Difficulty breathing
- Any other life-threatening situation

## Do Not Give the Medication If:

A client shows a dramatic change in status such as:

- Offer encouragement, give honest information
- Offer up to three (3) times in the medication time-frame, before documenting as “refused”
- It is not a “medication error” if the client refuses

If the client refuses the medication and the medication window is over:

- ✓ Put a star in the initial box and write on the back of the med sheet
  - ✓ Date; time meds were due; why medications were not passed; your initials  
*9/1/19 8:00am; meds not passed.  
Consumer refused. S.L.*
- ✓ Complete an Incident Report. The Home Manager will inform the Case Manager



# Refusal of Medications

Never force someone to take medication

Clients do have the right to refuse

- Call Poison Control and follow their directions

- For all medication errors:

- Inform the Home Manager, who will inform the Case Manager
- Complete an Incident Report
- Inform the prescribing doctor



# Medication Errors

If it is an emergency situation –  
someone took another persons  
medication:

## !!REMEMBER!!

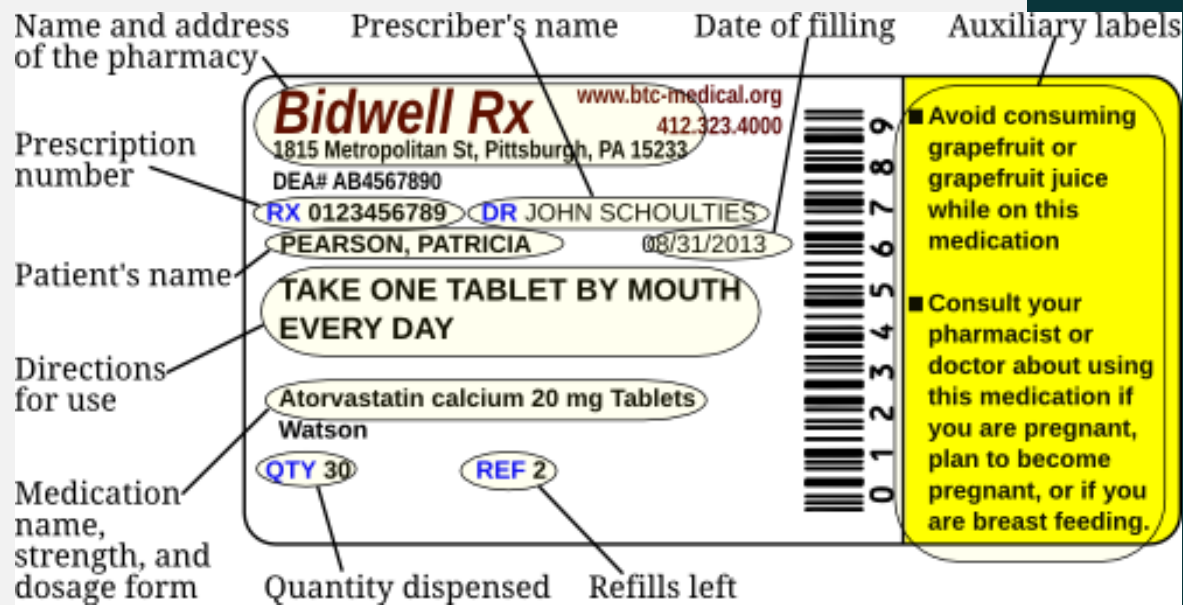
Home staff may not take verbal orders from anyone, You may:

- ✓ Ask them to fax the order to the home/apartment if a fax machine is available
- ✓ Ask them to call the order in, or transmit it electronically, to the pharmacy and you can get a copy of the order from the pharmacy
- ✓ Follow the provider policy if needed



# Medical Orders

If the doctor, dentist, PA, Nurse Practitioner, or Nurse calls your home to give you a new order:



- Pharmacy name and address
- Client's name
- Name of the medication and strength
- Dosage
- Date the prescription was most recently dispensed
- Directions for use
- Physician's name
- Amount dispensed

