

Medication Administration

- **Work with adequate light.**
- Provide a clean environment and **always wash your hands** before preparing and administering medications.
- While preparing and administering medications, **concentrate** on this task alone. Always perform your 3 safety checks.
- **Be knowledgeable** about the medications you give.
- **Review allergies** listed in the individual's record.
- Administer **ONLY** medications that you have prepared personally.
- **Be attentive** — avoid interruptions or distractions while preparing and administering medications. A DSP should attempt to handle interruptions before they unlock the medication cabinet.
- **Never leave medications unattended**, not even for a moment!
- Give medications as prescribed and on time.

Medication Administration Continued

- Always follow the "**Six Rights**" of medication administration and ensure you complete your 3 safety checks before administering the medication to the individual.
- Have the prescription **refilled** several days before the medication runs out.
- If you find a **discrepancy** between the medication record (MAR) and the pharmacy label, consult the nurse or pharmacist for clarification.
- If you are unsure about any step in medication administration consult with a licensed health care provider.
- If you **make an error** while documenting on the medication sheet, follow the instructions given by the nurse.
- Only use approved abbreviations (they should be posted).
- **Document immediately** in the MAR after passing medications.
- **All pertinent information must be documented** including any and all effects of the medication (both physical and behavioral changes) following medication administration.

Medication Administration Continued

Understanding the Basics:

- **Administer only medications you have personally prepared.** Relying on another staff person to "help out" and pull a medication that you are about administer may result in a med error. Ask yourself...
 - Did your colleague pull the right med for the right person at the right time?
 - Did your colleague compare the medication order against the MAR three times?
- If an injury or death occurs due to an incorrect drug or dose, **both you and your colleague** are liable.

Medication Administration Continued

Understanding the Basics:

Moreover, if you prepare a medication for another staff member to administer, but you document (initial) the medication as given in the MAR, it would be considered fraudulent documentation. In contrast, if your colleague administered the med that you prepared as given in the MAR, that staff person also has falsified the entry. Since he/she did not prepare the medication.

Any staff person who has falsified an entry for another, or given a medication they did not prepare creates an error that you both share liability.



Source: GAO | gao.gov

Day Programs or Skill building Workshop

- If a medication will be needed at a day program, it is ideal to have the pharmacy prepare a separate dispense to be used at the day program.
- If a medication time is ordered while that individual is supposed to be at a day program it may be appropriate to notify the prescribing professional about the program, to possibly alter the ordered time the medication is due.
- If the above two options are not available, a medication would still need to be sent in it's original pharmacy packaging. A record for counting and identifying accountability for the medication should also be completed.

Leave of Absence (LOA)

- When an individual takes a **Leave of Absence (LOA)** and it is not practical for the pharmacist to provide a separate container for needed medications, **all medications must be sent in correctly labeled containers** as packaged by the pharmacy.
- With the individual's consent (signed Release of Information), staff should inform the family and/or guardian of any special instructions and potential medication effects.
- Upon the individual's return, staff should **confirm that all the medications have been returned** and that the documentation and counts are correct. If there are any discrepancies, it should be promptly noted in both the individual's HCC and IR.
- **Staff should document "LOA"** on the Medication Administration Record (MAR) in the appropriate spaces and complete and sign the Leave of Absence Medication Form.
- Staff should ensure that the LOA form is signed by both the Direct Support Professional and the individual that is accepting responsibility for monitoring the administration of all identified medications while the individual is on LOA.

Leave of Absence Form

**Remember to count
all LOA meds and
document as well**

MACOMB COUNTY COMMUNITY MENTAL HEALTH
SPECIALIZED RESIDENTIAL SERVICES

LEAVE OF ABSENCE MEDICATION FORM

CONSUMER: _____ CASE #: _____ SITE: _____

L.O.A. DATES APPROVED: _____

MEDICATION NAME	DOSAGE	TIME(S)	SPECIAL INSTRUCTIONS

STAFF SIGNATURE DATE

CONSUMER/RESPONSIBLE PERSON DATE

OBSERVATIONS AND COMMENTS FOLLOWING LOA:
MEDICATION TAKEN AS PRESCRIBED?

