

Module 5: Medication Management, Part 2

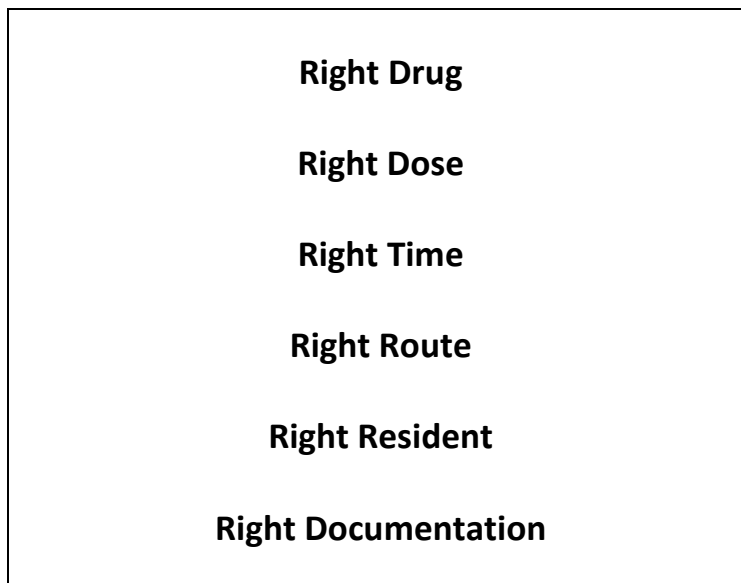
The Six Rights
Medication Assistance Procedures
PRN Medications

Assisted Living Medication Training



Medication passing, the act of pouring medication from their containers and giving them to the resident, is typically a straightforward and uncomplicated process. However, without adherence to established principles and techniques, dangerous errors can occur.

THE SIX RIGHTS



The "Six Rights" are one of the most important principles to follow when passing medications. All medication passes must adhere to these "rights." For every medication poured and passed to a resident, verify that each of these six rights is met. In other words verify that you have passed the right drug at the right dose, time and route to the right resident, and once passed complete the right documentation.

Right Drug

Use the "three-check method" to ensure you have taken the correct medication bottle from the cabinet. Compare the name and dose on the label with the name and dose in the resident's medication record. Check this information three times: once when you take it from the cabinet, a second time when you pour the pills out of the bottle, and a third time when you put the bottle back into the cabinet.



Right Dose

As described above, check three times to see that you have taken the right dosage from the medication cabinet or storage area. Be aware of how many pills must be given to get the correct dose. For example; if the dose calls for 100 mg and each tablet contains 50 mg, you would give two tablets.

Right Time

Accurately give medications according to the time the physician or nurse practitioner orders them. Advocate for adjustments in the times of day medications are given when necessary. For example; if a physician orders a medication to be given before bed, but the drug causes insomnia, you should talk to the physician or authorized prescriber about changing the medication administration time. The timing of medications can be critical to obtaining a therapeutic effect.

It is a generally accepted industry standard to allow for a two-hour window when assisting with medications, unless contraindicated by the physician or authorized prescriber. This means that a medication may be given up to one hour before, and one hour after the scheduled dosing time. For example, if a medication is schedule to be given at 8:00 am, it is generally acceptable give it between 7:00 am and 9:00 am.

Right Route

Medications can be given: orally, sublingual, as injections, topically, inhaled, and others. Be sure to give the medication by the route it was ordered.

Right Resident

Obviously a medication should only be given to the resident for whom it was prescribed. However this can be challenging, especially with new Med Aides or in large facilities. Having pictures labeled with resident's names available can be helpful in avoiding medication errors.

Right Documentation

Always document that a medication was given. The rule is: if it wasn't documented, it wasn't done. Documentation not only provides a record that you gave a medication, it is an important part of a resident's medical history and record.