# Pharmacy Label

Must be legible

- Put the sample medications in a zip lock bag
- Write, on the zip lock bag, in permanent ink:
  - The consumer's name
  - Medication name
  - Amount of medication (number of pills in the baggie)

*Example: client name; Penicillin; 20 pills*

- Put a copy of the doctor's order in the zip lock bag. This will serve as the label the staff must check three times

# Sample Medications

Must be prescribed by a doctor, dentist,  
PA or Nurse Practitioner

1. You could do a label change if:
  - ✓ A med goes from standing to prn
  - ✓ The number of times it is taken during the day changes
  - ✓ The number of pills taken changes
2. Take a copy of the order or prescription and the medication bottle, including any extra back stock bottles, to the pharmacy
3. Medication bottle labels **MAY ONLY BE APPLIED BY THE PHARMACY**
4. Never write on the medication label
5. If the pharmacy cannot do a label change you will need to fill the new script.

# Medical Appointments

## Label Changes

- Treat the bottle of medication you have like a sample medication
- On the outside of a zip lock bag, write:
  - ✓ Consumer's name
  - ✓ Name of medication
  - ✓ # of pills in baggie
- Leave the medication in the original med bottle
- Place a copy of the new doctor's order in the baggie

## If a label change is not possible

The pharmacy does not do them, and the insurance will not pay for a new bottle of medication:



<b>Brand Name</b>	<b>Generic Equivalent</b>
<b>Motrin IB</b>	<b>Ibuprofen</b>
<b>Depakote</b>	<b>Valproic Acid</b>
<b>Haldol</b>	<b>Haloperidol</b>
<b>Zyprexa</b>	<b>Olanzapine</b>
<b>Prozac</b>	<b>Fluoxetine</b>
<b>Tegretol</b>	<b>Carbamazepine</b>

# Brand Name & Generic Medication

DAW = Dispense as Written



Not in  
**The Toilet**

- Resource for acceptable disposal:
- [www.dontflushdrugs.com](http://www.dontflushdrugs.com)



- Never dispose of medications where humans or animals may come into contact with them!

# Disposing of Medications

**\*Know the required method for your work site (policy) – *return to pharmacy, etc.***

- A physician's order for any discontinued medication should be on file in the person's record
- Contaminated, or expired medications do not require a physician's order, but do need to be replaced as necessary
- Document the discontinuation of a medication on the MAR: starting where the next dose would have been recorded
- Make other staff aware of the discontinuation of the medication



# Disposing of Medications

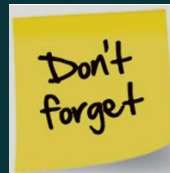
Disposal protocol for discontinued, contaminated or expired medications:

- Separate all medications that need to be disposed of in a separate lock box away from active and current medications until able to dispose

### Controlled Medication

- Use a Controlled Medication Form
- Need to have 2 signatures on the Controlled Medication Form for disposal
- Form is to be kept with the medication that needs to be disposed of, once medication is disposed, the form needs to be kept on site

# Disposing of Medications



Remember that discontinued medication can occur during any hospitalization or appointment, remember to update the MAR

- Psychotropic medications include medications for:
  - Anti-Anxiety
  - Anti-Depression
  - Anti-psychotics
  - Mood stabilizers
  - Medications intended to sedate for medical/dental visits
  
- A “Consent to Treat with Psychotropic Medication” must be obtained, signed by the guardian or client and be on file **prior** to passing.



# Psychotropic Medications

Psychotropic medications change the behavior of a person

# Medication Consent

## CONSUMER MEDICATION CONSENT

Consumer Name \_\_\_\_\_ Consumer ID \_\_\_\_\_

I understand that my doctor/nurse practitioner recommends the use of medication as part of my Person-Centered Plan. I understand that all medication may produce side effects, and that some side effects may be serious or permanent. I understand the importance of reporting side effects or unusual reactions to my prescriber. I have read and understood the written material explaining the medication I will be taking. I have had an opportunity to ask questions and have received full and complete answers.

