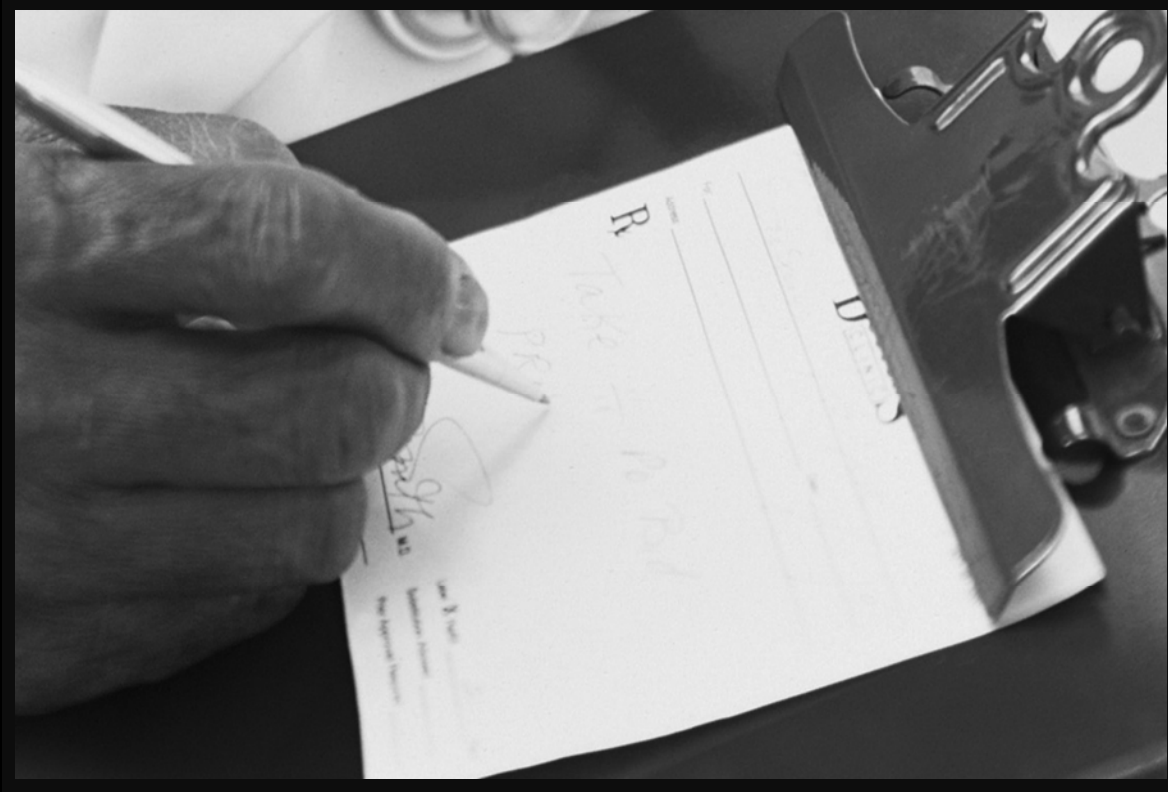


# Module 4: Medication Management, Part 1

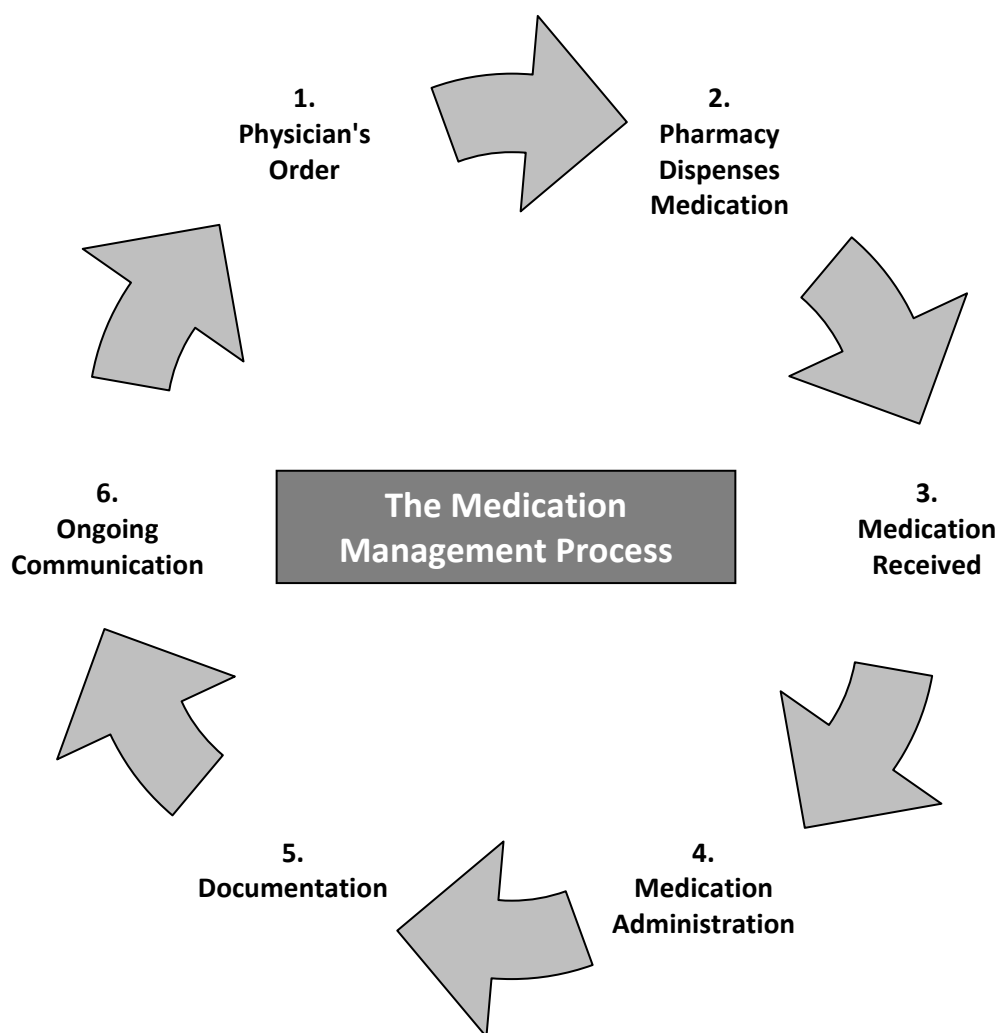
*The Medication Management Process  
Medication Orders  
Working with the Pharmacy*

## Assisted Living Medication Training



## THE MEDICATION MANAGEMENT PROCESS

Medication management refers to all of the policies and procedures implemented in a community to ensure residents receive their medications as ordered. Not all residents require assistance with medication management, and those that do may require help with only certain aspects of managing their medications, while other residents will be totally dependent on community staff for assistance. Successful medication management requires coordination and cooperation between community staff, physicians, pharmacists, nurses, residents, responsible parties, and others.



## Steps in the Medication Management Process

- 1. Physician's Order**                      The medication management process begins when a physician writes an order (prescription) for a medication.
  
- 2. Pharmacy Dispenses Medication**                      The order is communicated to the pharmacy that then dispenses the correct medication, dose, quantity, etc.
  
- 3. Medication Received**                      The assisted living community receives the medication, notes it on appropriate records, and then safely stores the medication.  
  
In some cases the medication may be stored by the resident in a secure location in his/her room. If this is the case and the resident is receiving some level of medication management assistance, it is still advisable to document receipt of the medication and monitor the use of it.
  
- 4. Medication Administration**                      The resident takes the medication, perhaps with assistance, according to the physician's order.
  
- 5. Documentation**                      Medication assistance and/or administration is documented by assisted living community staff on the medication assistance record (MAR), PRN record, and other tools.
  
- 6. Ongoing Communication**                      Regular ongoing communication between assisted living community staff, physicians, pharmacists, residents, and responsible parties/family is essential to successful medication management. Communication may simply be for the purpose of requesting refills from the pharmacy, or may be to notify the physician that a resident is refusing his medication. Whatever the situation is, communication is essential to ensuring resident safety and quality of care.



## MEDICATION ORDERS

A medication may never be given to a resident in an assisted living community without an order, or prescription, from a physician or authorized prescriber (such as a nurse practitioner).

- All medications, including vitamins and over-the-counter products require an order.
- Anything that is topically applied that is not a cosmetic or hygiene product, such as shampoo or lotion, requires an order.
- Some dietary supplements or modified diets may also require an order.

### Over-the-counter (OTC) Medications

An over-the-counter medication is one that may be purchased without a prescription. Although these medications may be easily purchased from any grocery, drug or convenience store, it is possible for these medications to have a significant drug interaction with a prescribed medication that a resident may be taking. Although a prescription is not necessary to purchase these drugs, an order *is required* before giving the medications to the resident.