MEDICATION ASSISTANCE BASICS

Follow these basic principles when assisting with medications:

1. Always follow the Six Rights.
2. Prepare medications for one resident at time.
3. Utilize the "Three Check Method." This means you check the medication label with your documentation at least three times.
4. Make sure all supplies are available for medication pass.
5. Wash your hands before, after, and between assisting with medications.
6. Wear gloves as indicated with medications requiring protection and whenever assisting with topical, transdermal medications, and eye, ear, and nose drops/sprays. This will protect the resident as well as avoiding absorption of medication into your skin.
7. Do not allow interruptions when you are working at the med area.
8. When deciding how much medication to give, always verify any confusion with your supervisor. If you ever have to give more than two (2) tablets to equal a dose, verify the dose with your pharmacist or physician.
9. Never give an expired medication.
10. Verify drug allergies.





MEDICATION ASSISTANCE PROCEDURE: ORAL MEDICATIONS

Follow these procedures when assisting with oral medications (e.g., tablets, capsules, liquids, etc.):

1. Prepare needed supplies and equipment:
 - a. Medication record
 - b. Disposable medication cup (graduated if a liquid medication)
 - c. Glass of water, juice or preferred liquid
 - d. Drinking straw (if necessary)
 - e. Crushing or splitting device (if applicable)
2. Remember to perform three checks of the Six Rights.
3. Check the resident's record for allergies.
4. Wash your hands.
5. Prepare the medication:
 - a. Prepare medications for one resident at a time.
 - b. Select correct drug from the drawer/cabinet.
 - c. Compare information on label with medication record.
 - d. Calculate correct dosage if necessary. Double-check calculations.
 - e. Preparing pills (e.g., tablets, capsules, etc.) from a bottle:
 - i. Pour required number of pills into bottle cap and then transfer to disposable medication cup.
 - ii. Do not touch the tablet/capsule.
 - iii. Extra tablets or capsules may be returned from cap into bottle.



- iv. Compare information on label with medication record.
- f. Preparing from a bubble pack:
- i. Place bubble pack directly over disposable medication cup
 - ii. Push medication through foil backing into the cup.
 - iii. Compare information on label with medication record.
- g. Preparing liquid medications:
- i. Remove bottle cap from container and place cap upside down on counter/cart.
 - ii. If the liquid is a suspension, shake well.
 - iii. To protect label from drips or spills, hold bottle with label against palm of hand while pouring.
 - iv. Place a graduated medication cup on a flat surface, watch at eye level and fill to amount prescribed.
 - v. Wipe lip of bottle clean with paper towel.
 - vi. Compare information on label with medication record.
6. Compare information on label with medication record again before returning container to the drawer/cabinet.
7. Assist resident with self-administration:
- a. Take medications to resident at correct time.
 - b. Identify that this is the correct resident. Use photos if necessary as resident's response may be inaccurate.
 - c. Allow resident to ask questions and provide appropriate answers. Be aware of body language and position. Sit next to resident at eye level and use a calm voice.



- d. Give medications to resident in cup or pour into his/her hand.
 - e. Offer full glass of water or juice with drugs.
 - f. If medication falls to the floor, discard it, document, and repeat preparation.
 - g. Stay with the resident until the medication has been swallowed. Observe for signs of "cheeking."
8. After resident has self-administered the medication, assist him/her to comfortable position, area, and/or activity.
9. Document administration of medication on the Medication Assistance/Administration Record.
10. Monitor resident for side effects or adverse reactions.



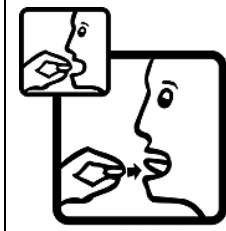


MEDICATION ASSISTANCE PROCEDURE: CRUSHING MEDICATIONS

There may be circumstances in which crushing medications is necessary to make them easier and/or safer for the resident to swallow. For example, if your resident has suffered a stroke or is demented he/she may have a swallowing disorder that makes it difficult to swallow the medications. There are several ways to crush medications.