STAFF SIGNATURE DATE

CONSUMER/RESPONSIBLE PERSON DATE

(8/08)

MEDICATION NAME	DOSAGE	TIME(S)	SPECIAL INSTRUCTIONS
Depakene 250mg	250mg	8:30am, 2:30pm, 8:30pm, daily	Give with milk

**MACOMB COUNTY COMMUNITY MENTAL HEALTH
SPECIALIZED RESIDENTIAL SERVICES
MEDICATION RELEASE FORM**

PAGE ____ of ____

CONSUMER: _____ CASE NO.: _____ FACILITY NAME: _____

LOAD/DATE OF RELEASE: _____ EXPECTED DATE OF RETURN: _____

MEDICATION	DOSAGE	DOSING TIMES (AM and PM)	INSTRUCTIONS	DATE / TIME LAST GIVEN	MED COUNT on RELEASE	INITIALS of STAFF/ RESPONSIBLE PERSON	MED COUNT on RETURN	CORRECT COUNT?	INITIALS of STAFF/ RESPONSIBLE PERSON
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	
								Y / N	

Signature of Staff Releasing Medications: _____ Date: _____

Signature of **Responsible Person Receiving Medications**: _____ Date: _____

Signature of Staff Receiving Returned Medications: _____ Date: _____

Signature of **Responsible Person Returning Medications**: _____ Date: _____

COMMENTS:

Medications

Before Administering any Medication:

- **Check for allergies**, if any.
- Review the consumer's medication administration record (MAR). **Be knowledgeable of the medications you are about to pass**— the purpose or therapeutic effect plus any side effects, adverse effects, or contraindications.
- **Assess the consumer's ability to swallow**— the expected outcome when administering oral medications is that the person will be able to swallow his or her medication. This is especially important for someone who has a history of choking or aspiration.
- **Check any special instructions** on storing, preparing or giving the medication correctly. (e.g., check BP, refrigerate)

Medications



Before you unlock the medication cabinet:

- Sanitize your work area and perform proper hand hygiene.
- Gather equipment such as medication cups, paper cups for holding water (at least 4 oz) plus any personal protective equipment (PPE) you may need such as gloves or masks.

Prepare medications for ONE consumer at a time

- If you are unfamiliar with a particular medication, **refer** to a drug guide, SmartApp, or review the pharmacy information sheet **before** passing a med. ***Still have questions... you can also check*** with your program nurse or pharmacist.
 - Educating yourself and the consumer (including current dosing) is essential to medication administration safety.

✓ Checks— *perform at least 3 checks*



Determining you have the right drug involves **checking the pharmacy label** against the medication administration record (MAR) **at least THREE (3) times** before **administering** the medication.

- ✓ **Compare the prescription label** to the MAR **before removing** the medication from the consumer's storage area. (CHECK # 1)
- ✓ **Compare the prescription label** to the MAR immediately **after removing** the medication from its storage area. (CHECK # 2)
- ✓ Perform CHECK # 3 — Do I have the **Right Medication** for the **Right Person** at the **Right Time**? Did I **administer the correct** number of capsules or tablets? Correct volume of liquid? (**Rt. Dose**)

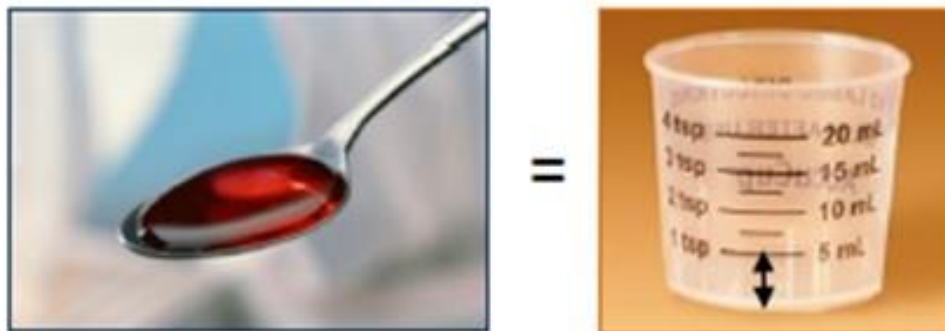
Some medication requires a fourth check:

- ✓ **4th CHECK (Safety)**— Did I verify the number of ***drops*** (**Right Dose**) of the **Right Medication** for the ***correct eye, ear, or nare*** (**Right Route**) to the **Right Person** at the **Right Time**?

