

MEDICATION ADMINISTRATION

Lenawee Community Mental Health Authority



Revised 2022

This comprehensive training will provide the employee with knowledge and practical skills to safely select, prepare and give medication while working with supported individuals. Participants will have an understanding of the legislation involved and the importance of confidentiality and security in all procedures of drug administration. People receiving services have a wide range of needs from staff regarding medications. These needs could range from:

1. Assisting with self-medication
2. Monitoring self-medication
3. Administering medications – providing full support

Outcomes/Competencies:

1. Describe the role of medications within the service delivery and support process.
2. Explain the basics of and know the location of medication policy and procedures.
3. List medication preparation tasks as applicable to setting and individual needs as indicated in the IPOS.
4. Provide positive examples of supporting independence through medication monitoring.
5. Demonstrate proper documentation related to medication monitoring.
6. Describe the role of medications in the support of a healthy, quality of life.
7. Define the differences between medication monitoring and medication administration.
8. Understand and differentiate between desired (therapeutic, expected) effects, possible side effects, possible adverse effects, and contraindications.
9. Identify and recognize the above effects for commonly prescribed medications that individuals supported may be receiving -such as:
 - a. Blood pressure
 - b. Diabetes medications
 - c. Pain medications
 - d. Heart medications
 - e. Seizure medications
10. Know how to use drug references, drug information sheets, and/or healthcare provider resources.
11. Be familiar with basic information of different categories of psychotropic medications, their uses, and common side effects.
12. Promote independence as directed by the IPOS
13. Knowledge of all medications prescribed and administered.
14. Identify key elements of a pharmacy label.
15. Identify common drug routes.
16. Proper storage of medications.
17. Identify staff legal, ethical, and liability implications in monitoring and/or administering medications.
18. Compare a physician's order or prescription with the pharmacy label and the transcription to ensure they match.

19. Compare a physician's order and prescription with the pharmacy label before you transcribe medication orders onto the MAR.
20. Checking the most current medications are correctly listed in the MAR and there is a current copy of the prescription.
21. Check the 6 Rights (R's) of medication administration three times prior to giving any medication
22. Knowledge of how to administer all forms medication safely and accurately
 - a. Solid oral medications
 - b. Liquid oral medications
 - c. Topical medications
 - d. Eye, ear, and nose drops
 - e. Eye ointments
 - f. Rectal and vaginal suppositories
 - g. Inhalers
 - h. Transdermal patches
23. Examples of additional training will be required for:
 - a. Monitoring subcutaneous injections
 - b. Medications administered through feeding tubes
 - c. Medications administered through pumps (insulin, etc.)
24. Follow proper medication Pre-Administration and Set Up guidelines when sending medications to be administered at another location (LOA)
25. Observe the rules of general documentation
26. Know approved medication-related abbreviations
27. Knowledge of when to document and report to appropriate healthcare professional
28. Knowledge of documentation and procedures for medication errors, refusals etc.
29. Documenting discontinued medications
30. Properly respond to all adverse effects of medications administered
31. Disposal of discontinued, expired and/or contaminated medications per agency policy and procedure and FDA guidelines
32. Knowledge of policy and procedures for psychotropic medications
33. Knowledge of policy and procedures for controlled substances

Special Concerns

Passing medication is a very important part of your job as a direct care staff. You are responsible for passing medication as ordered, correctly documenting and monitoring for effects of medication. If medications are not properly administered a medication error has occurred. Medication errors are a serious matter and must be reported to your supervisor, the physician for further instructions and to the Office of Recipient Rights (ORR) by an Incident Report (IR).

In specialized residential settings you will be required to administer medications a specific number of times with supervision from another medication-administration-trained staff. Be aware of the policies and procedures for your provider concerning how many times you need to be supervised before you can pass medications independently.

Staff should have a general knowledge regarding the medications that are administered and questions should be answered accurately and honestly.

There will be additional training for special procedures as they come up. You will **not** be able monitor a client giving themselves a subcutaneous **injection** or **other procedures not covered** in this module unless additional training is completed, such as:

- Glucometer testing
- Monitoring Sub Q injections
- Use of Peg tube/G-tube or placement with tube feedings
- Special diet changes
- Simple wound care

Also, the necessity of any new equipment, diet changes, or other special needs will need to be in place at the client's home so the staff can care for the client in the approved manner governed by the state licensing authority.

DEPARTMENT OF COMMUNITY HEALTH & HUMAN SERVICES (DCHHS) HAS LAWS THAT GOVERN MEDICATION ADMINISTRATION

Before Administering Medication:

In order to administer medications independently you must pass the approved medication training and be observed administering medications correctly for the number of times specified by your provider.

Before administering medications, it is necessary for staff to know information about each medication, i.e. purpose, dose, route, time, and side effects/adverse effects. If you have questions about medications, the information can be obtained from the Medical Provider, Medication Reference Book, Pharmacist, the website: dailymed.nlm.nih.gov, or Poison Control-1-800-222-1222.

Safety is the primary concern when administering medications. As direct staff you must know relevant **policies** and **procedures**. Most errors in administering medication can be traced to failure to follow these policies and procedures. Information about each medication must be obtained before administering the medication.



Medication Administration-Know the IPOS

People receiving services have a wide range of needs when it comes to medications. Some may be learning how to administer their medication independently or others may need your full support. Always know the client's goals that are written in the IPOS. These needs could be:

1. Assisting with self-medication-you may need to:
 - a. Monitor a client while they set up their medications to be sure everything is correct.
 - a. Ask if medications were taken
 - b. Prompt to take medications
 - c. Check if medications were taken
 - d. Know the medication effects and side effects
 - e. Make sure all necessary supplies are available
 - f. Document effects and /or other items identified in the IPOS
2. Monitoring self-medication you may need to:
 - a. Do medication counts to ensure they are taken properly
 - b. Know the medications effects and/or side effects
 - c. Observe for side effects
 - d. Make sure all supplies or equipment are available
 - e. Document effects and/or other items identified in the IPOS
3. Administering medications-providing full support you will need to:
 - a. Know the medications effects and side effects
 - b. Know how to set up medications accurately and safely
 - c. Observe for medication effects
 - d. Ensure all needed supplies are on hand
 - e. Document effects and/or other items identified in the IPOS

If a client should express an interest in learning more about their medications, you can help them look the medication up in a drug reference book or the medication information sheets available in their home. They could also address their questions to the physician at the next appointment.

If a client would like to pass their own medications, inform the home manager who will inform the CMH case manager. Remember- the client's IPOS will have to indicate the client may learn to self-administer medications before they can receive the medication administration training and begin to safely self-administer their medications.



Over the Counter and Prescription Medications

You will be learning about two groups of medications: prescription and over the counter.

-Over-the-counter (OTC) medications are medications that can be purchased without a prescription. Examples: aspirin, triple antibiotic ointment, MOM, Benadryl. In the specialized residential settings or if support staff is administering medications, there must be a prescription on file for all medications including over the counter medications.

-A pharmacy bottle label is not required on an over the counter medication bottle. The label that comes on the bottle when it is on the shelf at the store contains all the needed information.

-Prescription medications must be prescribed by, ordered by, someone licensed to do so: physician, dentist, nurse practitioner or physician assistant. Prescription medication must be dispensed (prepared and distributed) by a pharmacist. Prescription medications are divided into two categories:

-non-scheduled medications usually do not have a high potential for abuse or addiction.

-scheduled or controlled medications have a high potential for addiction or abuse- examples: Ativan (lorazepam), Ritalin (methylphenidate), Chloral Hydrate and Valium (diazepam).

Controlled medications must be monitored, handled and stored with increased care:

1. double locked for storage (locked in a box in a locked medication cabinet)
2. counted by two people when they are received from the pharmacy and documented on the Controlled Substance Sheet
3. counted by two people (ideally the on-coming and off-going medication passers) at shift change or if the medication passer is changing, and documented on the Controlled Medication Count Sheet.
4. documented on the Controlled Medication Count Sheet, by the med passer and a witness, when and how much medication was passed.