1. Prepare needed supplies and equipment:
 - a. Medication record
 - b. 2 disposable medication cups
 - c. Crushing device (if applicable)
 - d. Other supplies necessary to pass medication
2. Remember to perform three checks of the Six Rights.
3. Check the resident's record for allergies.
4. Verify that a written physician order and pharmacy approval are documented prior to crushing any medications.
5. To crush medications:
 - a. Place the tablet between two medication cups to prevent spillage or loss of medication while crushing.
 - b. Crush medication until a smooth powder remains.
 - c. If using a pill crushing device, follow manufacturer's instructions.
 - d. Mix crushed medication in a small amount of soft food, preferably applesauce or pudding. Avoid hot foods or liquids.
6. Do not crush enteric-coated or sustained-release medications. Again verify with the pharmacist that the medication may be crushed.





MEDICATION ASSISTANCE PROCEDURE: SUBLINGUAL MEDICATIONS

Follow these procedures when assisting with sublingual (under the tongue) medications:

1. Prepare needed supplies and equipment:
 - a. Medication record
 - b. Disposable medication cup
 - c. Glass of water, juice, or preferred liquid
 - d. Drinking straw (if necessary)
2. Remember to perform three checks of the Six Rights.
3. Check the resident's record for allergies.
4. Wash your hands.
5. Prepare the medication:
 - a. Prepare medications for one resident at a time.
 - b. Select the correct drug from the drawer/cabinet.
 - c. Compare information on label with medication record.
 - d. Calculate correct dosage if necessary. Double-check calculations.
 - e. Preparing tablet from bottle:
 - i. Pour required number into bottle cap and then transfer to disposable medication cup.
 - ii. Do not touch the medication.
 - iii. Extra tablets or capsules may be returned from cap into bottle.
 - iv. Compare information on label with medication record.



- f. Preparing tablet from a bubble pack:
 - i. Place bubble pack directly over disposable medication cup and push medication through foil backing into the cup.
 - ii. Compare information on label with medication record.
 - g. Compare information on label with medication record again before returning container to the drawer/cabinet.
6. Assist resident with self-administration
- a. Take medications to resident at correct time.
 - b. Identify that this is the correct resident. Use photos if necessary as resident's response may be inaccurate.
 - c. Allow resident to ask questions and provide appropriate answers. Be aware of body language and position. Sit next to resident at eye level and use a calm voice.
 - d. Assist resident to self-administer medication:
 - i. Sublingual medications are placed under the tongue and allowed to dissolve.
 - ii. The resident should not swallow the medication.
 - iii. The resident should not eat or drink until the medication is completely dissolved.
 - e. If medication falls to the floor, discard it, document, and repeat preparation.
 - f. Stay with the resident until the medication has been swallowed. Look for signs of "cheeking."
 - g. Assist resident to comfortable position, area, and/or activity.
7. Document administration of medication on the Medication Assistance Record.
8. Monitor resident for side effects or adverse reactions.





MEDICATION ASSISTANCE PROCEDURE: TOPICAL MEDICATIONS AND TRANSDERMAL PATCHES

Follow these procedures when assisting with topical medications:

1. Prepare needed supplies and equipment:
 - a. Medication record
 - b. Gloves
 - c. Cotton swabs (if necessary)
 - d. Tongue depressor (if necessary)
2. Remember to perform three checks of the Six Rights.
3. Check the resident's record for allergies.
4. Wash your hands.
5. Prepare the medication:
 - a. Prepare medications for one resident at a time.
 - b. Select correct drug from the drawer/cabinet. Compare information on label with medication record.
 - c. Calculate correct dosage if necessary. Double-check calculations.
 - d. Apply gloves. Do not touch the medication.
 - e. Compare information on label with medication record.
6. Assist the resident with self-administration:
 - a. Take medications to resident at correct time.
 - b. Identify that this is the correct resident. Use photos if necessary as resident's response may be inaccurate.