Medication(s)	Dose range	Reason for Medication (place number(s) next to the proper symptom)		
1. _____	_____	<input type="checkbox"/> Depression	<input type="checkbox"/> Mania	<input type="checkbox"/> Stabilize Mood
2. _____	_____	<input type="checkbox"/> Anxiety	<input type="checkbox"/> Attention or Cognition Problems	<input type="checkbox"/> Insomnia
3. _____	_____	<input type="checkbox"/> Paranoia	<input type="checkbox"/> Hallucinations	<input type="checkbox"/> Disorganized Thoughts
4. _____	_____	<input type="checkbox"/> Stiffness or Restlessness	<input type="checkbox"/> Agitation	<input type="checkbox"/> Other: _____

An information sheet was provided to the consumer:  **Y / N / Declined**  
 See Prescriber note for more information:  **Initial** \_\_\_\_\_

I understand that medications like these have been used successfully in the treatment of conditions similar to mine but that no guarantee can be made that the medication will be equally effective for me. I am aware of the risks of not taking medications. I understand that my Doctor/Nurse Practitioner will inform me if my medication dosages increase beyond recommended levels. I have informed staff about my medical problems, current medications, and history of reactions to medications.

I understand that there are risks to taking these medications during pregnancy, and I should consult my obstetrician and my mental health prescriber about whether to stop or continue medications while pregnant. I agree to notify my prescriber immediately if I do become pregnant.

I understand that simple blood tests, cardiograms or other tests may be necessary to monitor my condition.

I understand that I will be informed if the dose of my medication is outside the recommend dose range.

\_\_\_\_\_ I have considered the benefits and consequences of the medication and freely consent to its use in my treatment. I also understand I can withdraw my consent for the use of this medication at any time and that it would be desirable to first speak to my doctor/nurse practitioner before doing so.

\_\_\_\_\_ I have/am at risk for tardive dyskinesia, and I will be monitored at least every three months.

\_\_\_\_\_ I have/am at risk for metabolic syndrome, a precursor of diabetes, and I will be assessed once or twice per year for the presence of high sugar levels and high cholesterol in my blood.

\_\_\_\_\_ I understand that I have been court ordered to take this medication. I acknowledge receiving this notice.

_____	_____	_____
Consumer Signature	Parent/Guardian Signature	Date
_____ Consumer Refuses to Sign _____		
_____	_____	_____
Prescriber Name	Prescriber Signature	Date

I am revoking my consent for the following medication(s).

_____	_____	_____	_____
Medication Name	Consumer Signature	Date	Medication Name
_____	_____	_____	_____
Medication Name	Consumer Signature	Date	Medication Name

- Examples of psychotropic medications:

Haldol	Geodon
Clozaril	Abilify
Risperdal	Invega
Zyprexa	Seroquel

Side effects usually are mild and most will go away within the first few weeks of treatment, these may include:

- Drowsiness
- Weight Gain
- Constipation
- Rapid Heartbeat
- Restlessness
- Pacing or Shuffling Walk



# Anti-Psychotic Medication Side Effects

## Tardive Dyskinesia (TD)

- A movement disorder that results in unusual and uncontrollable movements
- Usually of the tongue and face, but can move to the rest of the body if not treated in time
- Caused by long term use of anti-psychotics

## Neuroleptic Malignant Syndrome (NMS)

- Onset first 2 weeks of treatment
- Severe muscle rigidity, high fever, sweats, delirium
- **Call 9.1.1. if you suspect NMS**

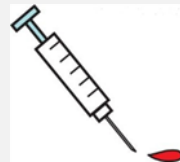
# Anti-Psychotic Medication

Severe Side Effects



## Agranulocytosis

- Common with Clozaril (clozapine)
- Decreases white blood cells
- Protocol for special monitoring, need lab draws!
- Staffing will be responsible for transport
- No blood – No Drug