If the Controlled Medication Count Sheet count is **not** correct, staff must:

- check the MAR, medication sheets, to see if the medication was administered but not documented on the Count Sheet.
- check the disposal log
- if there is no explanation for the count discrepancy:
 - inform your supervisor, inform the CMH case manager, complete an Incident Report and follow your provider's policies.

Control Medication Count Sheet

Client Name: _____
Medication: _____
Directions: _____
Prescriber: _____
Pharmacy: _____

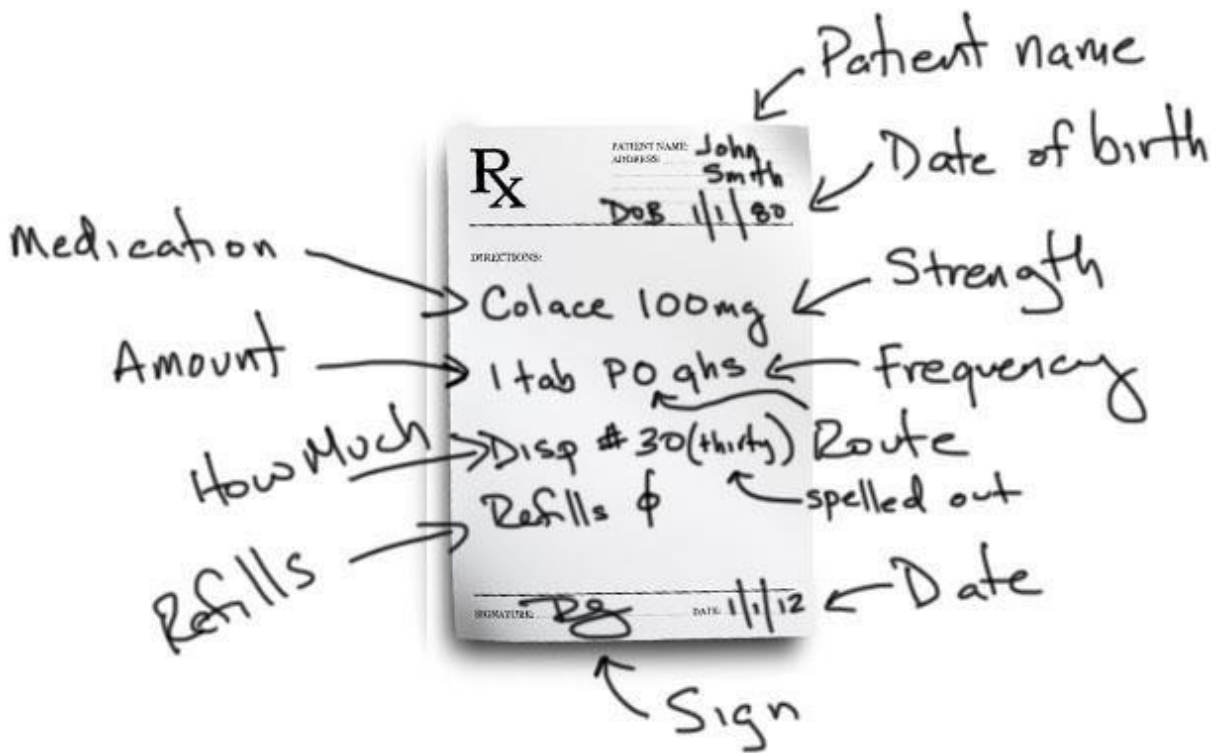
Dose: _____

Original Order Date: _____

RX Number: _____

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

A COPY OF THE PRESCRIPTION, AND WRITTEN PHYSICIAN ORDER, FROM THE MOST RECENT DOCTOR APPOINTMENT, HOSPITAL DISCHARGE OR OTHER APPOINTMENT, MUST BE KEPT ON SITE TO REFERENCE WHEN CHECKING TRANSCRIPTIONS, WRITING TRANSCRIPTIONS OR PASSING MEDICATION FOR BOTH PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS



Forms of Medication

The form of a medication is the appearance or how it is manufactured and shaped.

- **Capsules** are small containers made from gelatin. The medicine is placed in the capsule, which readily dissolves in the stomach. Some capsules have tiny beads inside. This is a time-released capsule and should never be opened or crushed.



- **Tablets** are pressed or molded forms of powdered medication. When exposed to liquid they expand and break apart. Tablets may have different coatings.
 - a. *Enteric Coated Tablets* – have a hard covering that should not be crushed or broken. The purpose of the coating is to protect the lining of the stomach or to release the medication slowly. These tablets are usually large; if the client has difficulty swallowing, contact the nurse or primary care physician's office to have another form given. **Do not crush enteric-coated tablets or open any capsules:** this will interfere with the way the medication works. (Only crush medications if the doctor has given orders to do so.)
 - b. *Scored Tablets* – tablets that have a line drawn on them may be cut or broken to give smaller doses. If the tablet does not have a line you cannot break it into smaller doses.
 - c. *Dissolvable tablets*- medications that dissolve in your mouth. If you are giving a tablet that dissolves in the mouth, carefully remove each tablet from the blister pack immediately before giving the dose. Educate the client to allow the tablet to dissolve on or under the tongue and swallow. They do not need to take the dissolving tablets with water. Discard any dissolving tablets that have been previously exposed to air due to opened/damaged packaging. Do not save the tablets. Examples are Risperdal M-tab and Fazaclo (Clozapine).



- **Ointments and Creams** are intended for external application to the skin and mucus membranes. Examples include antibiotic cream applied to a wound. Ointments may also be intended for application onto the lower lid of the eye. Care must be used to keep the tip of the medication tube clean- never touch the tip of the applicator to anything, including the lower eye lid.



- **Suppositories** are medications for insertion into the vagina or rectum. The suppository will dissolve or melt at body temperature releasing the medication for absorption through the mucus membranes of the colon or the vagina.



- **Liquids** are suspensions, elixirs, and syrups. FOLLOW THE DIRECTIONS ON THE BOTTLE CAREFULLY. Liquids must be measured at eye level with the appropriate measuring device such as graduated measuring cups, liquid measuring syringes or pharmacy approved devices.



- **Injections** are medications given intramuscular (muscle of the arm, leg, hip), subcutaneous (beneath the skin), or intradermal (into the skin). Examples for intramuscular would include the following anti-psychotics; Haldol, Prolixin and Risperdal Consta. Examples of subcutaneous injections would be; Insulin and Heparin. Intradermal injections would be used for allergy or TB testing. In Lenawee County medication trained staff will never administer an injection to a



consumer. After medication trained staff receive more training, they may observe a consumer give themselves an injection.

- **Inhalers-Nebulizer treatments-** Are used to deliver medication to your lungs. Generally these medications are for the treatment of asthma.



- **Transdermal Patch**-placed on the skin to deliver a specific dose of medication through the skin into the bloodstream. It can provide a controlled release of medication that is embedded in the adhesive.



- **Drops**- Using a dropper medicine is placed directly into the ear, eye or nose. Make sure not to touch the dropper directly onto the individual to reduce contamination or injury.



Use Universal Precautions whenever administering all medications.

Always think of everyone as having a contagious illness.

Wear gloves when you administer eye drops or ointments, ear drops, topical medications, vaginal or rectal medications.

Before you put gloves on always wash and dry your hands well. Wear the gloves only long enough to complete the one task they were applied for. After the gloves have been removed, wash and dry your hands.

Hand Washing Procedure

1. Wet your hands with clean, running water. Turn off the tap and apply soap.
2. Lather your hands by rubbing them together. Wash the palms and backs of your hands, in-between the fingers and under the nails.
3. Scrub your hands for at least 20 seconds (hum “Happy Birthday to You”).
4. Turn on the water and rinse hands under running water.
5. Dry your hands using a clean towel and then use the towel to turn off the water.