- c. Allow resident to ask questions and provide appropriate answers. Be aware of body language and position. Sit next to resident at eye level and use a calm voice.
 - d. Administration procedures:
 - i. Ointments
 - 1. Apply with a cotton swab or tongue depressor.
 - ii. Lotions are
 - 1. Apply with a gloved hand.
 - iii. Transdermal medications (patches)
 - 1. Remove the old patch
 - 2. Remove the adhesive cover from the new patch and place it on a non-hairy spot of skin by applying gentle pressure to all the edges.
 - 3. Unless otherwise indicated, the transdermal patch should not be applied to the same location as the patch that was just removed.
 - e. Assist the resident to comfortable position, area, and/or activity.
 - f. Compare information on label with medication record again before returning container to the drawer/cabinet.
- 7. Dispose of soiled supplies.
 - 8. Dispose of gloves and wash hands.
 - 9. Document administration of medication on the Medication Assistance Record.
 - 10. Monitor resident for side effects or adverse reactions.





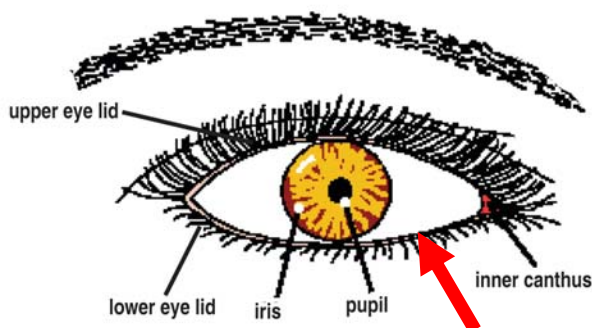
MEDICATION ASSISTANCE PROCEDURE: EYE DROPS

Follow these procedures when assisting with eye drops:

1. Prepare needed supplies and equipment:
 - a. Medication record
 - b. Medication bottle and dropper
 - c. Tissue
 - d. Gloves
2. Remember to perform three checks of the Six Rights.
3. Check the resident's record for allergies.
4. Wash your hands.
5. Prepare the medication:
 - a. Prepare medications for one resident at a time.
 - b. Select the correct drug from the drawer/cabinet. Compare information on label with medication record.
 - c. Calculate the correct dosage if necessary. Double-check your calculations.
6. Assist the resident with self-administration:
 - a. Take medications to the resident at the correct time.
 - b. Identify that this is the correct resident. Use photos if necessary as resident's response may be inaccurate.
 - c. Allow resident to ask questions and provide appropriate answers. Be aware of body language and position. Sit next to resident at eye level and use a calm voice.



- d. Assist resident with instillation of eye drops:
 - i. Put on gloves.
 - ii. Explain the procedure to the resident.
 - iii. With dominant hand resting on resident's forehead hold filled medication dropper approximately $\frac{1}{2}$ inch above conjunctival sac. Do not touch the dropper to any portion of the eye or eyelid at any time.
 - iv. Drop prescribed number of drops into conjunctival sac.



The conjunctival sac is located between the lower eye lid and the eye. It is exposed by gently pulling down on the lower eye lid.

- v. If resident blinks or drops land on outer lid or cheek, repeat the procedure.
 - vi. After instilling drops ask resident to close eye gently.
 - vii. Assist resident to comfortable position, area, and/or activity.
7. Dispose of soiled supplies.
 8. Dispose of gloves and wash hands.
 9. Document administration of medication on the Medication Assistance Record.
 10. Monitor resident for side effects or adverse reactions such as irritation.