### Types of Orders

Physicians give many different types of orders regarding a resident's medications. They may include:

#### **Routine order**

Routine medications are given on a set schedule (i.e., the same time every day). Routine orders are carried out until the physician cancels it by another order or until a prescribed number of days elapse.

#### **PRN order**

PRN medications are not given on a set schedule; they are given "as needed." In addition to the components of a physician order above, a PRN order will include maximum dose in a 24 hour period and symptoms which would warrant the use of the medication.



<b>Single (one-time) order</b>	A "one-time order" is for a medication that is given only once at a specified time.
<b>STAT order</b>	A "STAT" order is to be implemented immediately, for example an antibiotic.
<b>Hold order</b>	Sometimes a physician will want to hold a medication for a period of time. An example of this may be a resident who is scheduled to have surgery. The physician (or surgeon) may want to "hold" certain medications for the day(s) leading up to the surgery.
<b>Discontinue Order</b>	Sometimes called a "D/C" order, this is an order from the physician to stop a medication. Upon receiving the order, the medication is stopped and destroyed or returned to the pharmacy per protocol.

## Precautions When Working with Medication Orders

### Admission

It is important to ensure that medication orders are received from the physician or authorized prescriber prior to the admission or move-in of any resident. The Med Aide will reconcile the medication orders to the medications the resident may be bringing from home, including over-the-counter medications, to ensure that an order is on hand for every medication, and that every medication ordered is available. ALWAYS clarify any discrepancies immediately with the resident's physician.

### Transfer Forms

When a resident comes into a community from another health facility or hospital the community may receive a transfer form. The transfer form is not necessarily a physician order; physician orders would still need to be verified and received. It is not assumed all previous medications the resident was taking are automatically renewed. Contact the resident's physician for clarification of current physician orders.



### Contacting the Physician or Authorized Prescriber

When clarifying an order or communicating with the physician or authorized prescriber, always have the following ready and available:

- Full name of the resident
- Age, sex, date of birth and weight as appropriate
- Diagnosis
- Allergies
- Current medications
- Recent observed resident changes

If taking instructions from the physician, read back all notations clearly. Follow your community policy regarding faxing and signatures of physician orders.

### Controlled Medications

A controlled medication is also known as a scheduled drug. The distribution of these medications is controlled because of the drugs abuse potential or risk. The Federal Drug Enforcement Administration (DEA) has developed the following schedules.

- |                              |  |
|------------------------------|--|
| <b>Schedule I</b>            | Drugs with a high abuse risk. These drugs have no safe medical use in the United States. Examples of Schedule I drugs include heroin, LSD, and PCP.  |
| <b>Schedule II</b>           | These are drugs with a high abuse risk, but also have safe and accepted medical uses. These drugs can cause severe psychological or physical dependence. Schedule II drugs include narcotic, stimulant and depressant drugs including morphine, oxycodone and cocaine. Schedule II drugs will require the physician to use special prescription forms. |
| <b>Schedule III, IV or V</b> | These drugs have an abuse risk less than Schedule II. These drugs contain smaller amounts of certain narcotic and non-narcotic drugs, anti-anxiety drugs, tranquilizers, sedatives, stimulants and non-narcotic analgesics. Examples include Tylenol No.3, Vicodin, Valium, Xanax, Darvon and Talwin.  |

In most communities controlled medications are stored behind a secondary lock and narcotic count sheets are used to record the removal of a drug for resident use. This allows Med Aides to keep an accurate count of the amount of controlled drugs used and remaining. At shift change the Med Aide going off duty and the Med Aide coming on duty count the controlled drugs and then both sign a controlled substance sheet to



indicate the count is correct. If the count is not correct a supervisor must be alerted immediately.

## Parts of a Physician Order

While the physical physician order (or prescription) may come in different forms, there are several required components that should be found in any physician order:

REQUIRED COMPONENT	EXAMPLE
Name of the resident	<i>Mary Smith</i>
Name of the drug	<i>Aspirin</i>
Strength of the drug	<i>81 mg tablets</i>
Dose of the drug	<i>1 tablet</i>
Time and/or frequency of administration	<i>QD</i>
Route of administration	<i>By mouth</i>
Date	
Name of MD	
Signature of MD	

Physician orders may also include the diagnosis and indications for use.

Simple examples of common physician orders are found on the following pages.



