Department of
ELDER AFFAIRS
STATE OF FLORIDA

ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATION

STUDY GUIDE FOR ASSISTED LIVING FACILITY (ALF) STAFF

VS 08/01/2019

Purpose

Information resource and best practice systems intend to do the following:

1. Provide guidelines for the training of unlicensed personnel regarding safe medication practices in assisted living facilities (ALFs) in Florida;
2. Improve the quality of care and well-being of adults living in Florida ALFs;
3. Outline safety guidelines for prescribing, dispensing, delivering, storing, administering, monitoring, and properly disposing of medications in ALFs that provide assistance with self-administration of medication;
4. Reduce medication errors and improve reporting of adverse drug events; and
5. Reduce facility risk and professional liability in ALFs in Florida.

Objectives

Upon completion of the training program, caregivers should be able to demonstrate the ability to do the following:

- Read and **understand a prescription label;**
- **Provide** assistance with oral medication;
- **Measure** liquid solutions and suspensions (shake well), **break** scored tablets, and **crush** tablets as directed by prescription order;
- **Provide assistance with topical forms of medication for the skin, eye, ear, and nose**, including creams, lotions, ointments, patches, ophthalmic drops and ointments, otic solutions, and nasal drops, sprays, inhalers, and diskus forms.
- **Assist** residents with insulin pens
- **Provide assistance** with Oxygen via nasal cannula
- **Provide assistance** with CPAP machines
- Obtain vital signs
- **Assist residents with the application and removal** of anti-embolic stockings
- **Assisting** with colostomy bags
- **Use** of a glucometer to perform blood-glucose level checks
- **Assisting** residents with nebulizer medications
- **Complete** a Medication Observation Record (**MOR**);
- **Retrieve, store,** and **dispose** of medication properly;
- **Recognize** a **medication order which requires judgment and advise** the resident, resident's health care provider, or facility employer of the unlicensed caregiver's **inability to assist** in the administration of such orders;
- **Recognize** the general **side effects** of medications and classes of drugs and the need to **report adverse drug events (ADEs)**;
- Develop and understand the **types of questions to ask** a health care provider (HCP) regarding a resident's medications;
- **Promote medication error reduction, reporting, and safety in ALFs**; and
- **Promote timely adverse drug event (ADE) reporting in ALFs**;

Chapter 1. Florida Law 429 and Medication Practices 58A

Section 429.255, F.S., Use of personnel; emergency care.—
(1)(a) Persons under contract to the facility, facility staff, or volunteers, who are licensed according to part I of chapter 464, or those persons exempt under s. 464.022(1), and others as defined by rule, **may administer medications to residents, take residents' vital signs, manage individual weekly pill organizers for residents who self-administer medication, give prepackaged enemas ordered by a physician,** observe residents, document observations on the appropriate resident's record, report observations to the resident's physician, and contract or allow residents or a resident's representative, designee, surrogate, guardian, or attorney in fact to contract with a third party, provided residents meet the criteria for appropriate placement as defined in s. 429.26. Nursing assistants certified pursuant to part II of chapter 464 may take residents' vital signs as directed by a licensed nurse or physician.

Section 429.256(1)(a), F.S., provides that **"assistance with self-administration of medication"** by an **unlicensed** person requires, "**informed consent**" which means advising the resident, or resident's surrogate, guardian, or attorney in fact, that an assisted living facility is **not required to have a licensed nurse on staff,** that the resident may be receiving assistance with self-administration of medication from an **unlicensed person**, and that such assistance, if provided by an unlicensed person, **will or will not be overseen by a licensed nurse**.
See example of an **Informed Consent Form - Appendix 1**.

Section 429.256(1)(b), F.S., **"assistance with self-administration of medication"** defines **"unlicensed person"** as an individual not currently licensed to practice nursing or medicine who is employed by or under ~~contract to an assisted living facility and who has received training with respect to~~ assisting with the self-administration of medication in an ALF as provided under s. 429.52 **prior to providing** such assistance as described in this section.
Section 429.256(2) F.S., Residents **who are capable** of self-administering their own medications without assistance shall be **encouraged and allowed** to do so.
See example of **Resident Assessment Form - Appendix 3**.
Section 429.256(2) F.S., defines **"self-administered medications"** as both legend (Rx) and over-the-counter (OTC) oral dosage forms, topical dosage forms, and topical ophthalmic, otic, and nasal dosage forms including ~~solutions, suspensions, sprays,~~ and inhalers.

Section 429.256(3), F.S., "**assistance with the self- administration of medications**" by an **unlicensed** person **includes or shall be allowed for:**

A. Taking the medication, in its previously dispensed, properly labeled container, including an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.
B. In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
C. Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.
D. Applying topical medications to skin, eye, ear, or nose including solutions, suspensions, sprays, and inhalers.
E. Returning the medication container to proper storage.
F. Keeping a record of when a resident receives assistance with self-administration of medication using a Medication Observation Record (MOR).

G. **Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.**
H. **Using a glucometer to perform blood-glucose level checks.**
I. **Assisting with putting on and taking off antiembolism stockings.**
J. **Assisting with applying and removing an oxygen cannula but not with titrating the prescribed oxygen settings.**
K. **Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.**
L. **Assisting with measuring vital signs.**
M. **Assisting with colostomy bags.**

Section 429.256(4), F.S., **"assistance with the self-administration of medication" by an unlicensed** person **does NOT include or shall NOT be allowed for:**

A. **Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed.**
B. **The preparation of syringes for injection or the administration of medications by any injectable route.**
C. **Administration of medications by way of a tube inserted in a cavity of the body.**
D. **Administration of parenteral preparations.**
E. **Irrigations or debriding agents used in the treatment of a skin condition.**
F. **Rectal, urethral, or vaginal preparations.**
G. **Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident.**
H. **Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.**

Section 429.256(5), F.S., provides that **"assistance with the self- administration of medication"** by an **unlicensed** person as described in this statute **shall NOT be** considered **administration of medication** as defined in § 465.003, F.S. Nurse Practice Act.

Section 429.41, F.S., Rules Establishing Standards - The management of medication;
(k) The use of physical or chemical restraints. The use of chemical restraints is limited to prescribed dosages of medications authorized by the resident's physician and must be consistent with the resident's diagnosis. Residents who are receiving medications that can serve as chemical restraints must be evaluated by physician at least annually to assess:

1. The continued need for the medication.
2. The level of the medication in the resident's blood.
3. The need for adjustments in the prescription.

Section 429.42, FS, Pharmacy services.
(1)Any assisted living facility in which the agency has documented a class I or class II deficiency or uncorrected class III deficiencies regarding medicinal drugs or over-the-counter preparations, including their storage, use, delivery, or administration, or both, during a biennial survey or a monitoring visit or an investigation in response to a complaint, shall, in addition to or as an alternative to any penalties imposed under s. 429.19, be required to employ the

consultant services of a licensed pharmacist, a licensed registered nurse, as applicable. The consultant shall, at a minimum, provide onsite quarterly consultation until the inspection team from the agency determines that such consultation services are no longer required.

(2) A corrective action plan for deficiencies related to assistance with the self-administration of medication or the administration of medication must be developed and implemented by the facility within 48 hours after notification of such deficiency, or sooner if the deficiency is determined by the agency to be life-threatening.

(3) The agency shall employ at least two pharmacists licensed pursuant to chapter 465 among its personnel who biennially inspect assisted living facilities licensed under this part, to participate in biennial inspections or consult with the agency regarding deficiencies relating to medicinal drugs or over-the-counter preparations.

Section 429.52, FS, requires **unlicensed personnel** involved in assisting with the self-administration of medications to complete a minimum of six (6) hours of training pursuant to a curriculum developed by DOEA and provided by a registered nurse, licensed pharmacist, or DOEA staff prior to assisting with medications. Rule 58A-5.0191(c) mandates they must obtain, annually, a minimum of two (2) hours of CE training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The two (2) hours of CE training may be provided online.

58A-5.0181 ADMISSION PROCEDURES, APPROPRIATENESS OF PLACEMENT AND CONTINUED RESIDENCY CRITERIA.

(1) ADMISSION CRITERIA. An individual must meet the minimum criteria in order to be admitted to a facility holding a standard, limited nursing or limited mental health license:

(5) Be capable of taking medication, by either self-administration, assistance with self-administration, or administration of medication.

a. If the resident needs assistance with self-administration of medication, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance. If unlicensed staff will be providing assistance with self-administration of medication, **the facility must obtain written informed consent** from the resident or the resident's surrogate, guardian, or attorney-in-fact.

b. The facility may accept a resident who requires the administration of medication, if the facility employs a nurse who will to provide this service, or the resident, or the resident's legal representative, designee, surrogate, guardian, or attorney-in-fact, contracts with a third party licensed to provide this service to the resident.

Rule 58A-5.0185, FAC, MEDICATION PRACTICES.

Pursuant to Sections 429.255 and 429.256, F.S., and this rule, licensed facilities may assist with the self-administration or administration of medications to residents in a facility. A resident may not be compelled to take medications but may be counseled in accordance with this rule.

(1) SELF-ADMINISTERED MEDICATIONS.

(a) Residents who are capable of self-administering their medications without assistance shall be encouraged and allowed to do so.

(b) If facility staff note deviations which could reasonably be attributed to the improper self-administration of medication, staff shall consult with the resident concerning any problems the resident may be experiencing with the medications; the need to permit the facility to aid the resident through the use of a pill organizer, provide assistance with self-administration of

medications, or administer medications if such services are offered by the facility. The facility shall contact the resident's health care provider when observable health care changes occur that may be attributed to the resident's medications. The facility shall document such contacts in the resident's records.

(2) PILL ORGANIZERS.

(a) Only a resident who self-administers medications may use a pill organizer.
(b) Unlicensed staff may not provide assistance with pill organizers.
(c) A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse shall manage the pill organizer in the following manner:

1. Obtain the labeled medication container from the storage area or the resident;
2. Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed;
3. Return the medication container to the storage area or resident; and
4. Document the date and time the pill organizer was filled in the resident's record.

(d) If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it shall be noted in the resident's record and the facility shall consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility shall contact the resident's health care provider regarding questions, concerns, or observations relating to the resident's medications. Such communication shall be documented in the resident's record.

(3) ASSISTANCE WITH SELF-ADMINISTRATION.

(a) Any unlicensed person providing assistance with self-administration of medication must be 18 years of age or older, trained to assist with self-administered medication pursuant to the training requirements of Rule 58A-5.0191, F.A.C., and must be available to assist residents with self-administered medications in accordance with the procedures described in Section 429.256, F.S., this rule, and the Assistance with Self-Administration of Medication Guide 5th Edition (May 2016).
(b) In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes reading the medication label aloud and verbally prompting a resident to take medications as prescribed.
(c) In order to facilitate assistance with self-administration, trained staff may prepare and make available such items as water, juice, cups, and spoons. Trained staff may also return unused doses to the medication container. Medication, which appears to have been contaminated, must not be returned to the container.
(d) Trained staff must observe the resident take the medication. Any concerns about the resident's reaction to the medication or suspected noncompliance must be reported to the resident's health care provider and documented in the resident's record.
(e) When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:

1. The health care provider may prescribe a medication schedule which coincides with the resident's presence in the facility;
2. The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident's medication record;

3. The medication may be transferred to a pill organizer pursuant to the requirements of subsection (2), and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record; or
4. Medications may be separately prescribed and dispensed in an easier to use form, such as unit dose packaging;
(f) Assistance with self-administration of medication does not include the activities detailed in Section 429.256(4), F.S.

1. Pursuant to Section 429.256(4)(g), F.S., the term "competent resident" means that the resident is cognizant of when a medication is required and understands the purpose for taking the medication.
2. Pursuant to Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.

(g) All trained staff must adhere to the facility's infection control policy and procedures when assisting with the self-administration of medication.

(4) MEDICATION ADMINISTRATION.

(a) For facilities that provide medication administration, a staff member licensed to administer medications must be available to administer medications in accordance with a health care provider's order or prescription label.
(b) Unusual reactions to the medication or a significant change in the resident's health or behavior that may be caused by the medication must be documented in the resident's record and reported immediately to the resident's health care provider. The contact with the health care provider must also be documented in the resident's record.
(c) Medication administration includes conducting any examination or other procedure necessary for the proper administration of medication that the resident cannot conduct personally and that can be performed by licensed staff.
(d) A facility which performs clinical laboratory tests for residents, including blood glucose testing, must be in compliance with the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) and Part I of Chapter 483, F.S. A valid copy of the State Clinical Laboratory License and the CLIA Certificate must be maintained in the facility. A state license or CLIA certificate is not required if residents perform the test themselves or if a third party assists residents in performing the test. The facility is not required to maintain a State Clinical Laboratory License or a CLIA Certificate if facility staff assist residents in performing clinical laboratory testing with the residents' own equipment.

(5) MEDICATION RECORDS.

(a) For residents who use a pill organizer managed under subsection (2), the facility shall keep either the original labeled medication container; or a medication listing with the prescription number, the name and address of the issuing pharmacy, the health care provider's name, the resident's name, the date dispensed, the name and strength of the drug, and the directions for use.
(b) The facility must maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration of medications or medication administration. A medication observation record must be immediately updated each time the medication is offered or administered and include:
1. The name of the resident and any known allergies the resident may have;
2. The name of the resident's health care provider and the health care provider's telephone number;
3. The name, strength, and directions for use of each medication; and

4. A chart for recording each time the medication is taken, any missed dosages, refusals to take medication as prescribed, or medication errors.
(c) For medications that serve as chemical restraints, the facility must, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use of the medication.

(6) MEDICATION STORAGE AND DISPOSAL.