# Anti-Psychotic Medication

## Severe Side Effects

## Anti-Depressant Side Effects

- Example: Paxil, Wellbutrin, Zoloft
  - Nausea, dizziness, dry mouth, high blood pressure, weight gain

## Anti-Anxiety (controlled) Side Effects

- Example: Valium, Klonopin, Ativan
  - Risk of addiction so not desirable for long term use. Sedation, drowsiness, poor concentration, irritability

## Mood Stabilizer Medications Side Effects

- Example: Lithium, Depakote, Tegretol
  - Increased thirst, increased urination, diarrhea, vomiting, weight gain, drowsiness, poor concentration, impaired memory.

# Medication Side Effects

- Diuretics (water pill) Hydrochlorothiazide, Furosemide(Lasix)
  - Common side effects: extra urination; for this reason to be given in the morning, low blood pressure
- Beta Blockers – metoprolol (Lopressor, Toprol XL)
  - Common side effects – cold hands and feet, headaches, GI upset, dizziness, low blood pressure
- ACE inhibitors – Lisinopril (Zestoril, Prinivil)
  - Common side effects – dry persistent cough, dizziness, skin rash
- Channel blockers – amlodipine(Norvasc), diltiazem, Procardia
  - Common side effects – constipation, dizziness, low blood pressure, headache



# Heart Medications

- Digoxin (Lanoxin) is used to treat congestive heart failure and atrial fibrillation. It helps the heart beat stronger and with a more regular rhythm. It can also cause a slower pulse.

# Heart Medications

(continued)

**Nitroglycerin** is used to prevent chest pain

- Common side effects – feeling faint, dizzy, lightheadedness, feeling of warmth or heat, flushing or redness of the skin, headache
  - Dissolved under the tongue



- Five minutes apart, up to 3 pills (15 minute period)
- **CALL 9.1.1** if no relief after the 3<sup>rd</sup> pill

**Anti-Coagulants – Lovenox, Heparin, Warfarin (Coumadin)**

- Decrease the clotting ability of the blood, sometimes called blood-thinners
- Frequent lab work must be done in order to obtain a therapeutic level of drug and dosing changes. Dietary restrictions may apply

# Heart Medications (contd)

\*Examples: Carbamazepine (Tegretol), Depakote, Lamictal, Dilantin

- Common side effects – fatigue, dizziness, weight gain, speech problems

#### SPECIAL CONCERNS

- Take medications exactly as prescribed
- Try to take at the same time each day
- Could have “break through” seizure if missed dose. Do not miss doses.



# Anti-Seizure Medications

## NSAIDS (Non-Steroidal Anti-Inflammatory drugs)

Ibuprofen, Motrin, Aleve, Advil, Aspirin

- Common side effects: GI upset, bleeding after long term use, constipation

## Acetaminophen (Tylenol)

- Liver damage usually after long term use or high doses
- The brand name Tylenol has a different maximum daily dose than the generic form (acetaminophen)
- Make sure that the daily total does not exceed the recommended daily dose
- Also note that acetaminophen can be found in many over the counter (OTC) and prescription pain relievers, cold medicines and sleep aids. Be sure to check the labels to know what is included in these medications



# Pain Medications

- Some medications, OTC and prescription, are made specifically for children.
  - Be sure you have the correct over the counter medication for the child's age and weight
  - The physician's order must indicate the specific medication and exact dose
    - The order cannot be:- "per label directions"

# Medications formulated for children



All Diabetes medication can produce too low of blood sugar which can be a medical emergency!