## Sample Routine Order

William Richards, MD  
2121 Main St.  
North Hills, CA 99999  
555-858-7444

May 30, 2009

Lasix 40mg

Take one tablet by mouth every morning

*William Richards, MD*





## Sample PRN Order

William Richards, MD  
2121 Main St.  
North Hills, CA 99999  
555-858-7444

May 30, 2009

Ibuprofen 200mg

Take two tablets by mouth as needed every 8 hours for joint pain, not to exceed six tablets in 24 hours

*William Richards, MD*



## Sample Discontinue Order

William Richards, MD  
2121 Main St.  
North Hills, CA 99999  
555-858-7444

May 30, 2009

D/C Paxil

*William Richards, MD*



## WORKING WITH THE PHARMACY

After the physician orders (prescribes) a medication for a resident, that order must be communicated to the pharmacy so that the drug may be dispensed and delivered to the community. As a Med Aide you play a critical role in this communication process to ensure that you residents have their medications available at all times.

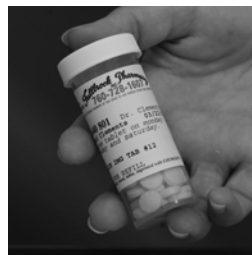
### Communication is Key!

Communication is perhaps the most essential component to ensuring that medication orders, dispensing, and delivery are handled as smoothly as possible. Identify primary contacts at the pharmacies you work with and make sure everyone in your community has their phone number. It is also important to document any communication with the pharmacy according to your community policies.

### Medication Packaging

Pharmacies use many different packaging systems/methods to dispense medications to your community. Some pharmacies are capable of using several different systems based on your request; others only provide medications in one type of packaging. Follow are examples of several common types of medication packaging:

Bottles (also sometimes called vials)



Bubble packs (also called punch cards)



Cassettes



There are many other packaging types, such as multi-dose, blister packs, and others.

### Information on a Prescription Medication Label

All medications in your community must have a label. Depending on the container/packaging the label may take different forms. For example, a traditional bottle of pills will have the label affixed directly to the container. Inhalers, ointments and creams will usually come in a box, with the label affixed to the outside of the box. Keep the box and container together.

**resident**      **fill date**      **expiration date**

200 METERED INHALATIONS

Refill Phone (760) 599-2243

CAUTION: Federal law prohibits dispensing without a prescription. Do not give to any person other than the patient for whom prescribed.

Rx# 193447714      PAIGE, DONALD G MD

H [redacted], TINA M      11/25/00      JAI

USE AS DIRECTED

**ALBUTEROL AER 90MCG**

34 GM      Mfr: [redacted]      Discard After: 11/00

Refillable 4 Times - Please call 24 hrs in Advance

For inhalation only

**SHAKE WELL**

**drug name**      **# of refills allowed**      **special instructions**



## Information on an Over-the-counter Label

Over-the-counter medications will not have all this information unless the pharmacist has dispensed them. An OTC label will at least provide the drug name, strength, expiration date, manufacturer, lot number, and instructions. Keep in mind these instructions are general instructions and are not particular to the resident. You will need a resident-specific order before assisting with a medication.



## Medication Refills

It is important that medication refills are obtained in a timely manner to ensure residents have the appropriate medications available. It is the Med Aide's responsibility to coordinate medication refills with the pharmacy.

In some cases refills will be authorized by the physician in advance and can simply be requested from the pharmacy. Some pharmacies utilize a system of automatically sending refills when they have been authorized in advance. This system is usually



known as "cycle fills" or "cycle refills" and relieves the Med Aide of the burden of requesting refills for every medication.

If a refill was not authorized in advance, the physician must be contacted before the pharmacy can dispense a refill.

Whatever refill system is used, it is your responsibility to ensure they are requested and received on time. Here are a few tips to consider regarding refills:

1. Contact the dispensing pharmacy to obtain a refill at least seven (7) days prior to running out of a medication, unless medication is on a cycle refill with the pharmacy. If necessary, the prescribing physician is contacted for a new order.
2. Medications are never allowed to run out unless directed to by the physician.
3. Each shift of Med Aides is responsible for making any necessary reminders and follow up calls to assist with timely receipt of medications.
4. If there is any delay in the receipt of the medications resulting in the unavailability of the medication to be given, notify your supervisor immediately.
5. Medications are noted as received on the medication refill roster when delivered to the community.
6. Match the medications received against the MAR to be sure the correct medication, strength, and dosage was received.
7. When receiving medications from the pharmacy for a new order, match the medication received against the physician order and MAR to be sure the correct medication, strength and dosage was received.