(a) In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises. Residents may also store their medication or in their rooms or apartments if either the room is kept locked when residents are absent or, the medication is stored in a secure place that is out of sight of other residents.
(b) Both prescription and over-the-counter medications for residents must be centrally stored if:
1. The facility administers the medication;
2. The resident requests central storage. The facility shall maintain a list of all medications being stored pursuant to such a request;
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents; or
6. The facility's rules and regulations require central storage of medication and that policy was provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.
(c) Centrally stored medications must be:
1. Kept in a locked cabinet; locked cart, or other locked storage receptacle; room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration must be kept refrigerated. Refrigerated medications must be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area in which refrigerator is located locked;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration of medication, or administering medication. Such staff must have ready access to keys or codes to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.
(d) Medication which has been discontinued but which has not expired shall be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident's request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked "discontinued medication." Such medication may be reused if re-prescribed by the resident's health care provider.
(e) When a resident's stay in the facility has ended, the administrator must return all medications to the resident, the resident's family, or the resident's guardian unless otherwise prohibited by law. If, after notification and waiting at least 15 days, the resident's medications are still at the facility, the medications are considered abandoned and may disposed of in accordance with paragraph (f).
(f) Medications which have been abandoned or which have expired must be disposed of within 30 days of being determined abandoned or expired and disposition shall be documented in the

resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.
(g) Facilities that hold a Special-ALF permit issued by the Board of Pharmacy may return dispensed medicinal drugs to the dispensing pharmacy pursuant to Rule 64B16-28.870, F.A.C.

(7) MEDICATION LABELING AND ORDERS.
(a) The facility may not store prescription drugs for self-administration, assistance with self-administration, or administration unless they are properly labeled and dispensed in accordance with Chapters 465 and 499, F.S. and Rule 64B16-28.108, F.A.C. If a customized patient medication package is prepared for a resident, and separated into individual medicinal drug containers, then the following information must be recorded on each individual container:
1. The resident's name; and
2. The identification of each medicinal drug in the container.

(b) Except with respect to the use of pill organizers as described in subsection (2), no individual other than a pharmacist may transfer medications from one storage container to another.
(c) If the directions for use are "as needed" or "as directed," the health care provider must be contacted and requested to provide revised instructions. For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations must be specified; for example, "as needed for pain, not to exceed 4 tablets per day." The revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, must be noted in the medication record, or a revised label must be obtained from the pharmacist.
(d) Any change in directions for use of a medication that the facility is administering or providing assistance with self-administration must be accompanied by a written, faxed, or electronic copy of a medication order issued and signed by the resident's health care provider. The new directions must promptly be recorded in the resident's medication observation record. The facility may then obtain a revised label from the pharmacist or place an "alert" label on the medication container that directs staff to examine the revised directions for use in the medication observation record.
(e) A nurse may take a medication order by telephone. Such order must be promptly documented in the resident's medication observation record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed or electronic copy of a signed order is acceptable.
(f) The facility must make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled or refilled in a timely manner.
(g) Pursuant to Section 465.0276(5), F.S. and Rule 61N-1.006, F.A.C., sample or complimentary prescription drugs that are dispensed by a health care provider, must be kept in their original manufacturer's packaging, which must include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed. If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they must be kept in a container that bears a label containing the following:

1. Practitioner's name;
2. Resident's name;
3. Date dispensed;
4. Name and strength of the drug;
5. Directions for use; and
6. Expiration date.

(h) Pursuant to Section 465.0276(2)(c), F.S., before dispensing any sample or complimentary prescription drug, the resident's health care provider must provide the resident with a written prescription, or a faxed or electronic copy of such order.

OVER THE COUNTER (OTC) PRODUCTS.

For purposes of this subsection, the term over the counter includes, but is not limited to, over the counter medications, vitamins, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, that can be sold without a prescription.

(a) A facility may keep a stock supply of OTC products for multiple resident use. When dispensing any OTC product that is kept by the facility as a stock supply to a resident, the staff member dispensing the medication must record the name and amount of the OTC product dispensed in the resident's medication observation record.
(b) OTC products, including those prescribed by a health care provider but excluding those kept as a stock supply by the facility, must be labeled with the resident's name and the manufacturer's label with directions for use, or the health care provider's directions for use. No other labeling requirements are required.
(c) Residents or their representatives may purchase OTC products from an establishment of their choice.
(d) A health care provider's order is required when a nurse provides assistance with self-administration or administration of OTC products. When an order for an OTC product exists, the order must meet the requirements of paragraphs (b) and (c) of this subsection. A health care provider's order for OTC products is not required when a resident self-administers his or her medications, or when unlicensed staff provides assistance with self-administration of medications.

Rule 58A-5.0191(6), F.A.C., TRAINING: ASSISTANCE WITH THE SELF-ADMINISTRATION OF MEDICATION and MEDICATION MANAGEMENT.

Unlicensed persons who will be providing assistance with the self-administration of medications as described in Rule 58A-5.0185, F.A.C., must meet the training requirements pursuant to Section 429.52(6), F.S., prior to assuming this responsibility. Courses provided in fulfilment of this requirement must meet the following criteria:

(a) Training must cover state law and rule requirements including the Assistance With Self-Administration of Medication Guide 5th Edition (May 2016) found at (http://elderaffairs.state.fl.us), and must include demonstrations of proper techniques, including techniques for infection control, and ensure unlicensed staff have adequately demonstrated that they have acquired the skills necessary to provide such assistance.
(b) The training must be provided by a registered nurse or licensed pharmacist who shall issue a training certificate to a trainee who demonstrates in person and both physically and verbally, the ability to:
1. Read and understand a prescription label;
2. Provide assistance with self-administration in accordance with Section 429.256, F.S. and Rule 58A-5.0185, F.A.C., including:
a. Assist with oral dosage forms, topical dosage forms, and topical ophthalmic, otic and nasal dosage forms;
b. Measure liquid medications, break scored tablets, and crush tablets in accordance with prescription directions;
c. Recognize the need to obtain clarification of an "as needed" prescription order;
d. Recognize a medication order which requires judgment or discretion, and to advise the resident, resident's health care provider or facility employer of inability to assist in the administration of such orders;

e. Complete a medication observation record;
f. Retrieve and store medication;
g. Recognize the general signs of adverse reactions to medications and report such reactions;
Assist residents with insulin pens by dialing the prescribed amount to be injected and handing the pen to the resident for self-injection. Only insulin syringes that are prefilled with the proper dosage by a pharmacist or a manufacturer may be used;
i. Assist with nebulizers;
j. Use a glucometer to perform blood glucose testing;
k. Assist residents with oxygen nasal cannulas and continuous positive airway pressure (CPAP) devices, excluding the titration of the oxygen levels;
l. Apply and remove anti-embolism stockings and hosiery;
m. Placement and removal of colostomy bags, excluding the removal of the flange or manipulation of the stoma site; and
n. Measurement of blood pressure, heart rate, temperature, and respiratory rate.
(c) Unlicensed persons, as defined in Section 429.256(1)(b), F.S., who provide assistance with self-administered medications and have successfully completed the initial 6 hour training, must obtain, annually, a minimum of 2 hours of continuing education training on providing assistance with self-administered medications and safe medication practices in an assisted living facility. The 2 hours of continuing education training may be provided online.
(d) Trained unlicensed staff who, prior to the effective date of this rule, assist with the self-administration of medication and have successfully completed 4 hours of assistance with self-administration of medication training must complete an additional 2 hours of training that focuses on the topics listed in sub-subparagraphs (5)(b)2.h.-n. of this section before assisting with the self-administration of medication procedures listed in sub-subparagraphs (5)(b)2.h.-n.

Rule 58A-5.0191(11), F.A.C., TRAINING DOCUMENTATION AND MONITORING

(a) Except as otherwise noted, certificates, or copies of certificates, of any training required by this rule must be documented in the facility's personnel files. The documentation must include the following:
1. The title of the training program;
2. The subject matter of the training program;
3. The training program agenda;
4. The number of hours of the training program;
5. The trainee's name, dates of participation, and location of the training program;
6. The training provider's name, dated signature and credentials, and professional license number, if applicable.
(b) Upon successful completion of training pursuant to this rule, the training provider must issue a certificate to the trainee as specified in this rule.
(c) The facility must provide the Department of Elder Affairs and the Agency for Health Care Administration with training documentation and training certificates for review, as requested. The department and agency reserve the right to attend and monitor all facility in-service training, which is intended to meet regulatory requirements.
See example of **Training Certificate – Appendix 2.**

Rule 588A-5.033(3), F.A.C., EMPLOYMENT OF A CONSULTANT.

(a) Medication Deficiencies.
1. If a class I, class II, or uncorrected class III deficiency directly relating to facility medication practices as established in Rule 58A-5.0185, F.A.C., is documented by the agency pursuant to an inspection of the facility, the agency must notify the facility in writing that the facility must

employ or contract the services of a pharmacist licensed pursuant to Section 465.0125, F.S., or registered nurse as determined by the agency.
2. After developing and implementing a corrective action plan in compliance with Section 429.42(2), F.S., the initial on-site consultant visit must take place within 7 working days of the notice of the class I or II deficiency and within 14 working days of the notice of an uncorrected class III deficiency. The facility must have available for review by the agency a copy of the license of the consultant pharmacist or registered nurse and the consultant's signed and dated review of the corrective action plan no later than 10 working days subsequent to the initial on-site consultant visit.
3. The facility must provide the agency with, at a minimum, quarterly on-site corrective action plan updates until the agency determines after written notification by the consultant and facility administrator that deficiencies are corrected and staff has been trained to ensure that proper medication standards are followed and that such consultant services are no longer required. The agency must provide the facility with written notification of such determination.

Medication Management

The management of medication and use of chemical restraints is limited to prescribed dosages of medications authorized by the resident's physician and must be consistent with the resident's diagnosis. Residents who are receiving medications that can serve as chemical restraints must be evaluated by their physician at least annually to assess:
1.The continued need for the medication.
2.The level of the medication in the resident's blood.
3.The need for adjustments in the prescription.
EXAMPLES of common chemical restraints include lorazepam (ATIVAN), diazepam (VALIUM), etc.

Assistance With Self-Administration of Medication

One of the most important services an ALF may provide is assisting a resident with medications. For caregivers in ALFs, this is often a crucial component of caring for residents. Unlicensed staff who will be providing assistance with self-administered medications as described in Rule 58A-5.0185, FAC, must meet the training requirements pursuant to Section 429.52(6), FS, prior to assuming this responsibility. Most people move to an ALF because of a need for assistance with personal care, including assistance with medications, and other activities of daily living. As a caregiver, you may need to assist a resident with medications. You may be required to pick up medications at the pharmacy, check them when they are delivered, and make sure that they are taken as prescribed.
This guide describes the process for assisting residents with safely taking their medications; provides an overview of the law and rule requirements with respect to assistance; and describes procedures relating to the management and supervision of medications in the assisted living setting.

Administration of Medication

Administration of medication as defined by 464.003 FS is forbidden by unlicensed personnel. Nurses and others may administer medications because they are licensed to do so.

Definition of Drug or Medication

A pharmaceutical drug, also referred to as medicine, medication, or medicament, can be loosely defined as any chemical substance intended for use in the medical diagnosis, cure, treatment, or prevention of disease.

Definition of Controlled Substance Schedules
The drugs and other substances that are considered controlled substances under the CSA are divided into five (5) schedules. A listing of the substances and their schedules is found in the DEA regulations, 21 C.F.R. Sections 1308.11 through 1308.15. A controlled substance is placed in its schedule based on whether it has a currently accepted medical use in treatment in the United States, its relative abuse potential, and its likelihood of causing dependence. Some examples of controlled substances in each schedule are outlined below. NOTE: Drugs listed in schedule I have no currently accepted medical use in treatment in the United States and, therefore, may not be prescribed, administered, or dispensed for medical use. In contrast, drugs listed in schedules II-V have some accepted medical use and may be prescribed, administered, or dispensed for medical use.

SCHEDULE I CONTROLLED SUBSTANCES
Substances in this schedule have a high potential for abuse, have no currently accepted medical use in treatment in the United States, and there is a lack of accepted safety for use of these drugs or other substances under medical supervision. Some substances listed in schedule I are: heroin, lysergic acid diethyl-amide (LSD), marijuana (cannabis), peyote, methaqualone, and 3,4-methylenedioxymethamphetamine ("ecstasy").

SCHEDULE II CONTROLLED SUBSTANCES
Substances in this schedule have a high potential for abuse which may lead to severe psychological or physical dependence. Examples of single entity schedule II narcotics include morphine and opium. Other schedule II narcotic substances and their common name brand products include: hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®), and fentanyl (Sublimaze® or Duragesic®). Examples of schedule II stimulants include: amphetamine (Dexedrine®, Adderall®), methamphetamine (Desoxyn®), and methylphenidate (Ritalin®). Other schedule II substances include: cocaine, amobarbital, glutethimide, and pentobarbital.

SCHEDULE III CONTROLLED SUBSTANCES
Substances in this schedule have a potential for abuse less than substances in schedules I or II and abuse may lead to moderate or low physical dependence or high psychological dependence. Examples of schedule III narcotics include combination products containing less than 15 milligrams of hydrocodone per dosage unit (Vicodin®) and products containing not more than 90 milligrams of codeine per dosage unit (Tylenol with codeine®). Also included are buprenorphine products (Suboxone® and Subutex®) used to treat opioid addiction. Examples of schedule III non-narcotics include benzphetamine (Didrex®), phendimetrazine, ketamine, and anabolic steroids such as oxandrolone (Oxandrin®).

SCHEDULE IV CONTROLLED SUBSTANCES
These substances have a low potential for abuse relative to substances in schedule III. Examples of schedule IV controlled substances include: alprazolam (Xanax®), clonazepam (Klonopin®), clorazepate (Tranxene®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

SCHEDULE V CONTROLLED SUBSTANCES
Substances in this schedule have a low potential for abuse relative to substances listed in schedule IV and consist primarily of preparations containing limited quantities of certain narcotics. These are generally used for antitussive, antidiarrheal, and analgesic purposes.

Examples include cough preparations containing not more than 200 milligrams of codeine per 100 milliliters or per 100 grams (ROBITUSSIN AC and PHENERGAN with CODEINE).