**Oral Medications** – Metformin (glucophage), Actos, glipizide

- Common side effects: diarrhea, upset stomach, gas, low blood sugar, weight gain, swelling

**Insulin** - injection

**Staff cannot administer insulin injections**



# Diabetes Medications

Goal blood glucose: 60-120 or individualized to the client

## Symptoms include:

- Drowsiness
- Headache
- Double vision
- Confusion
- Faintness or pale
- Increased heart rate
- Chills or sweating
- Change in behavior or mental status



# Low blood sugar

(Hypoglycemia)

- Check blood sugar level if possible!
- Drink ½ cup of fruit juice, regular soda or a cup of milk (do not give diet soda)

**Typical protocol: (could vary depending on client)**

**If blood sugar less than 50 – DOUBLE these amounts**

- Wait 15 minutes and retest blood sugar

**If blood sugar is still less than 70 – treat again**

- If 70 or above, follow with the next meal or have a snack



# Low blood sugar

How to treat: (follow all orders)



## What to Bring

- MAR & Med book
- Consultation Form
- Reason for the appointment; chief complaint; with signs/symptoms
- Record of seizures, menses, sleep logs, behavioral if applicable
- KNOW WHY YOU ARE THERE

## During the Appointment

- Enable the client to be a part of the appointment as much as possible
- Obtain hard copies of all medication orders and prescriptions
- Clarify any orders or directions you have questions about BEFORE you leave the doctor's office.
- All directions and medications from the physician must have a written order. For example: diet orders, holding medications, dressing changes, physical therapy, prescription medications, etc.



# Appointments

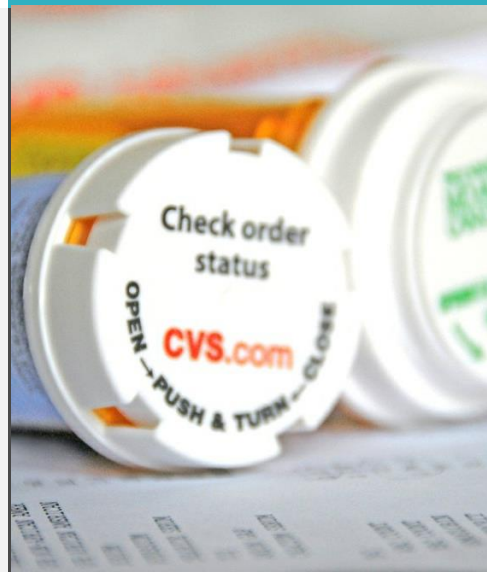


- Medication changes may occur – pick up any new medications
- Document the MAR with new meds, D/C any changes
- Dispose of any discontinued meds and update all staff

# Appointments

After the appointment

- Explain to the pharmacist that the client will be taking the medication in two different locations, for example...in the apartment, and at Goodwill or Daybreak.
- The client will need two pharmacy-labeled containers, one for each location
- Both locations need a prescription copy and a copy of the written physician order



# Leave of Absences (LOA)

# CHECK – CALL – CARE

No permission is required to call 9-1-1

# Emergency Situations

Remember your First Aid & CPR Training

All MAR's must have the following:

- ✓ Client's name
- ✓ Date of Birth
- ✓ Allergies listed
- ✓ Site or house name
- ✓ Signatures of staff next to initials

**The medication bottle, the prescription copy, and the MAR must all match, any differences need to be corrected**

**Note: there are potential legal consequences if not documented properly**



# Medication Administration Record

(MAR)



1. Name of medication with strength goes on line one
2. Dose, Route, Frequency – lines two and three
3. Any other information (example: take with food, etc)
4. AM medications on top 2 rows
5. PM medications on bottom 2 rows

Medication	Time	1	2	3	4	5	6	7	8	9
Zoloft 100mg 2 tablets twice daily by mouth (200mg)	8am									
	8pm									

# MAR Documentation

✓ MAR's should be checked within 3 business days of a new month

or

✓ If any changes of medications throughout month by Supervisor, Home Manager or Medication Coordinator



# MAR Documentation

- No white out
- Correct any errors with a line through the error

error MD

~~Celexa 100mg~~ Colace  
100mg

- **Blue** or black ink only **No red Ink** and **no pencil**
- Write clearly (if you can't read it, get clarification)
- Only document medication that YOU pass
- No abbreviations, except for PRN

# MAR Documentation

**Document immediately after passing medications!**

- The date/initial box must be starred
- Explain what happened on the back of the med sheet and sign
  
- Failure to document or, document correctly is a medication error.