Oral Medications



- **Multi-dose containers** — when removing capsules or tablets from a multi-dose bottle, pour the prescribed amount (number) into the **bottle cap first**.
 - Transfer the tablets or capsules from the cap into the medication cup. DO NOT TOUCH medication with your hands (this includes gloved hands).
- **Liquid medication** — when pouring a liquid medication out of a multi-dose bottle, hold the bottle so that the **prescription label is against the palm of your hand**. Dispense in a **calibrated dosing cup on a flat surface at eye level** to ensure accurate dosage.
 - NEVER combine liquid medications together in the same dosing cup. —



1 teaspoon = 5 mL (cc)

TIP: Do NOT use household eating utensils—they are NOT ACCURATE!

TO BE ACCURATE, always use the correct measuring tool. Special measuring devices for certain medications should be used for that medication. Ask your pharmacist.

TIP: Use a calibrated dosing syringe or medication dropper for measuring liquids in unequal amounts or less than 5mL (1 teaspoon)



TIP: In order to accurately measure a dose of liquid medication, **place the calibrated dosing cup on a flat surface** (not held in your hand), keeping your eye level with the cup. Hold the medication container so that the medication flows from the side opposite the label and does not run down and stain or obscure the label. Pour slowly to desired dose.

Liquid Medication Safety Tips



- Mix-ups are frequent between milligrams (mg)—the dose of the medicine—and **milliliters (ml)—the volume of medicine to be measured out**.
- If you overfill a cup or dosing syringe, **do NOT pour the excess or unused medicine back** into the original pharmacy container. Doing so will contaminate the medicine that remains in the container.
- To ensure accurate dosing, **do NOT combine** more than one liquid medicine in a dosing device at the same time. The medicines may not be compatible.
- After administering the medicine, always be sure to **wash the dosing device**. If you fail to do so, bacteria can grow and cause contamination with any future use.

[Video](#)



Topical Route and Forms



- Topical route of drug administration involves applying drug preparations **directly to the skin or mucous membranes**.
- The primary advantage of **topical drugs** — usually **act locally** and most are intended for one specific site.
- **The most common and widely used topical agents are applied to the skin** and come in several forms: lotions, creams, liquids, ointments and emollients.
 - Most dermatologic drugs are either applied in a thin layer (e.g., antibiotics, antiseptics, anti-fungals) or in a measured amount such as a fentanyl patch (for pain).
 - Specially formulated topical ointments for the eye are not interchangeable with topical ointments used on the skin.

Topical Medication Planning and Intervention



- **ALWAYS WEAR GLOVES** when applying lotions and/or ointments to protect yourself against accidental exposure.
- To maximize therapeutic effect and minimize side effects, **use an applicator (gauze pad or a cotton ball)** to avoid further infection by introducing additional bacteria and/or other organisms to the area being treated. *Remember to...*
 - **Don gloves; clean the wound and surrounding area** thoroughly by washing gently with soap and water. This will also remove any medication residue. Remove gloves.
 - Always **wash hands before and after** wearing gloves.
 - Don a **new set of gloves** and apply topical medication to the prescribed area.
(May cover with sterile dressing **with a doctor's order only**.)

Topical Care



Clean the skin thoroughly by washing the affected area gently with soap and water to remove previous medication. Pat dry. **Change gloves after cleaning a wound** (you will need a **clean pair of gloves** before applying topical agent).

To apply a topical medication to a **linear-shaped** wound (such as a cut), gently **wipe from top to bottom** in one motion, starting

directly over the wound moving outward.

For a **smaller circular area** (such as an open wound or abrasion), gently wipe in full or half circles, again starting directly over the wound and moving outward (clean to dirty).



Topical Medication Videos



- This video is for Topical Lotions, with a round wound.
- This video is for Topical Ointments, with linear scratches.