DEA Regulation of Controlled Substances in Nursing Homes, Hospices, and Assisted Living Facilities (ALFs)

Issue: The regulations implementing the Controlled Substances Act (CSA) require that all prescriptions for Schedule II-V controlled substances be written, signed by the prescriber, and presented to a pharmacy for fulfillment. In nursing homes, hospices and assisted living facilities, where a resident's physician usually is not physically on-site, nurses for years have played a key role in communicating information on residents' conditions to physicians and other practitioners. This communication usually takes place by telephone, with a nurse acting as the physician's "agent" by recording the physician's verbal order of the needed medications in the resident's clinical record, creating a "chart order," and ensuring that the physician's orders are carried out. Nurses in hospitals operate similarly. Through this process, nurses ensure that medications are acquired timely to meet residents' changing and emergent medical needs.

Under an interpretation adopted in the past several years by the U.S. Drug Enforcement Administration (DEA), which has oversight authority for the CSA, a nurse in a long-term care (LTC) setting (nursing home, assisted living facility, and hospice) is prohibited from serving as an "agent" of a practitioner prescribing a Schedule II-V medication for a LTC resident. Under this prohibition, practitioners cannot rely on LTC nurses to document their prescription orders and transmit them to the pharmacy; instead, the DEA requires the pharmacist to locate and communicate with the prescribing physician in person and obtain a separate, signed "hard copy" prescription order from the prescriber before the pharmacist/pharmacy can dispense the needed controlled substance. The DEA also has ruled that a chart order in a resident's medical record is not considered a valid prescription.

It is important to note that there is ALWAYS ONLY ONE generic name for a drug such as the generic ampicillin, but there may be two or more BRAND NAMES (OMNIPEN, POLYPEN, PRIMAPEN) for the same single generic name.

This guide will generally present generic names in lower case, hydromorphone, and BRAND NAMES in UPPER CASE as (DILAUDID), and will NOT use a trademark symbol as (Dilaudid®), due to some medication safety concerns with symbols such as ®.

Occasionally, the generic name will be printed in TALL MAN lettering as cloNIDine (CATAPRESS), glyBURIDE (DIABETA), glipiZIDE (GLUCOTROL).

Chapter 2. Medication Administration and Safety

Medication Administration is helping a person with the ingestion, application, or inhalation of medications as prescribed by a doctor or other authorized health care provider (HCP). Understanding the routes of administration is important in understanding the limitations of an unlicensed person and the responsibility of licensed health care professionals.

Routes of Administration allowed by trained <u>unlicensed</u> persons

Oral	by mouth
Sublingual	under the tongue
Ophthalmic	into eye
Otic	into ear
Nasal	into nose
Inhalant	into lungs through mouth
Topical	on to skin
Transdermal	through skin by patch

Medication routes only given by nurses or <u>licensed</u> personnel

Rectal	into the rectum
Vaginal	into the vagina
Subcutaneous (Sub-q)	injection-under the skin
Intramuscular (IM) injection	injection into muscle
Intravenous (IV) injection	injection into vein
Naso-Gastric	into the NG tube

UNLICENSED STAFF MAY <u>NOT</u> ADMINISTER MEDICATION, THEY ARE ONLY ALLOWED TO ASSIST WITH SELF-ADMINISTRATION OF MEDICATION.

MEDICATION ADMINISTRATION

Facilities that provide medication administration must have available a staff member who is licensed to administer medications according to a doctor's order or prescription label. Unusual reactions or a significant change in the resident's health or behavior shall be documented in the resident's record and reported immediately to the resident's HCP. Any contact with the health care provider shall also be documented in the resident's record. **Medication administration is forbidden by unlicensed personnel in Florida.**

Providing safe assistance with medications for many residents on multiple medications is complicated and requires concentration and attention to detail.

Licensed Staff ONLY

Medication administration is for licensed staff only and is forbidden for unlicensed personnel due to problems related to medication administration and safety. Medication safety is a major concern in hospitals, nursing homes, assisted living facilities, as well as with the general public. It is a global problem. It is extremely important to take medications properly to achieve maximum health benefits. The importance and benefits of taking medications as prescribed is the foundation of rational drug therapy. The first rule in medicine is **"Do No Harm." The health benefits of taking a drug should always be weighed against the risks, side effects, and consequences of taking that drug.**

Persons under contract to the facility, facility staff, or volunteers, who are **licensed according to Section 464.003, such as nurses, may administer medications to residents, manage individual weekly pill organizers for residents who self-administer medication**, document observations on the appropriate resident's record, and report observations to the resident's doctor/physician.

MEDICATION SAFETY

Medication safety is the responsibility of everyone who handles medications. The original five rights of medication administration (RIGHT resident, medication, dosage, time, and route) have developed into the nine rights of medication administration, adding the right documentation, right to refuse, right reason, and right response.

HELP STOP MEDICATION ERRORS!

CHECK "EYE" and "EAR" MEDICATIONS CAREFULLY.

"EAR" DROPS IN THE "EYE" COULD BE DANGEROUS.

NINE (9) RIGHTS of Medication Administration in ALFs

Assisting with self-administered medications includes knowing that the Right RESIDENT takes the Right MEDICATION at the Right DOSAGE at the Right TIME by the Right ROUTE for the Right REASON, has the Right RESPONSE, has the Right to REFUSE, and is followed by the Right DOCUMENTATION on the Medication Observation Record (MOR).

Right **RESIDENT**– Make sure you know the resident. Identify RESIDENT every time and confirm by name, date of birth, picture on MOR (with permission), and/or other means of accurate identification. Check the name on the order and the patient. Use at least two identifiers. Ask the patient to identify themselves. Use technology when possible such as bar codes. Use picture or picture ID.

Right **MEDICATION** – Check MEDICATION label and order **three** times. **Check** MOR, **Check** LABEL, then **Check** MOR with LABEL. Read the label to the resident and verify the resident understands the drug dosage and reason for use, if known.

Right **DOSAGE** – Check the DOSAGE (AMOUNT). Triple check the label with the MOR.

Right **TIME** – Check the TIME. Medications must be given at the TIME prescribed. Standard practice is that medications are given within one hour before or one hour after the TIME noted on the MOR or medication label. It is considered a medication error if outside the one hour range. Best practice would be TIME exactly as indicated on MOR or prescription label.

Right **ROUTE** – Check the ROUTE. Confirm that the patient can take or receive the medication by this route: oral by mouth, topical creams, ointments, or patches on skin; ophthalmic drops or ointments in eye; otic drops in ear; nasal drops or sprays in nose; and inhalers or diskus inhaled through mouth. **UNLICENSED STAFF ARE NOT ALLOWED TO ASSIST URETHRAL, VAGINAL, or RECTAL MEDICATIONS.**

Right **DOCUMENTATION** – properly document each dose offered on the Medication Observation Record (MOR). Document administration AFTER giving the ordered medication. Chart the time, route, and any other specific information as necessary, including refusal of medication.

Right **RESPONSE** – Make sure that the drug led to the desired effect. If an antacid was given for heartburn, was the heartburn relieved? Does the patient verbalize improvement in depression while on an antidepressant? Be sure to document your observation of the resident and report to HCP.

Right **REASON** – Confirm the rationale for the ordered medication. What is the resident's history? Why is he/she taking this medication? Revisit the reasons for long-term medication use. If you are unsure of the reason for use, ask! Ask your pharmacist, doctor, or nurse.

Right to **REFUSE** – A resident has the right to refuse a medication by Florida law. A resident may not be compelled (forced) to take a medication, nor may you hide medication in their food or drink. Check the frequency of the ordered medication. Double-check that you are giving the ordered dose at the correct time. Confirm when the last dose was given.

BEST Practice Recommendations for Medication Safety.

If you are not sure about a medication issue (i.e., drug to be given, dose, time, route, reason for taking medication), then ASK HCP, NURSE, or PHARMACIST. Medications, both prescription and over-the-counter, can help to improve and maintain health if taken and/or administered safely and appropriately.

This section provides valuable information and recommendations regarding medication safety in the care of the aging in ALFs.

MEDICATION ERRORS ARE A GLOBAL PROBLEM!

Hospitals, emergency rooms, nursing homes, assisted living facilities (ALFs), and community residents all make medication errors. To err is human! However, we must strive to minimize and continually reduce medication errors through medication safety practices.

Common Types of Errors

Wrong time
Omission of dose
Wrong dose
Extra dose
Unauthorized dose
Wrong drug
Wrong resident

Common Medications Involved in Errors

Insulin - all types
Warfarin - Coumadin
Furosemide - Lasix
Opiates - Fentanyl
Opiates - Morphine
Lorazepam - Ativan

Medication errors in assisted living facilities (ALFs) in one study:

Wrong time (71.3 percent) Omission of dose (12.2 percent) Wrong dose (11.3 percent)
Extra dose (3.7percent) Unauthorized dose (1.4 percent) Wrong drug (0.2 percent)

More people die in a given year as a result of medical errors than from motor vehicle accidents (43,458), breast cancer (42,297), or AIDS (16,516). Medication errors alone, occurring either in or out of the hospital, are estimated to account for 7,000 deaths annually. Adverse drug events cause more than 770,000 injuries and deaths each year and cost up to $5.6 million per hospital.

Rule # 1. "DO NO HARM"

HOW TO PREVENT MEDICATION ERRORS

Always TRIPLE Check Medications.

DOs and DON'Ts can help you make sure that your residents' medication works safely to improve their health and well-being.

Medication DOs...

1. DO assist resident in taking each medication exactly as it has been prescribed.
2. DO make sure that all your residents' doctors and HCPs know about all your residents' medications.
3. DO let your residents' doctors know about any other over-the-counter medications, vitamins and supplements, or herbs that they are taking.
4. DO try to use the same pharmacy to fill all your residents' prescriptions, so that the pharmacist can help you keep track of everything your residents are taking.
5. DO keep medications out of the reach of children when they visit the facility.
6. DO use the triple check system when checking medications.
7. DO read medication labels and follow instructions carefully.
8. DO make sure all medication orders are written and signed.
9. DO make sure all medication orders are on the right resident chart.
10. DO identify the resident every time you give medications.

Medication DON'Ts...

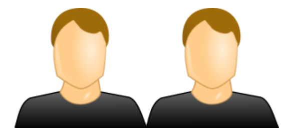
1. DON'T change your residents' medication dose or schedule without talking with their doctor or health care provider.
2. DON'T share or use medication prescribed for any other resident or person.
3. DON'T crush or break pills unless the resident's doctor instructs you to do so.
4. DON'T use any medication that has passed its expiration date.
5. DON'T use abbreviations.
6. DON'T assist with a medication poured by someone else. You cannot be sure what it is.
7. DON'T touch the medication with your hand.
8. DON'T hide medications in food. Medications cannot be "hidden" in foods or drinks. A resident may knowingly take a medication with food if it is easier.
9. DON'T use contaminated medications or medications dropped on the floor.

How to Prevent Wrong-RESIDENT Errors

Take steps to reduce wrong resident errors.
Make sure orders are written and placed on the correct chart.
Make sure orders are transcribed correctly onto the correct chart/MOR.
Check medications from the pharmacy and confirm for the correct resident name, ID, etc.
Make sure systems used can identify residents correctly, especially by new or temporary workers (picture ID or MOR). Use two (2) forms of resident's identification, including:

a) Asking, "What is your name?"
b) Checking ID bracelet;
c) Checking photo (update photo annually);
d) Following "like names alert" policy to avoid similar residents' name errors.

Note: Do not use room or bed number.



How to Prevent Wrong-DRUG Errors

Take steps to reduce wrong-drug errors.
Use systems that triple check medications prior to assistance with self-administration.
Print **generic name using TALL MAN lettering as cloNIDine.**

HELP STOP MEDICATION ERRORS!

How to Prevent Wrong-TIME Errors

The standard acceptable time is within one hour before or after the scheduled administration time or it is considered a medication error.

How to Prevent OVERDOSES

OVERDOSE: Take steps to reduce overdose errors.
Put systems in place for triple checking dosages.
Make sure medication is recorded, so that a second dose is not given inadvertently.

HIGH ALERT MEDICATIONS!
Anticoagulants (warfarin - COUMADIN),
Anti-platelets (clopidogrel - PLAVIX, aspirin)
Insulin and other antidiabetic agents,
Opiates (Hydrocodone, Oxycodone, morphine, codeine, hydromorphine, etc.)

SOME BEST MEDICATION SAFETY PRACTICES

1. ALWAYS FOLLOW THE NINE RIGHTS.
2. ALWAYS TRIPLE CHECK YOURSELF.
3. IDENTIFY RESIDENT WITH AT LEAST TWO FORMS OF ID.
4. READ LABELS CAREFULLY AND FOLLOW DIRECTIONS.
5. BE SURE ALL MEDICATION ORDERS ARE SIGNED.
6. DOCUMENT ASSISTANCE IMMEDIATELY EACH TIME.
7. PAY ATTENTION TO DETAIL; SAFETY IS NUMBER ONE!

LISTEN FOR SOUND-ALIKE DRUGS!
WATCH FOR LOOK-ALIKE DRUGS!

Chapter 3. Self-Administered Medication Use & Storage

Residents who are capable of self-administration without assistance shall be encouraged and allowed to do so.

SELF-ADMINISTRATION OF MEDICATION AND RISK REDUCTION

1. Assess resident's ability to safely store and self-administer medication.
   a) Reassess resident capacity to self-administer at least quarterly.
2. Educate resident regarding the following:

a) Indications for use and expected benefits,
b) Method of administration, and
c) Side effects and adverse consequences.

3. Provide for proper storage.
4. Staff will monitor and record indications of therapeutic benefits, side effects, and adverse events, and will keep prescriber informed at all times.

A resident may not be compelled to take medication, but may be counseled according to Florida law.

If facility staff note deviations which could reasonably be attributed to the improper self-administration of medication, staff shall consult with the resident concerning any problems the resident may have with medication.
Staff shall consult the resident on the need to permit the facility to aid the resident through the use of a pill organizer. **See Chapter 4**.
Staff shall consult the resident on the ability of the facility staff to provide assistance with self-administration of medication.
Staff may also consult the resident on the administration of medication if such services are offered by the facility.
The facility shall contact the resident's health care provider (HCP) when observable health care changes occur that may be attributed to the resident's medication. The facility shall document such contacts in the resident's record.