# MAR Documentation

If a medication is missed, refused, or passed outside the one hour medication administration window (a physician order is required)

**Look at different types of MAR's in  
your manual**

**P 39 - 48**

# MAR COMPREHENSION ACTIVITY

**Turn to the MAR on p. 43-48 to answer the questions on the next slide**

1. What time of day does client take Trazodone?
2. Who passed Metformin at 8am on the 3<sup>rd</sup>?
3. Why is Seroquel at 8pm started on the 5<sup>th</sup>?
4. What are this client's allergies?
5. Why was Digoxin not given on the 1<sup>st</sup>?
6. Why did the client take Colace on the 3<sup>rd</sup>?
7. Why is Colace not given every day?
8. Document on the MAR that the client was LOA on the 6<sup>th</sup> properly

# Understanding of the MAR

**First you will properly sign the MAR  
and initial your signature**

# FRONT OF MAR

MONTH & YEAR 12/19 CLIENT NAME: Mickey Mouse D.O.B. 3/2/71

LOCATION: Riverside ID# \_\_\_\_\_

Initials	Signature	Initials	Signature	Initials	Signature
DL	Deanna Lees	CM	Catherine Miller		
CW	Cheri Warren	JB	Janet Best		

**Medications:** \_\_\_\_\_ **Allergies:** NKDA

Time	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
	8am	DL	DL	CW	CW	DL																								
Aspirin 81mg take one tablet by mouth every morning (81mg)																														

Seroquel 200mg Take two tablets by mouth at bedtime (400mg)	8pm	CM	CM	JB	JB	*																								
--	-----	----	----	----	----	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Metformin 500mg take 1 tablet by mouth twice a day (500mg)	8am	DL	DL	CW	CW	DL																								
	8pm	CM	CM	JB	JB	*																								

Risperidone 4mg Take one tablet by mouth every evening (4mg)	8pm	CM	CM	JB	JB	*																								
--	-----	----	----	----	----	---	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Checked by: Deanna Lees Date Checked: 12/1/19



# Back of MAR

INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE
CM	Catherine Miller						

## NURSE'S NOTES

DATE	HOUR	INIT.	MEDICATION/TREATMENT	REASON	RESULT	HOUR	INIT.
12.5.19	8pm	CM	Seroquel	Client LOA with family	Med given by family	8pm	CM
12.5.19	8pm	CM	Risperdone	Client LOA with family	Med given by family	8pm	CM
12.5.19	8pm	CM	Metformin	Client LOA with family	Med given by family	8pm	CM

# Front of MAR

MONTH & YEAR 12/19 CLIENT NAME: Mickey Mouse D.O.B. 3/2/71

LOCATION: Riverside ID# \_\_\_\_\_

Initials	Signature	Initials	Signature	Initials	Signature
DL	Deanna Lees	JB	Janet Best		
CW	Cheri Warren				
CM	Catherine Miller				

Medications:	Allergies: <b>NKDA</b>	Time																													
		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
Trazadone 100mg take one tablet by mouth at bedtime (100mg)																															
	8pm	CM	CM	JB	JB	*																									
Digoxin 0.25mg take two tablets by mouth - daily (Check pulse & hold if less than 60) (0.50mg)	8am	*	DL	CW	CW	DL																									
	Pulse	58	62	65	71	60																									

Checked by: Deanna Lees

Date Checked: 12/1/19

# BACK OF MAR

INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE
DL	Deanna Lees						
CW	Cheri Warren						
CM	Catherine Miller						

## NURSE'S NOTES

DATE	HOUR	INIT.	MEDICATION/TREATMENT	REASON	RESULT	HOUR	INIT.
12.1.19	8am	CL	Digoxin	Pulse under 60	Med held per parameter	8am	DL
12.5.19	8pm	CM	Trazadone	Client LOA with family	med given by family	8pm	CM