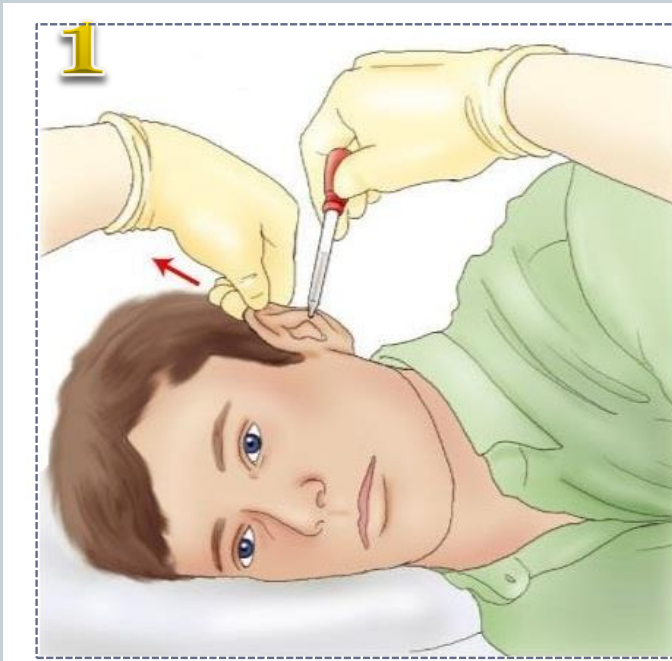
Instilling Ear Drops



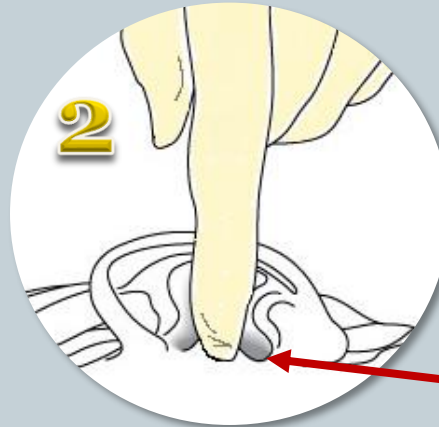
- **Warm solution in your hand for about 2 minutes to avoid possible dizziness, nausea, or pain**
- Instruct consumer to assume a side-lying position with **ear to be treated facing up** (if not contraindicated).
- Perform hand hygiene and apply gloves.
- Clean the ear of any fluid that can be easily removed. **Do not insert any object or swab into the ear canal.**
- **Pull the top of the ear up and back.** Instill drops on the side of the auditory canal to allow the drops to flow in.
- Release the ear and **massage the tragus** gently but firmly a few times to assist the flow of medication into the ear canal.
- Ask the consumer to maintain this position for **5 minutes** while you stay with them.



Instilling Ear Drops continued



- Pull the **top of the ear lobe UP AND BACK**
(Do not let the dropper touch the ear)
- Massage the tragus for a few seconds



Tragus

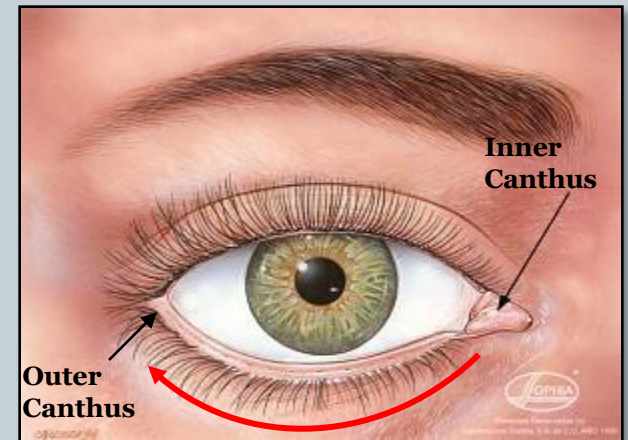
[Video](#)



Even though the outer ear is not considered sterile, sterile drops and solutions are used because, should the eardrum rupture, non-sterile drops or solutions placed in the ear could cause a serious infection.

Instilling Eye Drops

- **Inspect and cleanse affected eye(s)** of any crusting or drainage. Ask the person to close their eyes and gently wipe the outside of the eyelids with moistened gauze pads or cotton balls **from the inner to outer canthus**.
- Have them **tilt the head back slightly** focusing at a point on the ceiling. Offer tissue.
- Pull the lower lid down gently to **form a pocket** for the drops.
- Position the tip of the dropper bottle so that it is about $\frac{3}{4}$ inch above the pocket formed by the lower lid. Squeeze the dropper lightly to allow prescribed drop(s) to fall into the pocket.