Locked medications should be stored free of dampness and temperature change, except for medications that require refrigeration.

MEDICATION STORAGE

Storage in Resident's Room

In order to accommodate the needs and preferences of residents and to encourage residents to remain as independent as possible, residents may keep their medications, both prescription (Rx) and over-the-counter (OTC), in their possession both on or off the facility premises, or in their rooms or apartments. Medications must be kept locked when residents are absent, unless the medication is in a secure place within the room or apartment or in another secure place out of sight of other residents.

Residents who are capable may store both prescription (Rx) and over-the-counter (OTC) medications in their room. Medications must be kept locked when resident is absent.

Central Storage in Facility

Both Rx and OTC medications for residents shall be centrally stored under the following conditions:

1. The facility administers the medication;
2. **The resident requests central storage, in which case the facility shall maintain a list of all medications being stored pursuant to such a request;**
3. The medication is determined and documented by the health care provider to be hazardous if kept in the personal possession of the person for whom it is prescribed;
4. The resident fails to maintain the medication in a safe manner as described in this paragraph;
5. The facility determines that because of physical arrangements and the conditions or habits of residents, the personal possession of medication by a resident poses a safety hazard to other residents.
6. The facility's rules and regulations require central storage of medication and that policy has been provided to the resident prior to admission as required under Rule 58A-5.0181, F.A.C.

When resident possession is considered a safety hazard, both Rx and OTC medications must be kept locked in CENTRAL STORAGE by the facility.

Centrally stored medications must be maintained as follows:

1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and abnormal temperature, except that a medication requiring refrigeration shall be refrigerated; refrigerated medications shall be secured by being kept in a locked container within the refrigerator, by keeping the refrigerator locked, or by keeping the area locked in which the refrigerator is located;
3. Accessible to staff responsible for filling pill-organizers, assisting with self-administration, or administering medication, and such staff must have ready access to keys to the medication storage areas at all times; and
4. Kept separately from the medications of other residents and properly closed or sealed.

Centrally stored medication must be locked in a box, cabinet, cart, room, or other locked storage receptacle at all times.

Discontinued Medication

Medication which has been discontinued but which has not expired shall be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future resident use by the resident at the resident's request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked **"discontinued medication."** Such medication may be reused if re-prescribed by the resident's health care provider.

Discontinued medication must be stored separately from medication in current use and marked "Discontinued Medication."

Chapter 4. Pill Organizers

Nurses licensed under 464.003, FS, may manage individual weekly pill organizers for residents who self-administer medication.

"Nurse" means a licensed practical nurse (LPN), registered nurse (RN), or advanced registered nurse practitioner (ARNP) licensed under Sec 464, F.S.

PILL ORGANIZER

Pill organizer" means a container that is designed to hold solid doses of medication and is divided according to day and time increments.

Only a resident who self-administers medications may use a pill organizer.

A nurse may manage a pill organizer to be used only by residents who self-administer medications. The nurse is responsible for instructing the resident in the proper use of the pill organizer. The nurse shall manage the pill organizer in the following manner:
Obtain the labeled medication container from the storage area or the resident.
Transfer the medication from the original container into a pill organizer, labeled with the resident's name, according to the day and time increments as prescribed.
Return the medication container to the storage area or resident.
Document the date and time the pill organizer was filled in the resident's record.

If there is a determination that the resident is not taking medications as prescribed after the medicinal benefits are explained, it shall be noted in the resident's record and the facility shall consult with the resident concerning providing assistance with self-administration or the administration of medications if such services are offered by the facility. The facility shall contact the resident's health care provider regarding questions, concerns, or observations relating to the resident's medications. Such communication shall be documented in the resident's record.

Unlicensed personnel are forbidden from using pill organizers.
Assistance with self-administration does not include pill organizers.

Only a family member or friend may assist residents with pill organizers, except for pharmacists, physicians, and nurses (ARNP, RN, LPN) licensed under 464.003,FS.

Unlicensed personnel are forbidden from using "pill organizers."

Chapter 5. Assistance With Self-Administration

One of the most important services an ALF may provide is assisting a person with medication. This may require picking up medications at the pharmacy, checking them when delivered, and making sure they are taken as prescribed.

Medication assistance with self-administration is helping a person with the oral ingestion, topical application, and/or oral or nasal inhalation of medications as prescribed by a doctor/physician or other authorized health care provider (HCP).

Medications are an important part of caring for residents.

The term "competent resident" means that the resident is cognizant regarding when a medication is required and understands the purpose for taking the medication.

Admission Criteria: Competent and Capable

Residents must be capable of taking their own medication with assistance from staff if necessary.

If the individual needs assistance with self-administration, the facility must inform the resident of the professional qualifications of facility staff who will be providing this assistance, and if unlicensed staff will be providing such assistance, obtain the resident's written informed consent.

Resident Assessment Form - Facility must evaluate resident's ability to safely self-administer medication. See Appendix 3.

Informed consent means advising the resident whether a licensed nurse will or will not supervise unlicensed ALF staff.
ALFs are not required to have a licensed nurse on staff.

The facility may accept a resident who requires the administration of medication, if the facility has a nurse to provide this service, or the resident contracts with a licensed third party to provide this service.

Facilities that provide assistance with self-administered medication must have either a nurse or an unlicensed staff member, who is at least age 18, trained to assist with self-administered medication and able to demonstrate to the administrator the ability to accurately read and interpret a prescription label, and must be available to assist residents with self-administered medications in accordance with Florida Statute 429 and Rule 58A-5.

Unlicensed staff must successfully complete a six-hour training program provided by a licensed registered nurse, pharmacist, or Department of Elder Affairs' staff.

"Unlicensed person" means an individual **not currently licensed to practice nursing or medicine who is employed by or under contract to an assisted living facility** and who has received training in assisting with the self-administration of medication in an assisted living facility as provided under 429.52, FS **prior to providing such assistance.**

Courses provided in fulfillment of this requirement must meet these criteria:
Training must cover state law and rule requirements regarding the following:

1. **Supervision, assistance, administration, and safe management of medications in assisted living facilities (ALFs);**
2. **Procedures and techniques for safely assisting the resident with self-administration of medication including how to read a prescription label;**
3. **Providing the right medication to the right resident;**
4. **Common medications;**
5. **The importance of taking medication as prescribed;**
6. **Recognition of side effects and adverse reactions as well as procedures to follow when residents appear to be experiencing side effects and/or adverse drug reactions (ADRs);**
7. **Documentation and record keeping; and**
8. **Medication retrieval, storage, and disposal.**

Each year unlicensed staff must successfully complete a two-hour annual update training program. This update program may be provided online.

Only a registered nurse (RN), a licensed pharmacist, or Department of Elder Affairs' staff person may provide the training. A certificate of completion for assistance with self-administration of medication training must be documented (copy of original) in your personnel file. In addition, a two-hour update course is required annually.

Unlicensed persons may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered.

Self-administered medications include both legend and over-the-counter oral dosage forms; topical dosage forms; and topical ophthalmic, otic, and nasal dosage forms including solutions, suspensions, sprays, inhalers, and diskus, and prefilled insulin.

In order to facilitate assistance with self-administration, staff may prepare and make available such items as water, juice, cups, spoons, tongue blades, etc.

Assistance with self-administration means verbally prompting a resident to take medication as prescribed, retrieving and opening a properly labeled medication container, and providing assistance as specified in Section 429.256(3), FS, below:

SELF-ADMINISTERED MEDICATIONS include both prescription (Rx) and over-the-counter (OTC) medications.

Assistance with self-administration of medication includes the following:

A. Taking the medication, in its previously dispensed, properly labeled container, including an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.
B. In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
C. Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.
D. Applying topical medications.
E. Returning the medication container to proper storage.
F. Keeping a record of when a resident receives assistance with self-administration under this section.
G. Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.
H. Using a glucometer to perform blood-glucose level checks.
I. Assisting with putting on and taking off antiembolism stockings.
J. Assisting with applying and removing an oxygen cannula but not with titrating the prescribed oxygen settings.
K. Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
L. Assisting with measuring vital signs.
M. Assisting with colostomy bags.

In addition to the specifications of Section 429.256(3), F.S., assistance with self-administration of medication includes <u>reading the medication label aloud</u> and <u>verbally prompting</u> a resident to take medications as prescribed.

Medications that appear to have been contaminated shall <u>not</u> be returned to the container (for example, dropped on the floor, etc.).

Staff shall observe the resident take the medication. Any concerns about the resident's reaction to the medication shall be reported to the resident's health care provider and documented in the resident's record.

Assistance with self-administration does not include the following:

A. Mixing, compounding, converting, or calculating medication doses, except for measuring a prescribed amount of liquid medication or breaking a scored tablet or crushing a tablet as prescribed;
B. The preparation of syringes for injection or the administration of medications by any injectable route;
C. Administration of medications by way of a tube inserted in a cavity of the body;
D. Administration of parenteral preparations;
E. Irrigations or debriding agents used in the treatment of a skin condition;
F. Rectal, urethral, or vaginal preparations;
G. Medications ordered by the physician or health care professional with prescriptive authority to be given "as needed," unless the order is written with specific parameters that preclude independent judgment on the part of the unlicensed person, and at the request of a competent resident; and
H. Medications for which the time of administration, the amount, the strength of dosage, the method of administration, or the reason for administration requires judgment or discretion on the part of the unlicensed person.

Unlicensed staff are not allowed to fill syringes for injection or administer medication by any injectable route.

Please note the role of unlicensed personnel in assisting with PRN medication orders or prescription labels. If a licensed nurse inappropriately delegates responsibility to an unlicensed person to assist with self-administration of medication that requires the judgment of a licensed health care professional, the nurse could jeopardize his/her license. To avoid such a problem, **PRN orders should include "specific parameters that preclude independent judgment on the part of the unlicensed person."**

The terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.

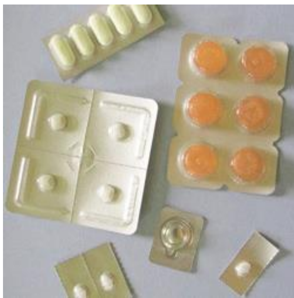
Either a nurse or trained unlicensed staff must be in the facility at all times when residents need assistance with any medications.

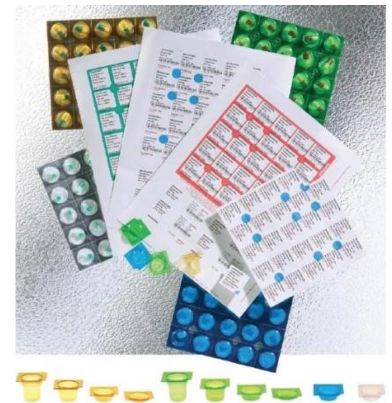
WHEN RESIDENT IS AWAY FROM FACILITY

When a resident who receives assistance with medication is away from the facility and from facility staff, the following options are available to enable the resident to take medication as prescribed:

The health care provider may prescribe a medication schedule that coincides with the resident's presence in the facility.
The medication container may be given to the resident or a friend or family member upon leaving the facility, with this fact noted in the resident's medication record.
The medication may be transferred to a **pill organizer** pursuant to Florida law (i.e., if filled by a nurse or pharmacist) and given to the resident, a friend, or family member upon leaving the facility, with this fact noted in the resident's medication record.

Medications may be separately prescribed and dispensed in an easier-to-use form, such as **unit dose packaging;**





Chapter 6. Medication Orders and Prescription Labels

Prescriptions require a doctor's order. Orders should be written in simple clear terms. Assistance provided to residents with prescription medication can only occur as a result of a health care provider's (HCP's) order such as a doctor's. A prescription (Rx) is a written order to a pharmacist listing the name and quantities of drugs or ingredients to be mixed and/or dispensed to a specific person or resident including directions for use. The green table below contains some Latin abbreviations that are commonly used on prescriptions or medical orders. The red table contains a few abbreviations that should **not** be used because their use frequently results in medication errors.

COMMON MEDICAL and PRESCRIPTION (Rx) ABBREVIATIONS

Refer to a pharmacy or medical reference book for a more complete guide to abbreviations, or go online to ISMP - Institute for Safe Medication Practices at www.ISMP.org/

Common Rx Abbreviations

bid - two times daily
tid - three times daily
qid - four times daily
ac - before each meal
pc - after each meal
HS - at bedtime (hour of sleep)
PRN - as needed
D/C - Discontinue
q am - every morning
q3h - every 3 hours
q4h - every 4 hours
q6h - every 6 hours
q8h - every 8 hours
q pm - every evening
OD - right eye
OS - left eye
OU - both eyes
ad - right ear
as - left ear
au - both ears
gtt - drop
PO - by mouth
SL - sublingual
tab - tablet
cap - capsule
tsp - teaspoonful = 5 mL

If You Assist, You Must Be Able to Read and Understand Medication Orders and Prescription Labels

Do Not Use the Following Abbreviations:

DO NOT USE		USE INSTEAD
q.d.	-	daily
.5 mg	-	0.5 mg
1.0 mg	-	1 mg
U	-	unit
q.o.d.	-	every other day

Recommended by the Joint Commission

PRESCRIPTION LABELS

No prescription drug shall be kept or administered by the facility, including assistance with self-administration of medication, unless it is **properly labeled** and dispensed according to Chapters 465 and 499, FS, and Rule 64B16-28.108, FAC. See sample Rx label below:

(1) Ned Halftab
(2) Atenolol (generic for TENORMIN)
(3) 50 mg
(4) #45
(5) Take one-half (1/2) tablet twice daily
(6) for Hypertension (high blood pressure).

(7) Fill Date: January 21, 2012 3 Refills before 01/21/2013

(8) Dr. Pill Splitter, MD. (10) Rx # 772001

(9) ALF PHARMACY (11) Discard after 01/21/2013
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212

Prescription drug labels should be written according to the doctor's order and should include at least:

(1) Resident's name
(2) Name of the drug
(3) Strength of drug
(4) Quantity of drug
(5) Time medication should be taken
(6) Any directions for use or special precautions (i.e.,, SHAKE WELL)
(7) Prescription date and number of refills
(8) Prescriber's name (i.e.,, doctor/physician)
(9) Pharmacy name, address, and phone number
(10) Prescription (Rx) number for pharmacy filing
(11) Expiration date/discard date/do not use by date

Nurses, CNAs, and unlicensed staff cannot change a prescription label, only a pharmacist can.