MEDICATION ASSISTANCE PROCEDURE: EAR DROPS

Follow these procedures when assisting with ear drops:

1. Prepare needed supplies and equipment:
 - a. Medication record
 - b. Medication bottle and dropper
 - c. Gloves
 - d. Tissue
 - e. Cotton-tipped applicator
 - f. Cotton ball (if necessary)
2. Remember to perform three checks of the Six Rights.
3. Check the resident's record for allergies.
4. Wash your hands.
5. Prepare the medication:
 - a. Prepare medications for one resident at a time.
 - b. Select correct drug from the drawer/cabinet.
 - c. Compare information on label with medication record.
 - d. Calculate the correct dosage if necessary. Double-check your calculations.
6. Assist the resident with self-administration:
 - a. Take medications to resident at correct time.
 - b. Identify that this is the correct resident. Use photos if necessary as resident's response may be inaccurate.



- c. Allow resident to ask questions and provide appropriate answers. Be aware of body language and position. Sit next to resident at eye level and use a calm voice.
 - d. Assist resident with instillation of ear drops:
 - i. Put on gloves.
 - ii. Explain the procedure to the resident.
 - iii. Assist resident to side-lying position with ear to be treated facing up. If earwax occludes outermost portion of ear canal, wipe out gently with cotton-tipped applicator. Do not force wax inward.
 - iv. Straighten ear canal by gently pulling auricle (top of the outer ear) upward and outward.
 - v. Instill prescribed drops while holding dropper ½ inch above ear canal. Do not touch the dropper to the ear canal.
 - vi. Ask resident to remain in side-lying position for 2 to 3 minutes.
 - vii. Physician may order placement of cotton ball into outermost part of ear canal. Do not press cotton into innermost part of canal. Remove cotton after 15 minutes. Remain with the resident the entire time.
 - e. Assist resident to comfortable position, area, and/or activity.
7. Dispose of soiled supplies.
 8. Dispose of gloves and wash hands.
 9. Document administration of medication on the Medication Assistance Record.
 10. Monitor resident for side effects or adverse reactions such as irritation.





MEDICATION ASSISTANCE PROCEDURE: NASAL DROPS OR SPRAYS

Follow these procedures when assisting with nasal drops or sprays:

1. Prepare needed supplies and equipment:
 - a. Medication record
 - b. Medication bottle and dropper
 - c. Tissue
 - d. Gloves
2. Remember to perform three checks of the Six Rights.
3. Check the resident's record for allergies.
4. Wash your hands.
5. Prepare the medication:
 - a. Prepare medications for one resident at a time.
 - b. Select correct drug from the drawer/cabinet. Compare information on label with medication record.
 - c. Calculate the correct dosage if necessary. Double-check your calculations.
6. Assist the resident with self-administration:
 - a. Take medications to resident at correct time.
 - b. Identify that this is the correct resident. Use photos if necessary as resident's response may be inaccurate.
 - c. Allow resident to ask questions and provide appropriate answers. Be aware of body language and position. Sit next to resident at eye level and use a calm voice.



- d. Assist the resident with instillation of nasal drops:
 - i. Put on gloves.
 - ii. Explain the procedure to the resident.
 - iii. Assist the resident to the correct position:
 - 1. Recline the resident in a chair or in bed.
 - 2. Tilt the head back for nasal drops.
 - iv. Ask the resident to blow his or her nose prior to instillation, if appropriate.
 - v. Instill prescribed number of drops into the correct nostril(s).
 - vi. After instilling drops, instruct the resident to hold his or her head back for five minutes.
- e. Assist the resident with instillation of nasal sprays:
 - i. Put on gloves.
 - ii. Explain the procedure to the resident.
 - iii. Keep the head upright for nasal sprays.
 - iv. Ask the resident to blow his or her nose prior to instillation if appropriate.
 - v. Instill prescribed number of sprays into the correct nostril(s).
 - vi. While instilling a spray, hold the opposite nostril closed.
- 7. Dispose of soiled supplies.
- 8. Dispose of gloves and wash hands.
- 9. Document administration of medication on the Medication Assistance/Administration Record.
- 10. Monitor resident for side effects or adverse reactions such as irritation.