# FRONT OF MAR

MONTH & YEAR 12/19 CLIENT NAME: Mickey Mouse D.O.B. 3/2/171

LOCATION: Riverside ID# \_\_\_\_\_

Initials	Signature	Initials	Signature	Initials	Signature
CW	Cheri Warren				

**Medications:** \_\_\_\_\_ **Allergies:** NKDA

Time	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
	PRN			*																										
P																														
R																														
N																														




Checked by: Deanna Lees

Date Checked: 12/1/19

# BACK OF MAR

INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE
DL	Deanna Lees						
CW	Cheri Warren						
CM	Catherine Miller						

## NURSE'S NOTES

DATE	HOUR	INIT.	MEDICATION/TREATMENT	REASON	RESULT	HOUR	INIT.
12.3.19	8am	CW	Colace	Client said she was constipated	BM passed at 10am	10am	CW

# Activity (Pass or Fail)

## Activity (Pass or Fail)

**Left of the table go to the left of the room, right of the table go to the right.**

- Find a partner, select a new table
- You will be grading your partner and vice versa

**One person will pass AM meds, the other will pass PM meds**

- Verbalize what you are doing....Ex. "I am washing my hands"
- Some directions on instruction sheet may not apply to the activity

**Turn in paperwork with Nurse when you are finished**

# **TIME TO TRANSCRIBE**



Problems to practice together:

**Seroquel 50 mg, 1 tab P.O.  
BID for 5 days  
(ordered on the 2<sup>nd</sup>)**

# Practice Problem:

- Seroquel 50 mg, 1 tab P.O. BID for 5 days (ordered on the 2<sup>nd</sup>)

Medications:	Allergies:																																
Seroquel 50 mg Take 1 tab by mouth Twice a day For 5 days (50mg)	Time	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	
	8am	→							←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	
	8pm	→								←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	←	

## Practice Problem

**Ativan 1 mg, take 1 Tablet P.O.  
in the morning and 2  
Tablets H.S.**

# Practice Problem

Ativan 1mg, take 1 Tablet P.O. In the morning and 2 Tablets H.S.

Medications:	Allergies:																															
Ativan 1mg Take one tablet by mouth every morning (1mg)	Time	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
	8 AM																															
Ativan 1mg Take two tablets by mouth daily at bedtime (2mg)	8 PM																															

This is documented correctly. Why is this written as two separate orders?

Practice Problem:

**Clozaril 25 mg take 1 Tablet P.O.  
BID for three days, then take 2  
tablets P.O. BID (start on day 11)**

# Answer to Practice Problem:

Clozaril 25 mg take 1 tablet P.O. BID for three days, then take 2 tablets P.O. BID (start on the 11<sup>th</sup>)

Medications:	Allergies:																															
	Time	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
Clozaril 25mg Take one tablet by mouth twice a day for three days (25mg)	8 AM	→										←																				
	8 PM	→										←																				
Clozaril 25mg Take two tablets by mouth twice a day (50mg)	8 AM	→																														
	8 PM	→																														



**Any time the strength or dose changes in an order you will need 2 separate transcriptions for each order, as shown above (the tablets changed from 1 tablet to 2 after day 3)**

Practice Problem:

**Morphine 5 mg, take 1 Tab P.O.  
every 6 – 8 hours for back pain  
PRN**

# Answer to Practice Problem:

Morphine 5 mg, take 1 Tab P.O. every 6 – 8 hours for back pain PRN

Medications:	Allergies:																															
Morphine 5mg Take one tablet by mouth every 6-8 hours as needed for back pain (5mg)	Time	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
	P																															
	R																															
	N																															
	PRN																															



**Do not assign a time for a PRN in the Time column**

**Simply write in PRN instead, two different way to write PRN are shown above**



Practice Problem:

**Amoxicillin 500 mg, take 3  
tablets P.O. BID for 10 days  
(start on the 12<sup>th</sup>)**

**Answer to Practice Problem:**  
 Amoxicillin 500mg, take 3 tablets P.O. BID for 10 days (start on the 12<sup>th</sup>)

Medications:	Allergies:																																
Amoxicillin 500mg Take three tablets by mouth twice a day for 10 days  (1,500mg)	Time	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	
	8 AM	→											←																				
	8 PM	→											←																				

**When an order states a specific “start date”, make sure you indicate this with an arrow on the MAR.**

**The problem above shows the “start date” as the 12<sup>th</sup>, so an arrow is placed days 1 through 11, to show there was no medication passed on these days). Since it is only given 10 days, another arrow is placed after giving meds for 10 days to discontinue the order.**

**Tylenol 500mg/15ml, take 15ml every 4 hours as needed  
for headache.**

MONTH & YEAR January 2020 CLIENT NAME: Sally Heart D.O.B. 5/5/95

LOCATION: S. Main ID# \_\_\_\_\_

Medications:	Allergies: NKDA																														
Time	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	
enol 500mg/5ml e 15ml every 4 hrs PRN by mouth headache (500mg)	P																														
	R																														
	N																														
	PRN																														

## Practice Discontinuing a Med

**You must have a written order (from the doctor, dentist, NP or PA) to discontinue an order.**

**After medication is discontinued it will not be passed again. If the medication is time limited, for example an antibiotic that is ordered to be given for 2 weeks, it will not be given after the two weeks is completed.**

**Drawn an arrow from the right side of the medication sheet to the date the discontinue order takes effect – for all times in the “Time” column. Write above the arrow: DISCONTINUE**

**Yellow out the entire transcription except for the initials of the med passers.**

Now the order states you must Discontinue this medication after 2 weeks, simply add an arrow, write "discontinue" and yellow out everything but the initials.

Medications:	Allergies:																															
Ativan 1mg Take one tablet by mouth every morning (1mg)	Time	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
	8 AM	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND
Ativan 1mg Take two tablets by mouth daily at bedtime (2mg)	8 PM	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND	ND

*Note: A red arrow points to the 15th day in the Allergies header. A black arrow points from the 15th day to the right in the 8 AM row. A yellow box labeled "DISCONTINUE" is placed in the 21st-26th days of the 8 AM row. A large yellow box covers the area between the 8 AM and 8 PM rows from day 15 to 31. Another yellow box labeled "DISCONTINUE" is placed in the 21st-26th days of the 8 PM row.*

**An arrow indicates the date that the discontinue order begins (after taking it for 2 weeks) is the 15th**

Practice more on your own at home!

- **Celexa 20mg. Give 1 tab P.O. for 5 days, then give 2 tabs after that. Start the 3<sup>rd</sup> of the month**
- **Keppra 500mg, give 2 tabs P.O. BID. Start the 3<sup>rd</sup> of the month**
- **Discontinue Keppra above after 14 days.**

## Try these type of problems:

- **Antibiotic given for X amount of days:**

*Amoxicillin 200 mg, 2 tabs P.O. TID for 5 days*

- **PRN medication**

*Tylenol 500 mg, 1 tab P.O. PRN for fever*

- **More 2 part questions:**

*Zyprexa 15 mg, 1 tab .O. for 3 days, then take 2 tabs after that (ordered the 3rd)*

*Discontinue a medication after X amount of days*



Try a 2 part problem

**Trazodone 50mg, 1 tablet P.O. in  
am. And 2 tabs at H.S. (ordered  
the 2<sup>nd</sup>)**


Please send a second email now to  
[LCMHAmедclass@outlook.com](mailto:LCMHAmедclass@outlook.com)


If a second email is not received it will be assumed that you did not attend the entire presentation and will not be eligible to take the test.



# Thank You

Marsha DiCenzo 

+1 517 263 8905 

krawlings@lcmha.org 

www.lcmha.org 