Hand Sanitizer

You may use a hand sanitizer if soap and water are not available. Hand sanitizers must be rubbed into all hand surfaces until dried. Remember that hand sanitizers do not:

- get rid of all germs
- work as effectively when hands are visibly dirty
- do not remove harmful chemicals like pesticides or heavy metals

Protocol for Administration of Topical Medications

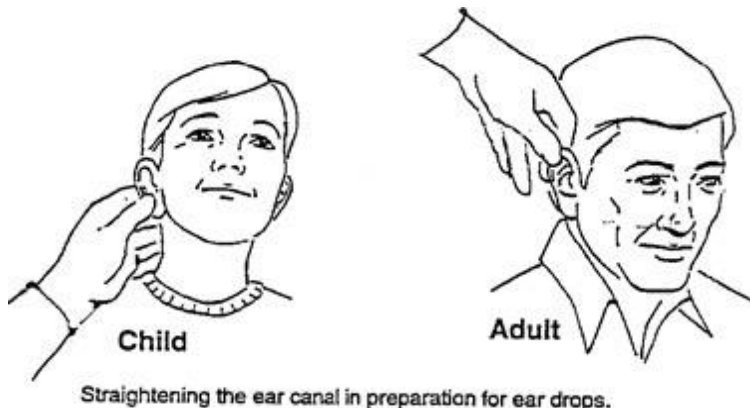
1. **Wash hands. Put on non-sterile gloves.**
2. Remove medication from the jar with tongue blade or cotton tipped applicators. DO NOT USE YOUR FINGERS.
3. Insert applicator or tongue blade into container only once, NEVER RE-INSERT.
4. Use cotton tipped applicators, sterile gauze, or gloved hand to apply topical medications unless otherwise directed.
5. **Remove gloves and wash hands.**

Protocol for Administration of Nose Drops

1. **Wash hands. Put on non-sterile gloves.**
2. Check the dropper tip for chips or cracks.
3. Have client gently blow their nose.
4. Have the client tip their head back while either sitting or lying flat.
5. Draw the medication into the dropper.
6. Avoid touching the dropper against the nose or anything else.
7. Replace dropper and secure.
8. Encourage the client to remain with head tilted back for 3-5 minutes. Provide tissue for nasal drainage.
9. **Remove gloves and wash hands.**

Protocol for Administration of Ear Drops

1. **Wash hands. Put on non-sterile gloves.**
2. Check the dropper tip for chips or cracks.
3. If the drops are a cloudy suspension, shake well for ten seconds.
4. Position the client with the affected ear up.
5. Draw the medicine into the dropper.
6. Avoid touching the dropper against the ear or anything else to reduce chance of contamination or ear injury.
7. To allow the drops to run in, straighten the ear canal on an adult by pulling the ear up and back.
8. Replace dropper and secure.
9. Keep the ear tilted up for 3-5 minutes.
10. **Remove gloves and wash hands.**



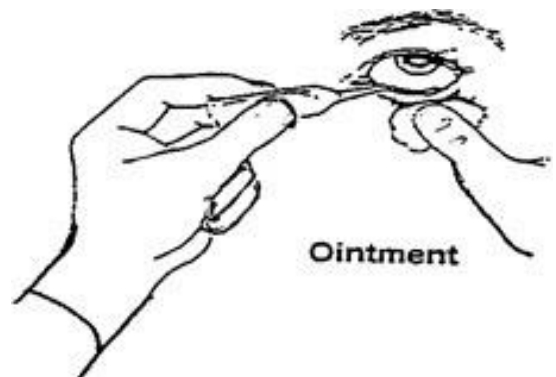
Protocol for Administration of Eye Drops

1. **Wash hands. Put on non-sterile gloves.**
2. Check the dropper tip for chip or cracks.
3. Have the client lie down or tilt head back.
4. With your index finger, pull the lower lid of the eye down to form a pocket.
5. Draw the medicine into the dropper.
6. Hold the dispenser with the opposite hand and place as close to the eye as possible, without touching it.
7. Hold the dropper tip down all the time. This prevents the drops from flowing back into the bulb where they may become contaminated.
8. Brace hand on forehead.
9. Drop the prescribed amount into the pocket made by the lower lid.
10. Avoid touching the eye with the dropper or anything else.
11. Replace dropper and secure.
12. Caution the person not to rub their eyes. Wipe off any excess liquid with a tissue.
13. **Remove gloves and wash hands.**



Protocol for Administration Eye Ointment

1. **Wash hands. Put on non-sterile gloves.**
2. Tilt head back.
3. Hold the tube between your thumb and forefinger and place the tube as near to the eyelid as possible.
4. Avoid touching the top of the tube against the eye or anything else.
5. With your finger on the other hand, pull the lower lid of the eye down to form a pocket.
6. Place the ointment into the pocket made by the lower lid.
7. Have the client blink eye gently.
8. With a tissue, wipe off any excess ointment.
9. **Remove gloves and wash hands.**



Protocol for Administration of Rectal Suppositories

1. **Wash hands.**
2. Remove suppository from storage (Store suppositories in a cool place to avoid melting. Refrigerate them if so labeled.)
3. Explain to the client why the physician ordered the medication and the procedure.
4. Provide privacy.
5. Have the client remove their undergarments and lie on their left side with the lower leg straightened out and the upper leg bent forward toward the stomach. Cover exposed area with a towel or sheet. Do not give in a sitting position.
6. Remove wrapper if present.
7. **Put on disposable gloves.** Lubricate suppository, finger and rectal opening with water-soluble lubricant (e.g. K-Y Jelly).
8. Lift upper buttock to expose rectal area. Encourage the client to take several deep breaths to help relax.
9. Insert suppository with finger until it passes the muscular sphincter of the rectum, about ½ to 1 inch in infants and 1 inch in adults. If not inserted past this sphincter, the suppository may pop back out.
10. Hold buttocks together for a few seconds.
11. Have the client remain lying down for about 15 minutes to avoid having the suppository come back out.
12. **Remove gloves and wash hands.**



Protocol for the Administration of Vaginal Suppositories

1. **Wash hands** and remove suppository from storage. (Store suppository in a cool place to avoid melting. Refrigerate them if so labeled.)
2. Explain to the client why the physician ordered the medication and the procedure.
3. Select a private location with adequate lighting.
4. Have the client lie on back with knees bent.
5. Remove the wrapper if present.
6. Put on gloves.
7. Identify vaginal opening.
8. Insert medication approximately two inches into vaginal canal, following the instructions on the pharmacy label.
9. Ask the client to remain lying down for 15 minutes.
10. **Remove gloves and wash hands.**

Medications Work on the Body in the Following Ways

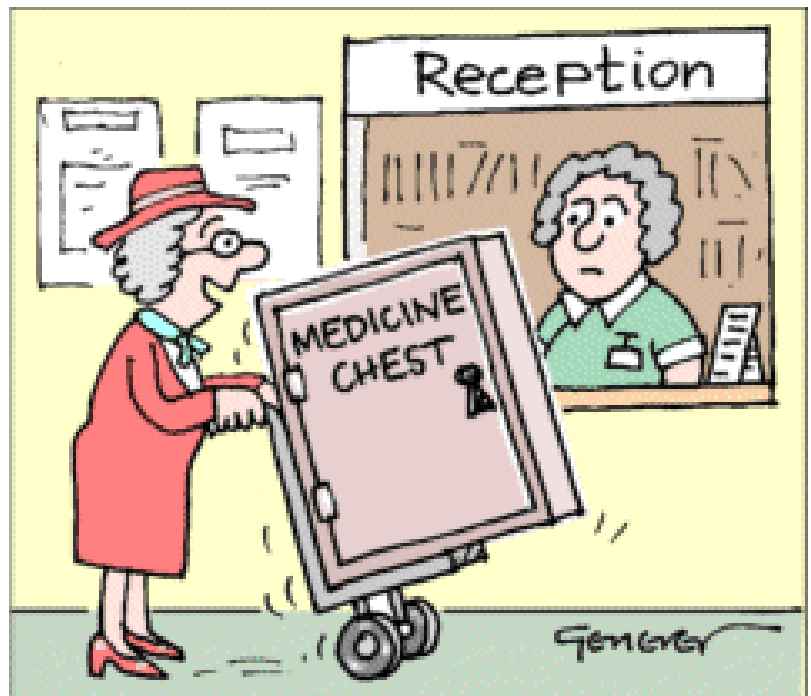
- **Local action** results from directly applying a medication to tissue or an organ. Only the limited area that the medication touches is affected. Example: the application of an antibiotic ointment to a cut on your arm.
- **Systemic action** occurs when the medication circulates in the bloodstream and is carried to almost all the cells in the body, including those capable of responding to them. The medication affects the entire body. Example: an antibiotic taken by mouth for a kidney infection will enter the digestive system when you swallow it and then travel in the bloodstream to all the cells, including those in the kidneys.