MEDICATION ASSISTANCE PROCEDURE: INHALERS

Follow these procedures when assisting with inhalers:

1. Prepare needed supplies and equipment:
 - a. Medication record
 - b. Spacer/chamber (if used)
 - c. Water, juice, or other beverage
2. Remember to perform three checks of the Six Rights.
3. Check the resident's record for allergies.
4. Wash your hands.
5. Prepare the medication:
 - a. Prepare medications for one resident at a time.
 - b. Select correct drug from the drawer/cabinet.
 - c. Compare information on the label with the medication record.
6. Assist resident with self-administration:
 - a. Take medications to resident at correct time.
 - b. Identify that this is the correct resident. Use photos if necessary as resident's response may be inaccurate.
 - c. Allow resident to ask questions and provide appropriate answers. Be aware of body language and position. Sit next to resident at eye level and use a calm voice.
 - d. Explain the procedure to the resident.



- e. Take the cap off the mouthpiece of the inhaler. Check to make sure that the mouthpiece is clean and clear of debris.
 - f. Put the canister in the mouthpiece and shake the inhaler.
 - g. Attach the spacer/chamber, if applicable.
 - h. Instruct the resident to tilt his/her head back a little bit and breath out through the mouth.
 - i. Assist the resident to put the inhaler into position with the lips all the way around the mouthpiece of the inhaler. If using a spacer the lips should be all the around the spacer mouthpiece.
 - j. Assist/Instruct the resident to push down on the canister to release the medication.
 - k. Just as the canister is pressed down, the resident should breathe in slowly. If the resident has trouble breathing at the right time, use a spacer. The spacer will hold the medication until the resident is ready to breath.
 - l. Instruct the resident to try to hold his/her breath for 10 seconds. Remove the inhaler or spacer from his/her mouth. Then instruct the resident to breathe out.
 - m. If the resident is taking more than 1 puff of medication, wait one minute before using it again. This allows time for the first puff to start working, allowing the second puff to go deeper into the lungs.
 - n. Offer the resident a preferred beverage as the medication may leave a foul taste in his/her mouth.
7. Document administration of medication on the Medication Assistance/Administration Record.
8. Monitor resident for side effects or adverse reactions such as irritation.



PRN MEDICATIONS

PRN is an acronym for the Latin words "Pro Re Nata" which loosely translates to "as needed." Medications that are taken on a PRN basis do not follow a routine daily regimen; they are not given at the same time every day. Rather, they are taken when they are needed, such as acetaminophen taken as needed for a headache.

Examples of Common PRN Uses

- Tylenol for fever
- Albuterol (inhaler) for shortness of breath
- Advil for arthritis pain
- Aspirin for headaches
- Sublingual nitroglycerin for chest pain
- Tums for "heart burn"
- Ativan for anxiety

Key points when handling PRN medications:

1. Verify that the resident's physician has indicated the resident is able to communicate the need for the PRN medication (See Module 9 for more information).
2. All PRN medication orders should contain at least the following information, in addition to the usual information required in a medication order:
 - a. The reason for the medication (e.g., "headache")
 - b. The exact dose (vague orders such as "take 1-2 tablets" should be avoided)
 - c. The minimum time between doses
 - d. The maximum dose in a 24-hour period



3. Be cautious to not give an overdose of the medication. Again adhere to the physician's instructions regarding the minimum time between doses (such as every 4 hours) and the maximum dose in a 24-hour period.
4. Always document the administration of the PRN as well as the response. Approximately 30 minutes to one-hour after giving the medication, check to see how the resident has responded and document this response in the medication record.
5. Individualize the use of the PRN to the needs of the resident. Do not simply give a PRN medication at the same time every day because "Mary always takes her medications this way." Communicate with the resident and only assist with the PRN medication of the sign/symptom that indicates the need is present.
6. Do not misuse PRN medications, nor should they be used for your convenience. Only assist the resident to take a PRN medication when it is needed.