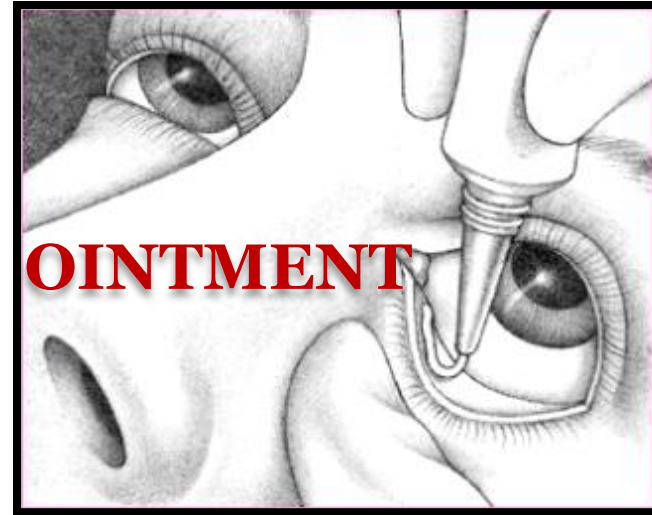
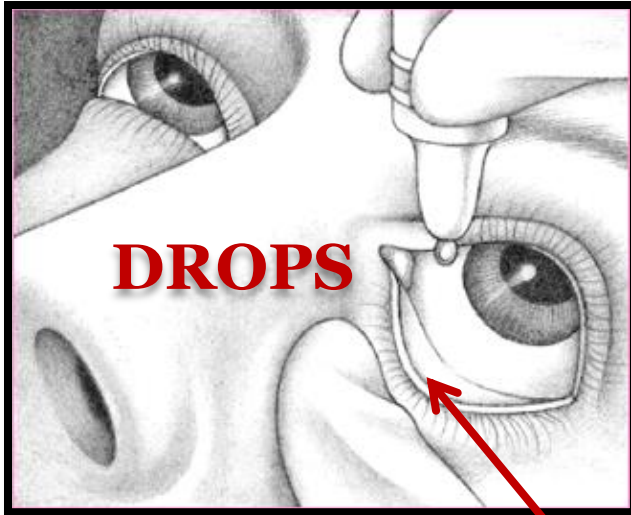
Instilling Eye Drops



- Release the lower lid after eye drops are instilled (drops should be placed in the conjunctival sac (pocket), **not directly onto the eyeball.**
- Ask the consumer to **close the eyes gently**. Blinking or squeezing the eyes tightly forces the medication out of the eye. Instruct consumer not to rub affected eye(s). Gently blot any excess medication with a clean tissue.
- Replace the cap on the eye drop bottle. Some eye drops may need to be kept refrigerated, but most, do not.
- If the physician has ordered both eye drops and eye ointment, **administer drops before the ointment.**

Eye Drops and Ointment

[Video](#)



Pull down the lower eyelid to form a pocket for eye drops/ointment

Eye drops and ointment are **STERILE medications**, which are dropped or squeezed into the conjunctival sac. To avoid cross-contamination, **DO NOT touch** dropper tip or ointment applicator to the lids, lashes, or conjunctival sac. This can **reintroduced infectious agents** back into the eye(s).

Rectal Suppositories

- Suppositories are designed to **release drugs at a slow, steady rate**. They are commonly used for treatment of constipation relief, hemorrhoids, plus delivery of general medication such as pain relievers (e.g., Tylenol).
- As a rule, suppositories tend to soften at room or body temperature, making insertion difficult. Running cool water over the **closed package** will usually restore rigidity.
- Explain the procedure to the consumer including the importance of retaining the suppository once it's inserted.
- Remove wrapper and coat suppository tip with **a water-soluble** lubricant, not a petroleum product (Vaseline®).



- For privacy, close the consumer's room door completely.
- Ask consumer to undress from the waist down and lie on his/her **left side** on a blue pad or towel, with the **right knee tucked up** towards the chest. **Cover any exposed areas.**
- Wash hands and don gloves (bring at least 2 pair). Lift upper buttock to expose rectal area. With your **lubricated, gloved index finger**, insert the bullet end of the suppository past the muscular sphincter, **about 1"** into the rectum. Remove soiled gloves; wash hands; and apply second, clean pair. Remain in room **15 minutes.**