Medications Affect the Body in Different Ways

- **Therapeutic Effects** means obtaining the desired response of the medication on the body system for which it was prescribed. If you have a headache, the therapeutic effect of the Tylenol you have ordered is to relieve the headache pain.
- **Side Effect** means any response to a medication other than the response it was prescribed to have.
 - ❖ Example: Benadryl ordered for allergies to relieve nasal congestion can cause drowsiness as a side effect. If the side effect of the Benadryl just means the client sleeps a little better at night, it is not considered negative.
 - ❖ When a medication causes a **negative side effect**, a side effect that negatively affects the consumer, it should be reported to the doctor who ordered it and your supervisor, as soon as possible. If the client who takes the Benadryl for allergy relief is suddenly so tired they cannot participate in their usual daily activities, it would be considered a negative side effect. The physician should be notified so they can change the medication or adjust the dose.
- **Adverse Effect** means a side effect of the medication that may be harmful. If an adverse effect develops the medication should not be taken again. An adverse effect is a serious allergic response to the medication that can affect the whole body. It may be a rash or could interfere with breathing or anaphylactic shock. If you suspect someone is having an allergic reaction to a medication, monitor him closely for increased irritability, respiratory difficulty or changes in the pulse and skin color. If these symptoms are present call 911. This is a medical emergency and could result in death if not treated immediately. If a client experiences anaphylactic shock, a physician will diagnose them as **allergic to the medication** and they should never receive it again. If it is found that a client is allergic to a medication it must be documented in his record.
- **Contraindication** means any reasons or circumstances that would make the use of a medication inadvisable. Medication effects may vary from person to person and even in the same person at different times, (or for examples: pregnancy, medication allergies, interactions with other medications, and food interactions.) For example, certain medications are harmful to a fetus; therefore, they are contraindicated (recommended that you do not take the medication) during pregnancy.

Protocol for Storing Medication

1. All medications, prescription and over the counter, must be stored in the original containers, with the original bottle label.
2. Medications requiring refrigeration are stored in a **locked box** in the refrigerator. The medication bottle label will state if it requires refrigeration.
3. Medications taken out of the home must remain in the original container and be in a locked box. Remember not to expose medications to an extremely hot or cold environment for long periods of time.
4. Medication cabinets:
 - will be located away from extreme temperatures and humidity. Extreme heat or cold or a high humidity may change the chemical make up of the medication, making it less effective.
 - will be used only for medication storage. (Keep records or other important papers that need to be locked up in another location).
Only medications are kept in the medication storage area.
 - will be kept clean and orderly.
 - will have sufficient storage space and adequate lighting.
 - will ***be kept locked*** except when medications are taken out or put in.
5. All **medication for external application**, such as ointments, creams, lotions, powders, medicated shampoo, eye, ear and nose drops, must be **stored separately** from oral medication.
6. Key(s) to the locked medication storage cabinets must be kept on the person assigned to medication administration on each shift, or in a locked area.
7. Controlled medications need to be stored in a **double-lock system**. Narcotics in a locked box in a locked medication cabinet would be considered double locked.



The Six Rights of Medication Administration

Observing “The Six Rights” is the safest way to administer medication, therefore making it much less likely to make medication errors.

The Six Rights include:

1. Right **Person**
2. Right **Medication**
3. Right **Dose**
4. Right **Time**
5. Right **Route**
6. Right **Documentation**

- **Right Person:** You must positively identify the client two ways **before** administering medication. You can identify them by: a picture ID, by asking the client their name or birth date, or by asking another staff to identify the consumer.
- **Right Medication:**
 - When you are transcribing a medication onto a medication sheet, or checking a transcription, the copy of the prescription, bottle label and written physician order must all match exactly. If they do not match, figure out what the problem is, correct it and then do the transcription.
 - When you are setting up and passing the medication, the bottle label and copy of the prescription must match the transcription exactly. If they do not all 3 match exactly, figure out what the problem is, correct it and then set up the medication to pass.
- **Right Dosage:**
 - The strength of a medication is the strength of one pill.
 - The dose of medication is how much is given at one medication time.
 - Oral medication is measured in milligrams (mg), gram (gm), tablespoon (Tabs), teaspoon (tsp), and milliliters (ml).
 - Liquid medication is measured in milligrams (mg) or grams (gm) **IN** milliliters (ml) or teaspoons (tsp) or tablespoons (TBSP).
 - Liquid example: pretend you dissolve one aspirin tablet that has 325mg of aspirin in it, **IN** 5ml of water. The liquid medication you created would be written as:
 - Aspirin Suspension 325mg/5ml. You must always have the two measurements: mg/ml when you are referring to liquid medications.
- **Right Time:** The right time is when the medication is due to be administered.
 - **The medication administration window is 1/2 hour before the time on the medication sheet (MAR) up to 1/2 hour after the time on the medication sheet.**

- 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 Route:** Medications are manufactured in a variety of ways. The way the medication is administered into the body is called the route.
 - The medication bottle label will indicate which route the medication should be given. You may only give the medication by the route indicated.
 - How the medication is given determines the amount of the medication that reaches the bloodstream or other body systems within a specified time.
- **Right Documentation:**
 - Document immediately after passing medications by writing your initials under the correct date and medication time on the MAR.
 - If a medication is not given for any reason:
 - place a star in the initial box on the MAR, flip the paper over and write on the back: the date, time, name of the medication not passed, why it was not passed and then sign it.
 - inform your supervisor
 - complete an IR, incident report

By following ALL of the 6 Rights EVERY time you administer medications you will prevent most of the common medication errors.

When in Doubt-Check it out!!!

If a medication error does occur and poison control has to be called do that first.

Poison Control:

- if a consumer ingests something not intended for them to ingest:
 - medications - another person's medications or too much of the medications ordered for them
 - plants not meant to be eaten
 - household items or chemicals (dish detergent, bleach, etc.)
- call Poison Control (1-800-222-1222)
- follow their directions
- if the client needs to be evaluated in the ER, ask Poison Control if 911 needs to be called

For all medication errors:

- inform your supervisor who will inform the CMH case manager
- complete an incident report
- and inform the prescribing physician

Important Things to be AWARE of

When Preparing and Administering Medication

1. Check each person's MAR to see if he is scheduled to receive medication at this time.
2. Make sure any medication or food allergies are noted on the front of chart in a brightly colored label and on the MAR.
3. If you are unfamiliar with a medication you are going to administer **check** with the pharmacist/or approved resources.
4. **Always** have medication orders for anything that you are administering.
5. Never give a medication prescribed for one client to another.
6. Keep medications in the original containers dispensed from the pharmacy.
7. If preparing a liquid medication, measure **in graduated measuring cup, liquid measuring syringe or measuring spoon at eye level pouring from unlabeled side.**
8. If there is anything unusual about the appearance or the smell of the medication, **DO NOT GIVE IT** until you check with the pharmacist.
9. Check the date/initial box to be sure the medication has not already been administered and signed for. Medications may be set up and passed to the consumer during the medication passing window: 1/2 hour before the time on the medication sheet up to 1/2 hour after the time on the medication sheet. It is a one-hour medication passing window.
10. Clean the counter using a paper towel or clean cloth and spray cleanser or dish detergent.
11. Wash your hands.
12. Minimize distractions. **DO** not take phone calls or have casual conversations while preparing and passing medications.
13. Do not take your eyes off the medications. Never turn your back on an open medication cabinet or medication cup with medications in it.
14. Prepare only one consumers medication at a time.
15. Check the bottle label three times with the medication sheet and the copy of the prescription. You are checking the "Six Rights": 1. Person 2. Medication 3. Dose 4. Route 5. Time and 6. Documentation
16. Do the label-transcription-copy of the prescription checks:



- when the medication bottle is taken from the cabinet
- when the medication is poured into the medication bottle cap
- when the medication bottle is returned to the medication cabinet

17. Read everything on the bottle label and attached alerts. Follow special directions on the label, such as - shake.
18. Pour pills or capsules into the bottle cap, get the correct number of tabs in the cap and then put them in the medication cup. Once medication is in the medication cup it may not be returned to the medication bottle. If an error is made and a pill or pills end up in the medication cup with other medications when they should not be there, everything in the med cup will have to be disposed of.
19. If a medication falls on a clean counter, a medication trained staff can put on a glove and pick up the pill and return it to the bottle or med cup. If the medication falls onto an unclean surface or the floor, it must be disposed of in an approved manner.
20. Pour liquids from the unlabeled side of the bottle (palm the label) and at eye level on a flat surface. Use only measuring spoons, graduated measuring cups or liquid measuring syringes.
21. Put a dot in the initial box on the medication sheet to indicate you have placed that pill in the medication cup.
22. Positively identify the consumer using **two** different methods.
23. Provide for the client's privacy.
24. Explain to the consumer that this is the medication the physician has ordered for them.
25. Encourage the client to take the medication with at least 8 ounces of water or other fluid.
26. Observe the client swallow the medication or complete the treatment.
27. Wash your hands.
28. Document on the medication sheet using ink. Never leave the date/initial box empty. If there was a problem or concern- put a star in the date/initial box and write on the back of the med sheet what occurred and sign.
29. Observe the client for effectiveness and/or any unusual changes caused by the medications.
 - Only administer medications that you have prepared.
 - Clients have the right to refuse all medications and treatments.
 - If it has been determined that a client has been acting like they are taking their medications, but they have not, encourage them to tell you they do not want to take them. If the physician is aware that they have not been taking the medications, they can determine what the next best plan would be. If a physician thinks a client is taking the medication, but they are not, they will base their treatment on that inaccurate information and it may not be effective.
 - Always wear gloves to pass: rectal medication, vaginal medication, eye drops, nose drops, ear drops and topical medication.
 - Initials in the date/initial box on the medication sheet indicate the medication was

passed in the regular time window (1/2 hour prior to the time on the medication sheet up to 1/2 hour after the time on the medication sheet) **Period.**

-If a medication is not passed, for any reason:

- put a star in the date/initial box

- write on the back of the medication sheet: date, time the meds should have been passed, medications not passed and why and then sign it.

- complete an Incident Report

- inform your supervisor who will inform the case manager

-If a medication is passed outside the regular medication time window- requires a physician order:

- put a star in the date/initial box on the medication sheet

- write on the back of the medication sheet: the date, medications, time due and time passed and why the meds were passed outside of the usual med window.

-If you make an error while documenting on a medication sheet:

- put one line through the mistake and write "error" above it followed by your initials.

- never use white out or try to scribble out the error or anything else on a med sheet

- never throw away a medication sheet that already has initials from when medications were passed filled in.

-Only the person who set up and administered the medications may sign their initials in the date/initial box on the med sheet.

-Sign the bottom of all medication sheets with your initials and signature the first time you use your initials on the med sheet.

PASSING MEDICATIONS WHEN IN THE COMMUNITY

-Before you leave the consumers home check to see if medications are scheduled to be administered while you are on the outing

-If you can administer the medications in the home, before or after the outing, do that.

- If you must pass the meds while you are on an outing:

- take all of the consumer's medications sheets

- secure only the medication you need while on the outing, in the original bottle, in a locked box.

- remember to follow medication passing procedure accurately and completely.

Missed Medication Form

CLIENT: _____ Case# _____ DOB: _____

MD SIGNATURE: _____

Physician, please indicate below (circle one) what directions are to be followed when a medication is not given at the scheduled tie. Please sign and date above.

Medication Strength, Dose, Time given	Directions
	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 _____
	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 _____

IT IS YOUR RESPONSIBILITY

To make sure there is enough medication to be administered.

- Contact the designated staff responsible for reordering medications when you have **one week** left in the bottle. If there is not a designated staff, check to see if there is a current prescription on file and call the pharmacy for a refill. If the prescription does not have any refills or a valid current prescription, contact the prescribing office to make an appointment and/or ask for refills.
- After receiving a new prescription, it is to be filled and administered **as soon as possible** after you receive the prescription.
- If there is not enough medication to administer the proper dose:
 - a. Contact the pharmacy immediately.
 - b. Contact your supervisor.
 - c. Complete an Incident Report.
 - d. Obtain the medication as soon as possible.
 - e. Contact the prescribing office.



REFUSAL

Never force a client to take medication. If the client refuses his medication:

- Counsel the client on the importance of taking medication as prescribed.
- Explore reasons the client may be refusing the medication. It may be as simple as the pill is difficult to swallow. Contact the physician who prescribed the medication who may order a different medication or a different form of medication.
- If the client does not wish to discuss the reasons he is refusing the medication, wait 15 minutes and offer the medication again.
- If the client still refuses, have another staff talk to him about taking his medications. Remember only the med passer who prepared the medication may administer it.
- If the client continues to refuse approach the client in another 15 minutes until the designated time to administer medication has passed.
- If the designated time has passed, complete an incident report (IR) and contact your supervisor.



DO NOT GIVE the medication if:

A client exhibits a dramatic change in status. If the client is showing signs of seizures, unconsciousness, difficulty breathing or other change, which appears to be life threatening, do not administer the medication. Follow the instructions given for reporting an emergency or life-threatening situation. Remember your First Aid and CPR training guidelines to address the emergency. You never need permission to call 911 if you believe someone is in a life threatening situation.

Verbal Orders

Staff cannot take verbal orders from anyone.

If a dentist, doctor, nurse practitioner, physician assistant, or anyone from their office calls your home to give you a verbal order or telephone order:

REMEMBER!!! Home staff may not take verbal orders from anyone.

You may:

- ask them to fax the order to the home or apartment if a fax machine is available.
- ask them to call the order in to the pharmacy, or transmit it electronically. You can get a copy of the called in order from the pharmacy.
- follow your provider's policy if needed. You may have to drive to the physician's office to pick up a copy of the new order.



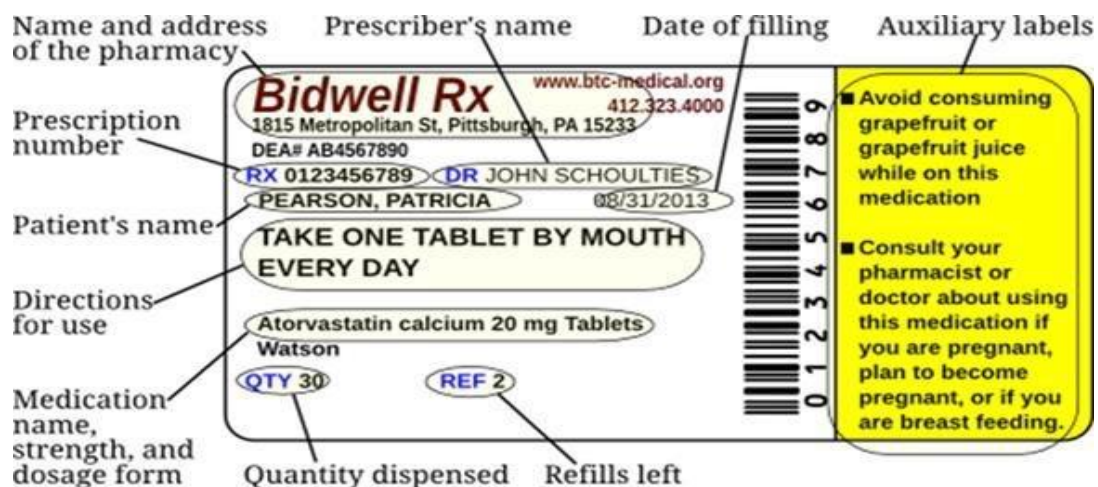
Pharmacy Label

All containers in which prescription medication is dispensed must have a label, with the following information:

- **LABELS MUST BE LEGIBLE**
- Pharmacy name and address
- Prescription number
- Client's name
- Date the prescription was most recently dispensed
- Physician's name
- Directions for use
- The name of the medication
- Amount dispensed
- Strength of medication
- Dosage of medication

Note the “refills left” section on the label. This tells you how many times you can get the medication refilled before you need a new doctor’s order (prescription).