Examples of AUXILIARY LABELS:
Take With Food
Shake Well Before Using
May Cause Drowsiness
Take With Plenty of Water
Do Not Drink Alcohol
Take Before or After Meals

Auxiliary Labels
Auxiliary labels are additional labels (usually colored) added by the pharmacist.

Example:
If a customized patient medication package is prepared for a resident and separated into individual drug containers, then the following information must be recorded on each individual container:
The resident's name and Identification of each drug product in the container.

Except for pill organizers filled by nurses, no person other than a pharmacist may transfer medications from one storage container to another.

Customized pre-packaged unit dose packages must be labeled with resident and medication names.

Except for the use of pill organizers filled by nurses, only a pharmacist may transfer medications from one storage container to another.

SAMPLE MEDICATIONS

Sample or complimentary prescription drugs that are dispensed by a health care provider must be kept in their original manufacturer's packaging, which shall also include the practitioner's name, the resident's name for whom they were dispensed, and the date they were dispensed.

Sample medications must have a written prescription or fax copy of such order.

If the sample or complimentary prescription drugs are not dispensed in the manufacturer's labeled package, they shall be kept in a container that bears a label containing the following information:
1. Practitioner's name
2. Name and strength of the drug
3. Resident's name
4. Directions for use
5. Date dispensed
6. Expiration date

Note: Before dispensing any sample or complimentary prescription drug, the resident's health care provider shall provide the resident with a written prescription, or a fax copy of such order.

OVER THE COUNTER (OTC) PRODUCTS

The term OTC includes, but is not limited to, OTC medications, vitamins, nutritional supplements and nutraceuticals, hereafter referred to as OTC products, which can be sold without a prescription.

A facility may keep a stock supply of OTC products for multiple resident use.

A facility may keep a stock supply of OTC products for multiple resident use. When dispensing any OTC product that is kept by the facility as a stock supply to a resident, the staff member dispensing the medication must record the name and amount of the OTC product dispensed in the resident's medication observation record.

OTC products, including those prescribed by a licensed health care provider but excluding those kept as a stock supply by the facility, must be labeled with the resident's name and the manufacturer's label with directions for use, or the licensed health care provider's directions for use. No other labeling requirements are necessary nor should be required. Residents or their representatives may purchase OTC products from an establishment of their choice.

CLARIFYING PRN MEDICATION ORDERS AND Rx LABELS

If the directions for use are "as needed" or "as directed," the health care provider shall be contacted and requested to provide revised instructions.

For an "as needed" prescription, the circumstances under which it would be appropriate for the resident to request the medication and any limitations shall be specified; for example, Take one tablet every four hours, "**as needed for pain, not to exceed four tablets per day**."

Recognize the need to clarify "as needed" prescription orders.

The written or fax copy of revised instructions, including the date they were obtained from the health care provider and the signature of the staff who obtained them, shall be noted in the medication record, or a revised label shall be obtained from the pharmacist.

Unlicensed staff may assist with PRN "as needed" orders only at the request of the resident.

Unlicensed staff may assist residents to take medications only as directed on a prescription label or written medication order. The instructions must be clear and not require Judgment.

It may be necessary to clarify unclear, vague, or non-specific orders or labels as needed.

The directions should include the following:

1. **Condition for which the medication should be given (for pain),**
2. **Dosage of medication to give (1-2 tablets),**
3. **Hours it should be given (every six hours), and**
4. **Upper limit of dosages (do not exceed six (6) tablets in 24 hours).**

This is an example of a **clear,** concise prescription label.

(1) Vera Clear
(2) Hydrocodone /Acetaminophen (APAP)
(3) 5 mg - 500 mg
(4) #60 (sixty)
(5) Take 1-2 tablets every six (6) hours
(6) as needed for pain.
Do not exceed six (6) tablets in 24 hours.

(7) Fill Date: February 2, 2012 — 3 Refills before 07/2/2012

(8) Dr. Noah Clarify, MD. — (10) Rx # 772002

(9) ALF PHARMACY — (11) Discard after 02/02/2013
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212

This is an example of an **unclear** label that does not provide clear directions.

(1) Unna Clear
(2) Zolpidem (generic for AMBIEN)
(3) 5 mg
(4) #30 (thirty)
(5) Take as needed
(6)

(7) Fill Date: March 21, 2012 — 3 Refills before 08/21/2012

(8) Dr. Anita Clarify, MD. — (10) Rx # 772003

(9) ALF PHARMACY — (11) Discard after 03/21/2013
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212

The prescription label directions above should include the following:
(5) Take one tablet at bedtime as needed for sleep, and
(6) May repeat x1 if needed 1 hour later.

When a medication label is without all the necessary information, the health care provider (HCP) should be contacted and requested to provide revised directions.

With ALL PRN "as needed" medication orders, you MUST KNOW and the label MUST SAY: as needed FOR WHAT? and any LIMITS to taking the medication.

As required, the **revised directions** should be **noted on the Medication Observation Record (MOR) or in** the medication record with the date and time they were provided by the health care provider and the signature of the person receiving the order.

If an **unlicensed** person obtains such clarification from the health care provider the **order must be written**; a fax or electronic copy is sufficient.

A revised medication label may be obtained only from a pharmacist.

How to Clarify Medication Orders

Determine the information you need: for example, the dosage amount, time schedule, or the upper dosage limits for the medication. Call the health care provider's office and explain that you are not a nurse, you are unlicensed, but are assisting a resident with medication as allowed in assisted living facilities. Ask the HCP's office to fax or send by electronic means a copy of the order. This will decrease the likelihood of a medication error as a result of a hearing, interpretation, or transcription error. Ask another staff member who is trained to assist residents with medications, or a nurse, to double check this information on the medication record.

Ask the pharmacist to review the medication record including the revised directions.

MEDICATION ORDERS INVOLVING JUDGMENT OR DISCRETION

Pursuant to Section 429.256(4)(h), F.S., the terms "judgment" and "discretion" mean interpreting vital signs and evaluating or assessing a resident's condition.

Recognize a medication order that requires judgment or discretion and advise the resident, resident's health care provider, or facility employer that by law you are not allowed to assist with such orders. As an unlicensed person, you are prohibited by law from assisting with medication orders or prescription labels which require judgment or discretion. A medication label or order must be specific regarding:

1. Strength of medication
2. Amount of each dose of medication (dosage)
3. Route of administration (oral, sublingual, topical, etc.)
4. Time of administration
5. Reason for use of medication

Example of label with directions that unlicensed persons are **not allowed to assist with**:

(1) Asah Needed
(2) Furosemide (generic for LASIX)
(3) 20 mg
(4) #60 (sixty)
(5) Take one tablet daily as needed
(6) **for fluid retention**

(7) Fill Date: January 12, 2012 3 Refills before 01/21/2013

(8) Dr. Will Clarify, MD. (10) Rx # 772004

(9) ALF PHARMACY (11) Discard after 01/21/2013
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212

Unlicensed persons may not assist with directions that require judgment, such as:
"Furosemide 20 mg take one tablet as needed for fluid retention."
Unlicensed persons cannot assist with this type of medication order because they are not trained to assess "fluid retention."
"Acetaminophen 500 mg take one tablet every six (6) hours as needed for fever > 100 degrees."

How to advise the resident and your employer that you are not allowed to assist with certain medication orders:

When medication orders or prescriptions are first received, check to make sure the directions do not require "judgment" or "discretion."
If the directions are not clear, or if they require a decision by the unlicensed person to determine when or how to give a medication, contact your supervisor or employer.
Describe the exact reasons why you are not allowed to assist the resident with this medication.
Advise the resident that the medication directions require judgment, and you must call the health care provider to request clear directions regarding this medication so that you may assist with this medication. Inform the resident that you will let them know the results of your discussion with the health care provider. **Advise the HCP that you are not a nurse.** Inform the health care provider that you are prohibited by law from assisting a resident with medication directions that require judgment or discretion.
Advise HCP that you would like to discuss the best option for the resident.
Note: Sometimes HCPs don't realize what an assisted living facility is, or assume that all ALFs have nurses on staff who can take care of doctor's medication orders.

MEDICATION ORDER CHANGES

Any change in directions for use of a medication for which the facility is providing assistance with self-administration or administering medication must be accompanied by a written medication order issued and signed by the resident's health care provider, or a faxed copy of such order. The new directions shall promptly be recorded in the resident's medication observation record. The facility may then place an "alert" label on the medication container, which directs staff to examine the revised directions for use in the MOR, or obtain a revised label from the pharmacist.

The facility may place an "alert" label on the medication container alerting staff of revised directions on the MOR.

Examples of "ALERT" LABELS:

Note: Dosage/Strength Change in order, see MOR

Telephone Orders

A nurse or pharmacist may take a medication order by telephone. Such orders must be promptly documented in the resident's medication record. The facility must obtain a written medication order from the health care provider within 10 working days. A faxed copy of a signed order is acceptable.

A nurse or pharmacist may take a medication order by telephone. The facility must obtain a written order in 10 working days.

Prescription Refills

The facility shall make every reasonable effort to ensure that prescriptions for residents who receive assistance with self-administration of medication or medication administration are filled and refilled in a timely manner. Mail order medications may require two-three weeks to arrive. On demand reorder/refills usually arrive same day or next day. Medications that require prior authorization may take five-10 business days. This requires the physician to sign off on a form. If the client does not have refills, allow 72 hours for the physician to respond to a refill request. RTS-refill too soon means that if we send the medication that the insurance will not pay for it and the resident will have to pay the cash price. ANY TIME YOU ARE OUT OF MEDICATIONS, THIS IS URGENT, PLEASE LET THE PHARMACY KNOW!

Prescriptions should always be filled and refilled in a timely manner.

PRACTICE EXERCISE

As related to assistance with self-administration of medication, there are five problems on the label below. Can you find all five?

(1) Ned Judge
(2) Digoxin (generic for LANOXIN)
(3) .125 mg
(4)
(5) Take as needed
(6) Hold for heart rate less than 60

(7) Fill Date: April 1, 2012 3 Refills before 07/1/2020

(8) Dr. Will Clarify, MD. (10) Rx # 772005

(9) ALF PHARMACY (11) Discard after 01/1/2020
2300 Flagler Avenue
Flagler Beach, FL 32136
386-555-1212

ANSWERS:

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____

____

____

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Chapter 7. Medication Documentation and Records

HOW LONG ARE PRESCRIPTIONS VALID IN FLORIDA?

Rx's or prescriptions for non-controlled substances are valid for one year or the number of refills noted on the prescription are all filled, whichever is first. Controlled substances in Schedule II (CIIs) are valid for that original prescription only. Never refills. Schedules III-V are valid for six months or until the total number of refills noted on the prescription are filled. Facilities must maintain a written record, updated as needed, of any significant changes as defined in subsection 58A-5.0131(35), F.A.C., any illnesses which resulted in medical attention, major incidents, **changes in the method of medication administration**, or other changes which resulted in the provision of additional services.

Always record any changes in method of medication administration

PILL ORGANIZERS

For residents who use a pill organizer as described in Chapter 4, the facility shall keep either the original labeled medication container; or a medication listing with the following:

1. Prescription number;
2. Name and address of the issuing pharmacy;
3. Health care provider's name;
4. Resident's name and the date dispensed;
5. Name and strength of the drug, and
6. Directions for use.

MEDICATIONS DOCUMENTED ON AHCA FORM 1823

The AHCA form 1823 is required to verify the resident's current list of medications and must be signed by the admitting doctor/physician or authorized health care provider (HCP). See the current page 4 of the AHCA form 1823 medication form as **Appendix 3.** The complete AHCA form 1823 can also be obtained from www.ahca.myflorida.com/assistedlivingunit.

CHEMICAL RESTRAINTS

For medications that serve as chemical restraints, the facility shall, pursuant to Section 429.41, F.S., maintain a record of the prescribing physician's annual evaluation of the use and continued need for the medication.

HCP must complete at least an annual review for the use and continued need of any chemical restraint.

Always record medication immediately after it is offered.

DOCUMENTATION AND GUIDELINES FOR MEDICATION OBSERVATION RECORDS (MOR)

The facility shall maintain a daily medication observation record (MOR) for each resident who receives assistance with self-administration or medication administration.

The MOR must include the following:

1. **Name** of resident and all **known drug allergies** or note NKDA (no known drug allergies);
2. The **name** and **phone number** of **doctor, physician, or health care provider** (HCP);
3. The **name** of each medication, **dose**, **route**, **time**, and **specific directions for use**;
4. The **signature** and **initials** of **each staff person who will be assisting with** self-administered medications **or administering** any medication for a resident;
5. **Record** of **each time the medication was offered** and **taken** as prescribed; and
6. **Record** of any **missed dosages**, **refusals** to take medication as prescribed, **medication errors**, or **side effects**.

Guidelines:

An order written on the MOR must exactly match the prescription label.

Document on the MOR **IMMEDIATELY** after assisting the resident with his/her medication.

DO NOT begin to assist the **next** resident until the MOR is completed on the resident you are currently assisting and all medications have been properly returned to the storage area.

When an order is changed, the original entry on the MOR should **not** be altered. Instead, the original entry should be marked “Discontinued,” and then write the new order in a new space as a new entry.

NEVER USE WHITEOUT. If you make a mistake on the MOR, draw one line through the mistake and initial it.

Abbreviations should NOT be used on the MOR.

Always document on the MOR the assistance with PRN “as needed” medication orders that have **clear specific directions** for use and that **DO NOT** require judgment or discretion by the unlicensed staff.

Always check for allergies to drugs or latex.