Bottle’s may also indicate if there is a different generic medication in the bottle. Some will describe what the new generic will look like others may have a picture of the new pill. If you open a bottle of medication and the pill looks different from the previous bottle, and there is not note explaining it is a different generic, you must call the pharmacy and explain your concern to them. And then follow their directions.



Generic and Brand Name Medication

The medications you will be administering have two types of names: Generic and Brand name.

Generic Medications. Are “copies” of the brand name medications that have exactly the same dose, intended use, effects, side effects, route of administration, risks, safety and strength as the original medication. Generic medications are less costly. In the state of Michigan, a pharmacist is required to substitute generic name medication for brand name medication unless “DAW” (dispense as written) is on the prescription.

Examples of Brand and Generic Names

Brand Name	Generic Equivalent
Motrin IB	Ibuprofen
Depakote	Valproic Acid
Haldol	Haloperidol
Zyprexa	Olanzapine



Protocol for Disposing of Discontinued, Contaminated or Expired Medications

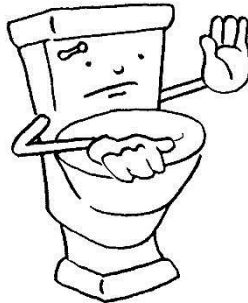
Proper drug disposal is an environmental concern. Increasing amounts of all medications are being detected in rivers, waterways, and groundwater. Wastewater treatment facilities are not equipped to “filter out” these chemicals so medications are being detected in drinking water. The risk to humans, animals and the environment is unknown. It is important to dispose of ALL medications in a safe manner.

If a medication has been discontinued there must be a written physician order indicating the discontinuation.

If a medication has been compromised, found on the floor, or dropped on an unclean surface or is expired, there does not need to be a discontinuation order before it can be disposed of.

It is your responsibility to know the safe medication disposal method your work site uses.

Consult www.dontflushdrugs.com



Medication that is going to be disposed of must be:

- kept in the original bottle or packaging and in a locked location.
- identified as medication to be disposed of

Controlled substances that are to be disposed of must also have the controlled substance record with them. Record on the Controlled Substance form, after the meds have been disposed of:

- date
- why they are being disposed of (expired, discontinued, etc)
- signature of the 2 staff who disposed of the medication

Once the medication has been destroyed by two people, the Medication Disposal Record form must be completed and signed by the two people who disposed of the medication. The Medication Disposal record is a legal form and must be documented as such.

Psychotropic Medications

Psychotropic Medication includes: Anti-Anxiety, Anti-Depressants, Anti-Psychotics, Mood stabilizing medications, medications for side effects of anti-psychotic medications or those needed to sedate for medical and dental procedures.

There are specific guidelines that must be followed before giving psychotropic medications. In order to administer these medications a **Consent to Treatment with Psychotropic Medication** must be obtained and signed by the guardian or client.



**I FNAWFF COMMUNITY MENTAL HEALTH
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. _____	_____	___ Depression	___ Mania	___ Stabilize Mood
2. _____	_____	___ Anxiety	___ Attention or Cognition Problems	___ Insomnia
3. _____	_____	___ Paranoia	___ Hallucinations	___ Disorganized Thoughts
4. _____	_____	___ Stiffness or Restlessness	___ Agitation	___ Other: _____

An information sheet was provided to the consumer:
See Prescriber note for more information:

Y / N Declined _____
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 _____

Consumer Signature _____

Date _____

Medication Side Effects and Special Concerns

You may notice some of the following side effects while working with your clients. Please report any concerns to your nurse or prescribing physician.

Anti-Psychotic Medication Side Effects

Example: (Haldol, Prolixin, Risperdal, Zyprexa, Geodon, Abilify, and Seroquel) may have mild side effects, and many go away after the first few weeks of treatment. Side effects may include: drowsiness, constipation, rapid heartbeat, dizziness, decrease in sexual interest or ability, weight gain, restlessness, pacing, shuffling walk.

There are, however, a **few serious side effects** that are possible, especially with long-term use of anti-psychotic medications. These side effects include:

- **Tardive dyskinesia (TD):** This is a movement disorder that results in unusual and uncontrollable movements, usually of the tongue and face (such as sticking out the tongue and smacking the lips), and sometimes jerking and twisting movements of other parts of the body. Generally caused after long term use of anti-psychotics.
- **Neuroleptic malignant syndrome (NMS):** This is a potentially fatal disorder characterized by severe muscle rigidity (stiffening), fever, sweating, high blood pressure, delirium and sometimes coma. These symptoms can last for as short as 8 hours to 40 days. Typically develops within the first 2 weeks of therapy. **Call 911 if you suspect NMS.**
- **Agranulocytosis:** This is a condition marked by a decrease in the number of white blood cells which can leave the person prone to infection. Commonly linked to Clozaril (Clozapine) so people taking Clozaril must have regular blood tests. Support staff will be responsible for taking clients to their lab draws and obtaining their medication.

NO BLOOD NO DRUG

Anti-Depressant Medication Side Effects

Example: (Paxil, Wellbutrin, Zoloft, Celexa) may cause nausea, dizziness, dry mouth, high blood pressure, weight gain.

Anti-Anxiety (controlled) Medication Side Effects

Example: (Valium, Klonopin, Ativan) These drugs do carry a risk of addiction so they are not as desirable for long term use. Other possible side effects include drowsiness, poor concentration and irritability.

Mood-Stabilizer Medication Side Effects

Example: (Lithium, Depakote, Tegretol) may cause increased thirst, urination, diarrhea, vomiting, weight gain, drowsiness, poor concentration, impaired memory.

Notify the client's prescribing physician if the client reports developing diarrhea, vomiting, fever, unsteady walking, fainting, confusion, slurred speech or rapid heart rate.

Medication Side Effects and Special Concerns

Clients may also have medical conditions or diseases that need treatment with medication. Common problems are: heart conditions, seizures, pain, and Diabetes. Many of these medications have special precautions and dietary restrictions. Be sure to check the prescription bottles for any special indications.

Cardiovascular (Heart) Medications

- **Diuretics (water pill)**-Hydrochlorothiazide(HCTZ), 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 Blocker's**-amlodipine(Norvasc), diltiazem(Cardizem) Adalat (procardia)- Common side effects-Constipation, dizziness, low blood pressure, headache.
- **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.

Administration-one tablet should be dissolved under the tongue at the first sign of severe chest pain. The dose may be repeated approximately every five minutes, until relief is obtained for a total of 3 tablets in a 15-minute period.

CALL 911-if no relief after the 3rd pill.

Storage-keep in dry, cool, and dark place; keep in prescribed bottle.

- **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.

Common Anti-Seizure Medications

Example: gabapentin (Neurontin), phenytoin (Dilantin), carbamazepine (Tegretol), valproic acid (Depakote). Common side effects- fatigue, dizziness, weight gain, speech problems.

It is especially important to give seizure medications at the same time every day because a missed dose **can result in a seizure**.

Common over the counter (OTC) Pain Medications

NSAIDS-(Non-steroidal anti-inflammatory drug)-Naproxen (Aleve), Ibuprofen (Motrin, Advil) Common side effects-Stomach upset, bleeding-usually 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. Make sure that the daily total dose is not exceeding the recommended maximum 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.

Diabetes Medications

This medicine can be in the form of oral tablets or by injection.

Oral medications

- Metformin (glucophage) - diarrhea, upset stomach, gas, low blood sugar.
- Glucotrol (glipizide) - low of blood sugar, nausea.
- Actos (pioglitazone) - Weight gain and swelling

Injection: Medication trained staff may monitor subcutaneous injections only after they have received more training.

All diabetes medications can produce too low of blood sugar which can be a medical emergency This can happen if the client didn't eat the food he/she was supposed to eat, at the time he or she was supposed to eat it, if they are sick with fever, or if they do more physical activity than usual.

Goal blood glucose-60-120 or individualized to the client. This is determined by a finger stick blood glucose check, which requires a physician order. Blood sugars should be checked before and after meals, or before administration of diabetes medicines or if low or high blood sugar is suspected.

Hypoglycemia (low blood sugar)-Signs or Symptoms include:

- DROWSINESS
- Faintness
- Headache
- increased heart rate
- Confusion and/or change in behavior
- Double vision
- Pale
- Chills or sweating

How to treat Hypoglycemia (low blood sugar)

- Check blood sugar level if possible. Treat if less than 70
- Drink ½ cup of fruit juice or regular soda(do not give diet soda for low blood sugar)
- Or Drink 1 cup of milk

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.
-

REPORT FREQUENT OR SEVERE (LESS THAN 45)

LOW BLOOD SUGAR REACTIONS TO THE PRESCRIBING PHYSICIAN.

More training will be provided in the home if you have a consumer who is diabetic.

Making the Most of a Medical Appointment

This is a guide to help staff make the most of medical appointments, both in getting and providing necessary information, and to allow clients to communicate and to be a part of the appointment.

Before the appointment

- always be aware of your consumer's health status.
- if you notice changes that may indicate illness, such as:
 - lethargy
 - flushed or sweaty face or skin
 - cough, dry or congested, productive- color consistency
- investigate further
 - ask the consumer questions
 - read the log book
 - talk to other staff about what they have noticed

What to Bring

- The client's medical book.
- A consultation form with client information included.
- A current MAR, including information on PRN use.
- List of allergies-on MAR.
- Information on the reason for the appointment; chief complaint, signs/symptoms etc.



KNOW WHY YOU ARE THERE.

- Seizure record if applicable i.e. Neurology or Annual physical
- Menses record for Annual physical or GYN exam
- Any other tracking logs (sleep, behavioral)

During the appointment

- ask the physician to write their orders down and sign them, as well as provide a copy of the prescription.
- you may also request a copy of the printed out summary of the visit and the copy of the prescription

After the Appointment:

- Pick up any new medications from the pharmacy with a "hard copy" of the prescription
- Make all necessary changes on the MAR
- Notify staff of any medication changes or orders.

Leave of absence (LOA)

Any time the client is not on site for medication administration it is considered a leave of absence (LOA).

You will need to explain to the pharmacist that the client will be off site and taking their prescribed medications in 2 different locations. The client will therefore need 2 pharmacy labeled medication containers, one for each site. The second site will also require copies of all the prescriptions, and written doctor's orders for the medications they will be administering.

Medication Administration Record (MAR)

Medications must be documented on the appropriate MAR. There may be variations to this form but all contain basically the same information:

The MAR must have the client's **name, identification number, date of birth (DOB), allergies, site or house name, initials** and **signatures of staff**.

- The medication prescription, bottle and MAR must be the same. If there are any discrepancies you must call your supervisor, designated person or pharmacist for clarification).
- Enter in the designated column the following:
 1. Name and strength of the Medication
 2. Dose of the Medication
 3. Route of the Medication – by mouth, orally, topically, etc.
 4. Frequency of administration of the medication – Use daily, three times a day, two times a day, four times a day, etc.
 5. Enter any precautions or special instructions – “take with food”, “take on an empty stomach”, “shake well”, “do not drink alcohol”, etc.
 6. The MAR is to be checked within 3 business days of any medication changes by the med coordinator or house manager.

NOTE
THERE ARE POTENTIAL LEGAL CONSEQUENCES IF NOT
DOCUMENTED PROPERLY



Documenting on the MAR

- Do not use white out on the MAR. If you make an error, draw one line through the error, write 'error" above the mistake, initial and rewrite correctly.
- Use only **blue or black ink pens**.
- **Write clearly** and **legibly**, there should be no room for guessing. If you cannot read the entry, contact your supervisor clarification.
- All medications must be documented including over the counter medications.
- The person administering the medication must be the one to document.
- The first time you document the administration of a medication on the MAR; sign your name, title and initials at the top of the page.
- PRN- (As needed) must be recorded on the MAR. Sign your initials under the correct date, turn the MAR over and write on the back....the date, the time, medication, dose (amount given), why given and your initials.
- Any codes used must be explained at the bottom of the MAR –LOA- leave of absence.
- If a **medication is not given**, place a star in the box and write on the back of the med sheet: date, time the meds were due, why they were not given and sign. Inform your supervisor and complete an Incident Report.

Document IMMEDIATELY AFTER Administering the medication





Form # MIP2301L (Rev. 08/10)



Med-PASS 800-438-6384
Reorder From

811 031 708

	HOUR	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	
Depakote 500 mg -take 1 tablet by mouth twice daily (500mg)	8 AM																																
	8 PM																																
	SIDE EFFECTS:	NV, dizziness, somnolence																															
Cogentin 0.5 mg -take 1 tablet by mouth three times daily (0.5mg)	8 AM																																
	2 PM																																
	8 PM																																
SIDE EFFECTS:	dry mouth, constipation																																
Multivitamin -Take 1 tablet by mouth daily	8 AM																																
	SIDE EFFECTS:																																
Tegretol XR 200 mg -Take 2 tablets by mouth twice daily (400mg)	8 AM																																
	8 PM																																
	SIDE EFFECTS:	dizziness, drowsiness, nv																															
Zyprexa 10 mg -Take 1 tablet by mouth in the AM (10mg)	8 AM																																
	8 PM																																
	SIDE EFFECTS:																																
Zyprexa 10mg Take 2 tablets by mouth in the pm (20mg)	8pm																																
	SIDE EFFECTS:																																
	SIDE EFFECTS:																																

Add Page Se

SITE CODES 1 LUOQ = Left Upper Outer Quadrant (Gluteus)
 2 RUOQ = Right Upper Outer Quadrant (Gluteus) 3 LD = Left Deltoid
 4 RD = Right Deltoid 5 LT = Left Thigh 6 RT = Right Thigh

ROUTINE MEDICATIONS:
 1. Initial hour medication is given.
 2. Circle refused and omitted doses (explain on reverse).

3. Initial hour injection is given and (using additional box below note site of injection in code)

DIAGNOSIS										ALLERGIES No known allergies										DATE 11/30/2015	
PATIENT MOUSE, MICKEY					PATIENT NO. 123482			STA	ROOM	BED	SEX m	PHYSICIAN Dr. Who ALT PHYSICIAN					PHYS PHONE 222-3333		PAGE 1-1		
MOUSE, MICKEY																	ALT PHONE 222-3333				

INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE	INIT.	NURSE'S SIGNATURE

NURSE'S NOTES

DATE	HOUR	INIT.	MEDICATION/TREATMENT	REASON	RESULT	HOUR	INIT.

DOSE	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	
Aspirin 81 mg Take 1 tablet by mouth every morning																																
Seroquel 200 mg Take two tablets by mouth at bedtime																																
Metformin 500 mg Take 1 tablet by mouth twice a day																																
Risperidone 4 mg Take 1 tablet by mouth every evening																																
Trazodone 100 mg Take 1 tablet by mouth at bedtime																																
Colace 100mg Take 1 capsule daily as needed for constipation																																
Digoxin 0.25 mg Take two tablets by mouth daily (Check pulse and hold if less than 60)																																

ROUTINE MEDICATIONS:
 1. Initial hour medication is given.
 2. Circle refused and omitted doses (explain on reverse).