How to Use the Medication Observation Record

The MOR is your record of all the medications a resident is receiving assistance with self-administration and the verification that you have assisted a resident to take his/her medication. When you provide assistance to a resident, record it on the MOR immediately after providing assistance. If a resident refuses to take a medication, record the refusal code on the MOR and explain why the resident refused the medication on the back of the MOR. Contact with the resident's physician should also be noted on the MOR or charted in the medical record. When a resident is hospitalized or out of the facility and does not receive assistance with medication, indicate this on the MOR. For example, write "H" in the box you would typically initial if the resident is hospitalized or "O" if the resident is out of the facility. **Many facilities use different codes**. The table here shows some examples of codes. On the back of the MOR, keep a record of when the resident takes his/her medications out of the facility so this matches the chart. Circled initials or X in box means dose was not given. Record the reasons for missed dosages and medication errors on the back of the MOR. Any resulting actions should also be noted, (i.e. contacting the health care provider and/or instructions given by HCP). When an order is changed, the original entry on the MOR should not be altered. Instead, the original entry should be marked "discontinued" and the new order written in a new space. The order written on the MOR must match the prescription label exactly. If the label says "Alprazolam 0.25 mg - take one tablet twice daily as needed for anxiety," the MOR cannot read differently.

How to Use MORs

Put INITIALS in appropriate box when MEDICATION given.

Circle INITIALS when medication is REFUSED or NOT GIVEN.

State REASON for refusal on medication NOTES on MOR.

"As needed" PRN: REASON should be NOTED on MOR

MORs should contain the signature and initials of each staff person who will be using the MOR. Abbreviations should not be used on the MOR.

DO NOT begin to assist the **next** resident until the MOR is completed on the resident you are currently assisting and all medications have been properly returned to the storage area.

Charting Codes for MORs

Circle initials or mark with X if dose was not given.

<u>Other codes may include:</u>

H - In Hospital / Rehab.
O - Out of facility
E - Charted in ERROR
U - Drug unavailable
R - Resident REFUSED
D/C - Discontinued by HCP
V - Vomited or spit out
MED
X - Drug held by HCP

Completing a Medication Observation Record

When completing an MOR, you must record on the MOR the directions exactly from the prescription label. The MOR must exactly match the medication label.

Prescription and MOR SAMPLE Exercise 1.

(1) **Ron Sample**
(2) Amoxicillin Suspension
(3) 250 mg / 5 ml
(4) Dispense 120 ml
(5) Take two (2) teaspoonfuls (10 ml) three (3) times daily.
(6) for infection. FINISH ALL MEDICATION.
SHAKE WELL before USE. REFRIGERATE.
(7) Fill Date: June 1, 2012 No Refills
(8) Dr. Hope. U. Feelgood, MD
(9) ALF PHARMACY (10) Rx # 772012
2300 Flagler Avenue. (11) Discard after 06/14/2012
Flagler Beach, FL 32136
386-555-1212

Ron Sample has a penicillin allergy and a prescription for Amoxicillin, which is a penicillin derivative that commonly causes a cross sensitivity allergic reaction like penicillin. Alert the doctor or other HCP. Amoxicillin is an antibiotic so it is important to finish all medication as prescribed. Note that amoxicillin is a suspension, so you should always SHAKE IT WELL. Also, once amoxicillin is mixed, it should be stored in refrigerator and discarded after 14 days or as noted on medication container. Always check for expiration dates on medication.

(1) **Ron Sample**
(2) Hydrocodone / Acetaminophen (APAP)
(3) 5 mg - 500 mg
(4) #60 (sixty)
(5) Take one tablet every six (6) hours
(6) as needed for pain.
(7) Fill Date: June 1, 2012 1 Refill before 12/1/2012
(8) Dr. Hope U. Feelgood, MD.
(9) ALF PHARMACY. (10) Rx # 772013
2300 Flagler Avenue. (11) Discard after 06/1/2013
Flagler Beach, FL 32136
386-555-1212

Ron Sample also has a codeine allergy and a prescription for Hydrocodone/APAP. Hydrocodone is an opiate that may cause an allergic reaction in people allergic to codeine. Hydrocodone may not always cause a cross sensitivity reaction. Some people who are allergic to codeine are not always allergic to Hydrocodone, morphine, meperidine, and/or other opiates. Alert the doctor or HCP. Allergies depend on an individual's response, which may or may not be different. Always contact the HCP when in doubt.

EXAMPLE of Standard Administration Time Schedule

Some facilities may choose to use a standard administration time schedule.

Standard Administration Time Schedule

Abbreviation	Means	Administration Times
ac am	before breakfast	7 am
q am	every morning	8 am
QD (do not use)	Daily	8 am
qd (do not use)	Daily	9 am
bid	two times daily	8 am, 6 pm
tid	three times daily	8 am, 4 pm, 8 pm
tidac	before each meal	7 am, 11 am, 5 pm
tidpc	after each meal	9 am, 1 pm, 7 pm
qid	four times daily	8 am, 12 pm, 4 pm, 8 pm
q4h	every 4 hours	8 am, 12 pm, 4 pm, 8 pm, 12 am, 4 am
q6h	every 6 hours	6 am, 12 pm, 6 pm, 12 am
q8h	every 8 hours	8 am, 4 pm, 12 am
q pm	every evening	9 pm
HS	at bedtime (hour of sleep)	9 pm

Chapter 8. Medication Retrieval, Storage, and Disposal

This chapter covers the following requirements, related to the retrieval, storage, and disposal of medication, for assisted living facility unlicensed personnel:

A. Residents' right to privacy
B. How to retrieve medication using safety practices (see also Chapter 2)
C. Storage for residents who self-administer
D. Centrally stored medications
E. Storing over-the-counter medications
F. Storage of discontinued medications and reuse
G. Disposal of discontinued, abandoned, or expired medications
H. Best practice for proper disposal of medication

All residents have the right to privacy and rights regarding medication decisions.

A resident has the right to the following:

1. Be treated with respect and dignity;
2. Be treated as capable of making decisions;
3. Receive prompt and appropriate medical treatment;
4. Choose his/her own healthcare provider, and or physician;
5. Receive only medication prescribed for him/her;
6. Be given privacy including the administration of medications and treatments;
7. Be free from neglect and abuse;
8. Be free of restraints including chemical restraints;
9. Expect medication caregivers to know about and promote medication safety;
10. Refuse to participate in experimental research;
11. Complain without fear of being reprimanded or punished; and
12. Choose and refuse treatment prescribed, including medications.

A. RESIDENTS' RIGHT TO PRIVACY

Assisted living facilities have been increasing in number due to consumer (resident) desire to live in a more homelike environment that encourages personal autonomy allowing residents to be independent and make their own decisions. Assisted living staff have the responsibility of protecting resident privacy and supporting personal dignity and individuality, while at the same time providing supervision and assistance with daily living activities including medication management. This is not always an easy task, especially when it comes to working with residents and their families to safely manage the resident's medications. Residents' rooms are their private spaces. Staff should not violate this by searching through their drawers or cabinets without residents' permission. However, you must be aware of the conditions in the room. Are there any pills on the floor? Are there excessive amounts of over-the-counter medications in the room? When you are assisting the resident to put away clean clothes in drawers, you may observe for any medications that may be hidden. Ask the resident's permission to review the expiration dates on containers. If you do observe any pills on the floor or any other irregularity, discuss it with the resident and report it to the health care provider.

B. HOW TO RETRIEVE MEDICATIONS (TRIPLE CHECK)

1. **Take the medication, in its previously dispensed, properly labeled container, from where it is stored, check it, and bring it to the resident.**
2. **In the presence of the resident, check it again, read the label, open the container, remove the correct prescribed amount of medication from the container, and close the container.**

3. **Check it again, then place an oral dosage in the resident's hand or place the dosage in another container and help (if necessary) the resident by lifting the container to his or her mouth.**
4. **Apply topical medications to skin, eye, ear, nose, or mouth as prescribed.**
5. **Return the medication container to proper storage. (Best practice is to check it again when you return medication, to finally confirm all was done properly).**

6. **Keep a record on a MOR when a resident receives assistance with self-administration each time a medication is offered. Record immediately after medication is given and observed that it was swallowed or administered properly.**

C. STORAGE FOR RESIDENTS WHO SELF-ADMINISTER

Assisted living facilities are like residents' homes. Residents who are capable of self-administration and managing their own medications are allowed to do so. Residents are encouraged and allowed to remain as independent as possible. Therefore, residents may keep their medications, both prescription and over-the-counter, in their possession both on or off the facility premises, or in their rooms or apartments. Medications **must be kept locked** when residents are absent, unless the medication is in a secure place within the room or apartment or in some other secure place which is out of sight of other residents.

ONLY self-administered medications may be kept in resident's room, if stored safely and securely.

Prescription and over-the-counter medications for residents shall be centrally stored when the following conditions apply:

1. The facility administers the medication;
2. The resident requests that the facility store his/her medications (the facility shall maintain a list of all medications being stored pursuant to such a request);
3. A health care provider documents that it would be hazardous to the resident to keep the medication in his/her personal possession;
4. The resident does not keep it in a secure place or keep his/her room locked when absent or the resident fails to maintain the medication in a safe manner;
5. The facility determines that because of physical arrangements and the conditions or habits of residents that the resident keeping his/her medication poses a safety hazard to other residents; and
6. Facility policy requires all residents to centrally store their medications.

Note: An ALF may require all residents to "centrally store" their medications, but if an ALF has such a policy, the facility must provide this information to all residents prior to admission.

D. CENTRALLY STORED MEDICATIONS

All medications that are centrally stored are subject to the following restrictions:

1. Kept in a locked cabinet, locked cart, or other locked storage receptacle, room, or area at all times;
2. Located in an area free of dampness and at normal temperature levels, unless the medication is required to be refrigerated;

3. If required to be refrigerated, kept in locked container in the refrigerator, or the refrigerator must be locked, or the room or area where the refrigerator is located must be locked;
4. Kept in their legally dispensed, labeled package, and kept separately from the medication of other residents (**weekly pill organizers cannot be centrally stored without a proper label); and**

5. Staff trained to assist with or licensed to administer medications must have access to keys to the medication storage area or container at all times.

Medication Storage Tips:

Medication containers must be properly closed or sealed so that medications do not become loose and get mixed together.

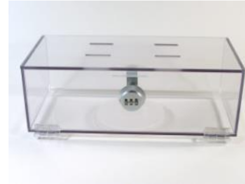
The medication storage area should be well organized to reduce the risk of errors and to help save time when assisting with medications.
Place medications in a systematic order, for example, in alphabetical order by resident name or by room number.

Always store medications in their labeled containers. If, for example, a tube of medication arrives in a box labeled by the pharmacy, the medication must be stored in the labeled box.
Store medications for the eye, ear, nose, and throat separately, for example, in different drawers of a medication cart, by using drawer dividers, separate plastic bags or boxes.

Ask your pharmacist or nurse for suggestions on how to set up and organize your storage areas.

REFRIGERATED MEDICATIONS MUST BE KEPT LOCKED

Always check medications for proper storage requirements.



- Once opened, most insulin should be stored in a REFRIGERATOR.
- Once mixed, most antibiotics should be REFRIGERATED.
- Medications shall be properly stored and safeguarded to prevent access by unauthorized persons.
- Expired or discontinued medications shall not be stored with current medications.
- Storage areas shall be locked, and of sufficient size for clean and orderly storage.
- Storage areas shall not be located near sources of heat, humidity, or other hazards that may negatively affect medication effectiveness or shelf life.
- Medications requiring refrigeration shall be stored in a refrigerator at the temperature established by the U.S. Pharmacopeia (36 - 46 degrees F.). If a multi-use refrigerator is used to store medications outside the secured medication storage area, a separate locked box shall be used to store medications, provided the refrigerator is near the medication storage area. Accurate thermometers (within ± 3 degrees) shall be provided in all refrigerators storing medications.

Do not expose medications to extremes in temperature or moisture unless medications are supposed to be refrigerated.

E. STORAGE OF OVER-THE-COUNTER (OTC) MEDICATIONS

An ALF can have a “stock supply” of over-the-counter (OTC) medications. Bottles of ibuprofen, aspirin, Maalox, Tums, creams, ointments, etc., may be kept for multiple resident use. However, individual residents may also have their own OTC medications.
Residents may be allowed to keep over-the-counter medication in their rooms if they self-administer their medications, with or without assistance. If the resident requires medication to be administered, they should not store OTC medications in their room.
An ALF may centrally store OTC medications for residents. An ALF may store OTC medications for residents that have not been prescribed by a health care provider. OTC medications, excluding those kept as a stock supply by the facility, must be labeled with the resident’s name and the manufacturer’s label with directions for use, or the health care provider’s directions for use. No other labeling requirements are required.

A stock supply of any OTC Medication may be stored for use by multiple residents in any ALF.

F. STORAGE OF "DISCONTINUED" MEDICATION

Store **"discontinued"** medications separately from medications being used currently. This will prevent you from continuing to give a medication that is no longer prescribed.
When a resident's medication has been discontinued but has not expired, the medication should be returned to the resident (if safe) or the resident's representative, OR the facility may centrally store the medication for future use for the same resident.
When centrally storing discontinued medications for residents, remember that only medications that have not expired may be kept. These medications must be stored separately from medications in current use, for example, in a separate drawer. The medication must be kept in a separate area that is marked "Discontinued Medication."
NOTE: Do not alter or write on the medication label when a medication is discontinued.

Store "Discontinued Medications" separately from medications in current use.

When storing discontinued medications, **write the date the medication was discontinued** and the **name of the health care provider** who gave the order to discontinue **on the MOR,** and **keep a copy with the discontinued medication**. Store each resident's discontinued medication together, for example, in a plastic bag, with the resident's name clearly marked on the bag, in the area marked "Discontinued Medications." If a medication, which was previously discontinued but has not yet expired, is re-prescribed, it may be used instead of having a new prescription filled. ALF staff must be sure that they are using the right medication and strength by checking with a pharmacist or HCP.
The ALF is responsible for storing, managing, and disposing of medications properly.

Do not alter or write on the medication label when a medication is "Discontinued."

Medication which has been discontinued but which has not expired shall be returned to the resident or the resident's representative, as appropriate, or may be centrally stored by the facility for future use by the resident at the resident's request. If centrally stored by the facility, it shall be stored separately from medication in current use, and the area in which it is stored shall be marked **"DISCONTINUED MEDICATION."**

G. DISPOSAL OF "DISCONTINUED" MEDICATION

If "discontinued" medications are "expired" or "abandoned," they must be disposed of properly as described below. Otherwise, they may be stored.

DISPOSAL OF "ABANDONED" OR "EXPIRED" MEDICATION

When a resident's stay in the ALF has ended, the medications must be returned to the resident, or the resident's representative, unless otherwise prohibited by law. You must notify the resident, or his/her representative, that the medication needs to be removed. The resident or representative may take the medications or request that you dispose of the medication. If you do not hear from the resident or resident's representative within 15 days of notification, the medications may be considered "abandoned," and the ALF needs to dispose of them.

Medications which have been "abandoned" or which have "expired" must be disposed of within 30 days of expiration or abandonment. Documentation that the medications have been disposed of must be made in the resident's record. The medication may be taken to a pharmacist for disposal or may be destroyed by the administrator or designee with one witness.

When medications have expired, disposing of them properly will protect you and others in your

Medications which have been "abandoned" or "expired" must be disposed of within 30 days.

home from consuming a medication that may have become ineffective or even toxic. Disposing of medications properly will help protect the environment as well as pets, children, and anyone who might find medicines in your trash.

While experts used to recommend flushing old medication down the toilet, today the Environmental Protection Agency (EPA) recommends against this because sewage plants may not be able to adequately remove drug ingredients from the water.

Medication must be disposed of properly.

There are two ways to dispose of discontinued, abandoned, or expired medications:

1. The medication may be taken to a pharmacist or other waste management agent for disposal; or
2. The medication may be destroyed by the administrator, or person(s) designated by the

SOME DRUGS YOU CAN FLUSH

The FDA recommends flushing only if the drug label or accompanying information has instructions to do so. The FDA recommends that the following controlled substances (*) and other drugs should be flushed down the toilet instead of any other disposal method.

atazanavir sulfate capsules (REYATAZ)
entecavir tablets (BARACLUDE)
*fentanyl buccal tablets (FENTOR)
*fentanyl citrate (ACTIQ)
*fentanyl transdermal system (DURAGESIC) - cut it up.
gatifloxacin tablets (TEQUIN)
*meperidine HCL tablets (DEMEROL)
*methylphenidate transdermal patch (DAYTRANA)
*morphine sulfate capsules (AVINZA)
*oxycodone and acetaminophen (PERCOCET)
*oxycodone tablets (OXYCONTIN)
sodium oxybate (XYREM)
stavudine (ZERIT for oral solution)

IMPROPER DISPOSAL: To destroy medications in a facility, it is no longer appropriate to flush them down the toilet, except for those that are approved for flushing (see list above).

Most medications should NOT be flushed down the toilet.

Always refer to printed material accompanying these medications for proper disposal.

HOW TO PROPERLY DISPOSE OF MEDICATION WASTE

Medication waste is generally in one of three regulatory categories: hazardous waste, infectious waste (also called biohazardous waste), and solid waste. All waste generators that are businesses and institutions, including assisted living facilities (ALFs), must separate their wastes into the correct regulatory category and ensure proper disposal.
You may return medications to the resident or his/her family for disposal. If the assisted living facility assumes responsibility for disposing of medications, solid, and hazardous waste, then all regulations DO apply to the waste. DO NOT always flush medications. Destroying medications by placing them in the sink or toilet and flushing them into the waste water is highly discouraged, because waste water treatment plants do not remove medications. Drugs can harm plants and animals that live downstream. It may be illegal to flush certain hazardous medications.

Do not put medications in infectious waste containers.

Chapter 9. How to Assist With Self-Administration of Medication

Unlicensed persons may, consistent with a dispensed prescription label or the package directions of an over-the-counter medication, assist a resident whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered.

ASSISTANCE WITH SELF-ADMINISTRATION OF MEDICATION FOR UNLICENSED ALF STAFF INCLUDES the following: Oral and Topical Dosage Forms including skin, ophthalmic (eye), otic (ear), and nasal (nose) forms.

Assistance with self-administration of medication includes the following:

- Taking the medication, in its previously dispensed, properly labeled container, including an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.
- In the presence of the resident, reading the label, opening the container, removing a prescribed amount of medication from the container, and closing the container.
- Placing an oral dosage in the resident's hand or placing the dosage in another container and helping the resident by lifting the container to his or her mouth.
- Applying topical medications.
- Returning the medication container to proper storage.
- Keeping a record of when a resident receives assistance with self-administration under this section.
- Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.
- Using a glucometer to perform blood-glucose level checks.
- Assisting with putting on and taking off antiembolism stockings.
- Assisting with applying and removing an oxygen cannula but not with titrating the prescribed oxygen settings.
- Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.
- Assisting with measuring vital signs.
- Assisting with colostomy bags.

Routes of administration for trained unlicensed personnel.

Oral	tablets, capsules, or liquids swallowed by mouth
Buccal	tablet dissolved in the cheek of mouth
Sublingual	tablet dissolved under the tongue
Topical	creams, ointments or sprays applied to the skin
Transdermal	patch absorbed through the skin
Ophthalmic	drops instilled or ointments applied into the eye
Otic	drops or suspensions placed into the ear
Nasal	drops or sprays placed into the nose or nostril
Inhalant	inhaler or diskus inhaled into lungs through the mouth

Routes of administration only for nurses or licensed personnel.

Rectal	into the rectum
Vaginal	into the vagina
Subcutaneous (Sub-q)	injection-under the skin
Intramuscular (IM) injection	injection into muscle
Intravenous (IV) injection	injection into vein
Naso-Gastric	into the NG tube

Universal Precautions

Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infection for HIV, HVB, and other blood-borne pathogens.
Review the common aseptic practices that should be followed in all settings to prevent the spread of infections.
Staff should become familiar with the provider's infection control policy and procedure.

HAND WASHING

- Always wash hands after urination, bowel movements, and changing of sanitary products.
- Wash hands when there is any contact with a body fluid or substance (i.e., blood, urine, feces, vomit, saliva, respiratory secretions, any other body fluid or drainage).
- Wash hands before preparing or eating food.
- Wash hands after covering the mouth and nose when coughing or sneezing.
- Wash hands before and after using gloves

One of the easiest and most important ways to prevent infection is hand washing.
Hands are one of the most common transmitters of pathogens
from one person or item to either yourself or another person.
Hands should be washed BEFORE and AFTER providing any type of care.

Hand Washing Procedure

1. Make sure that soap, paper towels, and a wastebasket are available.
2. Move watch and sleeves (if applicable) up arms approximately five inches.
3. Turn the faucet on using a paper towel and adjust water temperature.
4. Toss paper towel into wastebasket.
5. Wet the wrists and hands thoroughly, keeping them below elbow level to keep microorganisms from moving up your arms.
6. Dispense soap.
7. Lather hands and wrists by rubbing palms together for at least 20 seconds.

8. Wash each hand and wrist and between the fingers for one to two minutes. Underneath the fingernails can be cleaned by rubbing the fingertips against the palm of the other hand.
9. Dry hands with clean paper towel and use paper towel to turn off faucet. Dispose of paper towel in wastebasket.
10. The fingernails should be cleaned with the first hand washing of the day and if they are contaminated or soiled in any way.

Always wash hands before and after handling medications.

HOW TO ASSIST WITH ORAL SOLID AND LIQUID MEDICATIONS

ORAL SOLID MEDICATIONS

- First, the unlicensed person must ensure that the patient is alert and able to swallow the medication without difficulty. If patients have a difficult time swallowing the pills, instruct them to first drink some water or juice and then attempt to swallow the medication again. If a resident seems to be having difficulty swallowing medications, talk to the health care provider regarding the need for a more convenient dosage form such as a liquid or capsule.

- Obtain needed supplies (water, juice, cups, spoon, pill splitter, etc.) before assisting with the administration of medications to a resident.

- It is usually best to take medications with a full glass of water (check MOR for directions).

- Breaking, cutting, splitting, or crushing any oral solid tablet or capsule requires judgment or discretion and must be decided by a licensed health care provider or pharmacist.

- Only break, cut, or split SCORED TABLETS or crush oral solid tablets or capsules as prescribed or authorized by licensed health care provider.

- Long-acting forms of medication (i.e., extended-ER or sustained release-SR) should not be broken, crushed, or chewed before swallowing.

- Medication that appears to have been contaminated (dropped on floor, etc.), shall not be returned to the container.

- Assist with medication only when you are sure the “nine rights” are being carried out and the resident does not have any drug or latex allergies: Right resident, drug, dose, route, time, reason, response, right to refuse, and record/document.

- Compare medication label with the MOR three times to ensure accuracy.

- Verify the medication label with the MOR before retrieving medication.

- Check to ensure proper medication was taken from storage with the MOR.

- Check pharmacy label and MOR for any change in directions or dose change.
- If the medication is a tablet or capsule in special or unit dose packaging, the medication is removed from the individually wrapped package and placed into a cup. Hand the cup to the resident along with a fresh glass of water. The unlicensed person must observe the patient put the medication into his/her mouth and swallow the medication completely without difficulty. The medication cup is then disposed of properly.

Always observe the resident swallow the medication.

- Have resident place tablets, capsules, etc., in middle of the tongue, and if sublingual under the tongue or buccal in the cheek, if applicable. Removing dentures helps with swallowing if edentulous (without teeth). Follow with at least a half (1/2) cup water, preferably a full 8 ounce glass of water.

ALWAYS CHECK EXPIRATION DATES
when retrieving medication from locked storage area.

How to Assist With Oral SOLID Medications:

1. Wash hands and obtain necessary items (medication container with label, MOR, water, juice, etc.). Check expiration date of medication.
2. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
3. Follow facility policy for identifying resident. Address resident by name.
4. Assist the resident to a comfortable sitting position and read the medication label to the alert resident and confirm understanding.
5. Open container in front of the resident and place medication in resident’s hand or cup or other suitable device or container.
6. Assist the resident in taking the medication. (Do not put in mouth.)
7. Observe the resident swallowing the medication.
8. Return medication to proper storage area.
9. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
10. Always document the administration of a PRN "as needed" medication and the resident's response.
11. Wash hands properly.

Do not SPLIT or CRUSH medication WITHOUT a health care provider ORDER or Rx LABEL.

Breaking, cutting, or splitting scored tablets

- Only scored tablets can be broken by unlicensed personnel or staff. A medication label may state "take half a tablet"; **however,** you may **only** break tablets and caplets that are "scored."
- A scored tablet has been imbedded for easier and even breakage; it assures the correct amount is divided.
- You may use a pill cutter or other devices to break a scored medication.
- You must wear gloves if you handle the pill to break it with your thumbs.

How to BREAK tablets

1. Wash hands and gather necessary items (medication container with label, MOR, cups, facility's designated pill cutting device).
2. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
3. Follow facility policy for identifying resident. Address resident by name.
4. Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding.
5. Open container in front of the resident, split scored medication using pill splitter or cutting device and place medication in resident's hand or cup or other suitable container.
6. Assist the resident in taking medication. (Do not put in mouth.)
7. Observe the resident swallowing the medication.
8. Return medication to proper storage area.
9. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
10. Always document the administration of a PRN "as needed" medication and the resident's response.
11. Wash hands properly.

Crushing Tablets

Can the medication be crushed?

You may crush a medication only when the medication label specifically directs you to do so. Some medications are not meant to be crushed. In general, medications that are “sustained-release,” “controlled release,” “extended release,” or which have an "enteric coating" may not be crushed.

Can the capsule be opened and mixed with food?

- Most crushed tablets or emptied capsules may be mixed with certain foods including applesauce, pudding, or jelly immediately prior to administration.
- Medications cannot be “hidden” in foods for residents who are refusing them.
- Residents may only **knowingly** take a medication with food if it is easier for them.
- Remember that you are assisting residents to take medications, not administering medications.
- Pay close attention to the instructions on the label. It’s a good idea to check with the pharmacist to **be certain** a particular medication can be broken or crushed.
- Request specific directions for crushing medication. Could the medication be given in liquid form? Is there another medication which may be easier for the resident to swallow?

How to CRUSH a Medication, Using a Pill Crusher

1. Wash hands and obtain necessary items.
2. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
3. Follow facility policy for identifying a resident. Address resident by name.
4. Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding.
5. Open container in front of the resident, **crush medication (see below)**, and place medication in resident’s hand or cup or other suitable device.
6. **Crushing medication: Place medication in paper cup and cover with another paper cup, and use pill crusher or firm instrument on top of cup to crush the medication.**
7. Assist the resident in taking medication with food. (Do not put in mouth.) Place all of the crushed medication onto a spoon with food.
8. Observe the resident swallowing the medication.
9. Return medication and supplies to proper storage area.
10. Record assistance with medication on MOR.
11. Wash hands properly.

DO NOT CRUSH:
Buccal (cheeks or mouth cavity), enteric coated, sustained-release, or sublingual (under the tongue) tablets.

Medications that should not be crushed or chewed

Many solid dosage forms should not be crushed or chewed for a variety of reasons. If a resident's condition does not allow for oral solid dosage forms (tablets, capsules, etc.), check with the HCP to see if it is acceptable to crush the medication in question. If crushing is not allowed, consult with the pharmacist or HCP to prescribe the medication in a liquid or other suitable form. A reference should be checked, or HCP, or a pharmacist should be consulted before crushing any medication.

Buccal tablets (cheeks or oral cavity) and sublingual tablets (under the tongue) are designed to dissolve in the oral fluids of the mouth for more rapid and complete absorption than in the stomach or GI tract.

Enteric Coated tablets are designed to pass through the stomach and then dissolve in the gastrointestinal (GI) tract to prevent destruction of the medication by stomach acid, to prevent medication from irritating the stomach lining, or to achieve a prolonged action from the medication.