DATE: 01/01/2016
 ALLERGIES: NKDA
 PHYSICIAN: Daniel J. Washington
 ALT PHYSICIAN:
 PHYS PHONE:
 ALT PHONE:
 PAGE:
 PATIENT NO.
 STA ROOM BED SEX
 DMII, A-Fib, Depression

SITE CODES: 1. LUFQ = Left Upper Outer Quadrant (Stomach)
 2. RUOQ = Right Upper Outer Quadrant (Stomach) 3. LD = Left Deltoid
 4. RD = Right Deltoid 5. LT = Left Thigh 6. RT = Right Thigh
 DIAGNOSIS

PATIENT NAME: Brandie Havens DOB 3/2/71
 BRANDIE HAVENS DOB 3/2/71

REORDER FROM: MED-PAIN 300-428-5884
 Form # MP23811 (Rev. 08/10)

Initial hour injection is given and (using additional box below) note site of injection in code.

44708

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

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

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:	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	
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	DL	CW	CW	DL																											
	Pulse																																

Checked by: Deanna Lees

Date Checked: 12/1/19

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

MONTH & YEAR _____ CLIENT NAME: _____ D.O.B. _____

LOCATION: _____ ID# _____

Initials	Signature	Initials	Signature	Initials	Signature

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				
Colace 100mg take one capsule daily – as needed for constipation (100mg)	PRN																																			
	P																																			
	R																																			
	N																																			

Checked by: _____ Date Checked: _____

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	BN passed at 10am	10am	CW

**Right documentation is also important when giving medication;
failure to document is also a medication error.**

Abbreviations and Symbols

When you are transcribing a prescription onto the MAR **write clearly** and **avoid using any abbreviations**.

All sites must have a list of abbreviations posted for you to refer to when transcribing onto the MAR. This is to be used as a reference, but abbreviations should never be used to transcribe or document in any record.

Official “DO NOT USE” list*

DO NOT USE	POTENTIAL PROBLEM	USE INSTEAD
U,u-“unit”	Mistaken for “0” (zero), the number “4” (four) or “cc”	Write “unit”
Iu (international unit)	Mistake n for IV (intravenous) or the number 10 (ten)	Write “international unit”
Q.D., QD, q.d., qd (daily) Q.O.D. ,QOD, q.o.d., qod (every other day)	Mistaken for each other Peroid after the q mistaken for “I”	Write “daily” Write “every other day”
Trailing zero (x.0 mg)** Lack of leading zero (.x)	Decimal point is missed	Write x mg Write o.x mg
MS MSO4 and MgSO4	Can mean morphine sulfate or magnesium sulfate Confused with one another	Write “morphine sulfate” Write “magnesium sulfate”

Note:

* The prohibited list applies to all orders, preprinted forms, and medication-related documentation. Medication related documentation can be either hand written or electronic.

** A “trailing zero” may be used only where required to demonstrate the level of precision of the value being reported, such as for laboratory results, imaging studies that report size of lesions, or catheter/tube sizes. It may not be used in medication orders or other medication related documentation.

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Q.D., QD, q.d., qd (daily) Q.O.D. ,QOD, q.o.d., qod (every other day)	Mistaken for each other Period after the q mistaken for "I"	Write "daily" Write "every other day"
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**DO NOT USE ABBREVIATIONS ON THE MAR WHEN
TRANSCRIBING MEDICATIONS**

Abbreviations and symbols

q	every	BID	twice a day
qd	every day	TID	three times a day
qod	every other day	QID	four times a day
c	with	s	without
PO	by mouth	PRN	as needed
ac	before meals	pc	after meals
HS	bedtime	gr	grain
mg	milligram	gtt	drop
T or Tbs	tablespoon	t or tsp	teaspoon
mcg	micrograms		
ml or cc	milliliter or cubic centimeter		

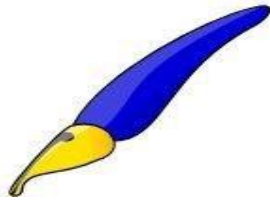
A COPY OF ABBREVIATIONS AND SYMBOLS SHOULD BE KEPT IN THE MEDICATION BOOK OR
AVAILABLE FOR STAFF TO REFERENCE WHEN PASSING MEDICATIONS.

Look- Alike/ Sound- Alike Medications

Medication	Confused With	Medication	Confused With
Adderall	Inderal	Alprazolam	Lorazepam
Aricept	Aciphex; Azilect	Benadryl	Benazepril
Bupropion	Buspirone	Carbamazepine	Oxcarbazepine
Celexa	Celebrex, Zyprexa, Cerebyx	Chlorpromazine	Chlordiazepoxide, Chlorpropamide
Clomipramine	Clomiphene	Clonazepam	Clonidine, Lorazepam
Clozaril	Colazal	Cymbalta	Symbyax
Depakote	Depakote ER	Desipramine	Disopyramide
Dexmethylphenidate	Methadone	Diphenhydramine	Dimenhydrinate
Duloxetine	Fluoxetine	Effexor	Effexor XR
Fluoxetine	Paroxetine, Duloxetine	Fluvoxamine	Flavoxate
Lamictal	Lamisil	Lamotrigine	Lamivudine, Levothyroxine
Lexapro	Loxitane	Lorazepam	Alprazolam, Clonazepam, Lovaza
Loxitane	Lexapro, Soriatane	Lunesta	Neulasta
Luvox	Lasix	Lyrica	Lopressor
Methadone	Dexmethylphenidate, Ketorolac, Mephyton	Methadone	Metadata, Metadata ER, Methylphenidate
Methylphenidate	Methadone	Naloxone	Lanoxin
Neurontin	Motrin, Noroxin	Norpramin	Normodyne
Olanzapine	Quetiapine	Oxcarbazepine	Carbamazepine
Pamelor	Panlor DC, Tambocor	Paroxetine	Fluoxetine
Paxil	Doxil, Taxol, Plavix	Prozac	Prograf, Provera, Prilosec
Quetiapine	Olanzapine	Restoril	Risperdal
Risperdal	Restoril	Risperidone	Ropinirole
Ritalin	Ritodrine	Ritalin LA	Ritalin SR
Rozerem	Razadyne	Sarafem	Serophene
Seroquel	Seroquel XR, Serzone, Sinequan	Sertraline	Cetirzine, Soriatane
Serzone	Seroquel	Sinequan	Saquinavir, Singulair, Zonegran, Seroquel
Tegretol	Tegretol XR, Tequin, Trental	Topamax	Toprol-XL
Trazodone	Tramadol	Wellbutrin XL	Wellbutrin SR
Xanax	Zantac	Zyban	Diovan
Zyprexa	Celexa, Reprexain, Zestril, Zyrtec	Zyprexa Zydis	Zelapar Zydis

Loxitane	Lexapro, Soriatane	Lunesta	Neulasta
Luvox	Lasix	Lyrica	Lopressor
Methadone	Dexmethylphenidate, Ketorolac, Mephyton	Methadone	Metadata, Metadata ER, Methylphenidate
Methylphenidate	Methadone	Naloxone	Lanoxin
Neurontin	Motrin, Noroxin	Norpramin	Normodyne
Olanzapine	Quetiapine	Oxcarbazepine	Carbamazepine
Pamelor	Panlor DC, Tambocor	Paroxetine	Fluoxetine
Paxil	Doxil, Taxol, Plavix	Prozac	Prograf, Provera, Prilosec
Quetiapine	Olanzapine	Restoril	Risperdal
Risperdal	Restoril	Risperidone	Ropinirole
Ritalin	Ritodrine	Ritalin LA	Ritalin SR
Rozerem	Razadyne	Sarafem	Serophene
Seroquel	Seroquel XR, Serzone, Sinequan	Sertraline	Cetirzine, Soriatane
Serzone	Seroquel	Sinequan	Saquinavir, Singulair, Zonegran, Seroquel
Tegretol	Tegretol XR, Tequin, Trental	Topamax	Toprol-XL
Trazodone	Tramadol	Wellbutrin XL	Wellbutrin SR
Xanax	Zantac	Zyban	Diovan
Zyprexa	Celexa, Reprexain, Zestril, Zyrtec	Zyprexa Zydis	Zelapar Zydis

TIME TO TRANSCRIBE



QUESTIONS?