Sustained or Time Release CAPSULES are designed to release medication over a prolonged or sustained period, usually 8-24 hours. The beads or pellets within the capsule are designed to dissolve at different rates to either reduce stomach irritation or prolong the action of the medication. **If prescribed**, it is acceptable to open the capsules and administer the contents in food so long as the beads or pellets are not crushed or chewed. A reference should be checked, or HCP, or a pharmacist consulted before assisting with medication in this manner.

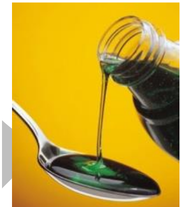
Sustained or Time Release TABLETS are designed to release medication over a prolonged or sustained period, usually 8-24 hours. The tablets are designed to dissolve at different rates to either reduce stomach irritation or prolong the action of the medication.
Some specific time release tablets include formulations with a slow release core, mixed release granules, multilayer tablets, or porous inert carriers.
Do not crush or chew these products. A reference should be checked, or HCP, or pharmacist consulted before assisting with medication in this manner.

ORAL LIQUID MEDICATIONS

- These are medications that are poured, measured, and swallowed.

- If the medication is a liquid suspension, it is necessary to shake thoroughly prior to offering it to the resident. A rotating wrist movement will ensure a more thorough mixture.
- After "SHAKING WELL," always measure out the required exact amount in milliliters (mLs) into a measurable container or cup, measured at EYE level.

- Take care not to pour more than is needed.
- Be sure not to touch the rim or inside of the cup with your dirty or contaminated hands.
- Clean the lip of the bottle, if necessary, with a clean moist paper towel before recapping.



- **Do not use silverware spoons for giving medication. They are not all the same size. A silverware teaspoon could be as small as a half teaspoon or as large as two teaspoons.**
- Measuring spoons used for cooking are accurate, but they spill easily.
- Oral syringes have some advantages for giving liquid medications. They are accurate and easy to use.
- Dosing cups are also a handy way to give liquid medications. However, dosing errors have occurred with them. Always check to make sure the units (teaspoon, tablespoon, or mL) on the cup or syringe matches the units of the dose you want to give.

- Liquid medications often don't taste good, but many flavors are now available and can be added to any liquid medication. Ask your pharmacist.

- If medication requires REFRIGERATION, store in REFRIGERATOR and monitor temperature daily.

- Liquid medications will be given in their unit dose container if provided. If liquid medication is not in unit dose form, follow proper procedure for pouring. Use only specially marked measuring devices to measure doses. Liquid medications should be measured at eye level.

- When giving both tablets and syrups, remember to always offer the syrups last. Always be aware that most elixirs and spirits have alcohol, and the medication must be monitored for patient abuse.

Liquid medications
should be measured at eye level.

How to Measure and Pour Oral LIQUID Medication:

1. If LIQUID medication requires **REFRIGERATION**, **store in <u>locked</u> REFRIGERATOR** and monitor temperature with daily log.
2. Wash hands and obtain necessary items (medication with label, MOR, cups, **accurate measuring container or device**, etc.).
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
4. Follow facility policy for identifying a resident. Address resident by name.
5. If LIQUID medication is a **suspension**, **"SHAKE WELL."**
6. Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding.
7. Measure and pour liquids using a container with measurements on it (oral syringes, unit dose cups, cooking spoons, etc.). Remove the cap and place it with the open side up. Hold the bottle with the label toward the palm of the hand to avoid soiling the label. Locate the marking on the container for the amount to be poured in a container at eye level.
8. Measure with container at eye level and pour medication using thumb to identify the correct level (dose) and then close container properly.
9. Assist the resident in taking the right medication. (Do not place in mouth.) Pour right amount of medication in cup or other suitable container and place in the resident's hand.
10. Observe the resident swallowing the medication.
11. Check to see that the cap of the bottle is on securely. Return medication container to proper storage area (i.e., LOCKED refrigerator).
12. Record that assistance was provided on the MOR.
13. Wash hands properly.

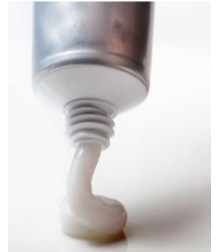
Unit conversions

1 mL = 1 mL (Do not use cc)
2.5 mL = 1/2 teaspoonful5 mL = 1 teaspoonful
15 mL = 1 tablespoonful = 3 teaspoonfuls
3 teaspoonfuls (15 mL) = 1 tablespoonful (15 mL).

Unit Conversions
1mL = 1mL (Do not use cc)
2.5 mL = 1/2 teaspoonful
5 mL = 1 teaspoonful
15 mL = 1 tablespoonful
3 teaspoons (15 mL) =
1 tablespoonful (15 mL)

- Many liquid medications are pre-measured and come individually wrapped. When dispensing from a bottle the health care provider must measure the liquid carefully. Locate the desired ml mark on the cup and put your thumbnail on the mark. At eye level, pour the liquid up to the exact mark. Place measuring cup on level surface. Pour the medication on the side away from the label to keep the label clean. Wipe off excess from the bottle.
- The suspension may be drawn up into a syringe for ease of delivery; remember to have the patient upright and push slowly so as not to eject the fluid into the patient's mouth. If resident has trouble swallowing a medication, check with the health care provider (HCP) for other available forms of the medication or ask your pharmacist for advice.

HOW TO ASSIST WITH TOPICAL MEDICATIONS FOR THE SKIN (creams, lotions, ointments, patches, and sprays)



- Medications should be applied as directed by HCP. Examine the skin site to observe the condition both before and after applying the topical medication.
- It is best to use latex gloves during the application process to prevent any unwanted reactions from the medication, and always wash your hands after removing gloves as per OSHA standards.
- Be gentle when applying medication as the area may be sensitive or painful.
- **YOU ARE NOT ALLOWED TO ASSIST WITH CREMES OR OINTMENTS THAT REQUIRE A DRESSING (i.e., wound care).**

How to Assist With TOPICAL Creams, Lotions, Ointments, and Sprays

1. Wash hands, identify right resident, **provide for privacy**, and obtain necessary items (medication container with label, MOR, tongue blades, clean gauze pads, etc.).
2. TRIPLE CHECK. Verify the medication label with the MOR. Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
3. Follow facility policy for identifying resident. Address resident by name.
4. Assist the resident to a comfortable position, and read the medication label to the resident and confirm understanding.
5. Use gloves or an applicator, such as a wooden tongue depressor, clean Q-tip, or gauze pad, so that your hands don't come into contact with medication or affected skin. Using gloved hand, apply thin film of cream, ointment, lotion, or spray to affected area. **Do not cover with a bandage unless directed by the HCP.** Replace container top promptly.
6. Spread onto affected area as prescribed by a physician until absorbed, unless the directions say to leave a film. Avoid rubbing the skin.
7. Dispose of tongue depressor, gauze pads, and gloves, and wash hands immediately.
8. Return medication to proper storage area (i.e., LOCKED area).
9. Record that assistance was provided on the MOR.
10. Always document the administration of a PRN “as needed” medication and the resident’s response.

How to Assist With the Application of Transdermal PATCHES

1. Wash hands, identify right resident, **provide for privacy**, and obtain necessary items (medication patch with label, MOR, etc.).
2. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR again before providing the medication to the resident.
3. Follow facility policy for identifying resident. Address resident by name.
4. Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding.
5. Open the package and remove the patch. Date and initial the patch (and time, if appropriate).
6. Remove the backing from the patch, using care not to touch medication with hands.
7. Apply the patch to a dry, hairless part of the body, according to package instructions. Watch for old patches that should be removed or absence of a patch that should be present. Alternate the application sites to avoid skin irritation. Notify the health care provider of irritation.
8. Dispose of supplies and wash hands immediately to avoid absorbing the medication yourself.

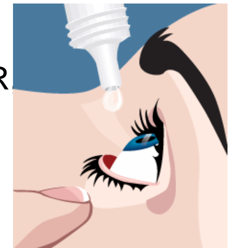
9. Return medication to proper storage area (i.e., LOCKED area).
10. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
11. Always document the administration of a PRN “as needed” medication and the resident’s response.
12. Wash hands properly.

ALWAYS CHECK EXPIRATION DATES when retrieving medication.

When dispensing medications for the eyes, ears, and through the nose, it is always best to check with the registered nurse to assure the delivery procedure is performed correctly. When assisting the patient with self-administration of these types of medications, it is best to observe the procedure first before attempting to assist on your own.

HOW TO ASSIST WITH TOPICAL EYE MEDICATIONS (Ophthalmics)

Proper Use of EYE DROPS and EYE OINTMENT



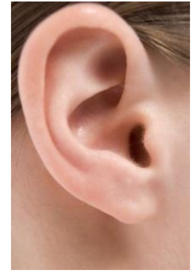
1. If EYE medication requires **REFRIGERATION, store in locked REFRIGERATOR** and monitor temperature with daily log.
2. Wash hands and obtain necessary items (**eye** medication with label, MOR warm cloth, gauze, tissues, barrier as disposable tray, etc.).
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
4. Follow facility policy for identifying resident. Address resident by name.
5. Identify which eye (right, left, or both) to receive medication.
6. Ask the resident to sit or lie down and clean the eye with warm water if needed to remove any discharge from the eye. If crusting or discharge is present, the eye should be cleaned with a clean, warm washcloth. Use a clean area of the cloth for each eye. When cleaning the eye, wipe from the inner eye to the outer eye (from closest to the nose, to away from the nose). Wash hands again. Put on examination gloves. If drops are a suspension, then “SHAKE WELL.”
7. Assist the resident to a comfortable sitting position and read the medication label to the resident and confirm understanding.
8. Remove cap and place it upright on barrier or on a clean dry surface.

9. Explain procedure. Tilt resident's head slightly back and with gloved finger assist resident to pull down gently on the lower eyelid to form a "pouch," while instructing the resident to look up. Place other hand against resident's forehead to steady. Hold inverted medication container between the thumb and index finger, and press gently to instill prescribed amount into "pouch" near outer corner of eye.
10. **IF DROPS, place drops in "pouch" in the lower eye lid. Do NOT let tip of dropper touch the eye or any other surface. If resident blinks or drop lands on cheek, repeat administration. Recap container.**
11. **IF OINTMENT, run a strip of ointment in "pouch" in the lower eye lid. Recap container.** With other hand, place dropper or dispensing bottle as close to eye as possible without touching it.
12. Instruct resident to close eyes gently to allow for even distribution over surface of eye. Resident should not blink or squeeze eyes shut.
13. Wipe off tears or excess from the eye with a clean gauze, cotton ball, or tissue.

14. Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator).
15. If administering medication to BOTH eyes, use a different gloved finger to apply pressure to other eye tear duct.
16. If additional drops of the same or different medication are required in the same eye, wait 3-10 minutes (check package insert) and repeat procedures above.
17. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
18. Always document the administration of a PRN "as needed" medication and the resident's response.
19. Remove and dispose of gloves. Discard barrier.
20. Wash hands thoroughly.
21. Monitor for side effects or adverse effects.
22. When two or more eye medications are being administered, they should be scheduled at least 10 minutes apart. Check package insert.
23. Special Note: If more than one eye medication is to be administered at same time as ointment, consult physician or pharmacist for direction.
24. Some medications require longer waiting periods. Always refer to the individual package insert or other reliable reference for complete administration information of eye medications.
25. **Resident's vision may be blurred after application. Instruct resident to remain seated until vision clears up to reduce chance of falling.**

When more than one eye medication is being administered, they should be at least 10 minutes apart.

HOW TO ASSIST WITH EAR MEDICATION (Otic Preparations)



1. If EAR medication requires **REFRIGERATION, store in locked REFRIGERATOR** and monitor temperature with daily log.
2. Wash hands and obtain necessary items (**ear** medication with label, MOR, gloves, cotton balls, tissues, barrier as disposable tray, etc.). Check expiration date of medication when retrieving medication.
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
4. Follow facility policy for identifying resident. Address resident by name.
5. Identify which ear (right, left, or both) to receive medication.
6. **Explain procedure.** Read the medication label to the resident and confirm understanding. Ask the resident to sit or lie down. Wash hands again. Put on gloves. If drops are suspension, then **"SHAKE WELL."**
7. Assist the resident to a comfortable position and turn resident's head so that the affected **ear** is facing up.
8. If bottle serves as dropper, remove cap and place it upright on barrier or on a clean, dry surface.
9. Straighten **ear** canal by gently pulling earlobe up and back.
10. **IF DROPS, instill prescribed number of drops into ear canal. Do NOT let tip of dropper touch the ear or any other surface. Recap container.**
11. Instruct resident to remain in same position about five minutes with affected ear upwards. Gently place a cotton ball in the external ear canal or canal to prevent leakage.
12. Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator if required).
13. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
14. Remove and dispose of gloves. Discard barrier.
15. Wash hands thoroughly.
16. Monitor for side effects or adverse effects.

HOW TO ASSIST WITH NOSE MEDICATION (Nasal Preparations)

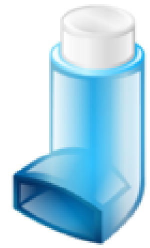
Proper Use of NASAL DROPS and NASAL SPRAYS

1. If NOSE medication requires **REFRIGERATION, store in REFRIGERATOR** and monitor temperature with daily log.
2. Wash hands and obtain necessary items (**Nose** drop or spray medication with label, MOR, gloves, cotton balls, clean tissues, barrier as disposable tray, etc.). Check expiration date of medication when retrieving medication.
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. Be sure sufficient doses remain.
4. Follow facility policy for identifying resident. Address resident by name.
5. Identify which **NOSTRIL** (right, left, or both) to receive medication.
6. **Explain procedure.** Read the medication label to the resident and confirm understanding. Ask the resident to sit or lie down. Wash hands again. Put on gloves. If NOSE drops are suspension, then **"SHAKE WELL."** Check label.

7. Assist the resident to a comfortable position and turn resident's head so that the affected **NOSTRIL** is facing up.
8. If bottle serves as dropper, remove cap and place it upright on barrier or on a clean, dry surface.
9. If possible, ask resident to blow nose gently to remove any excess mucus.
10. **IF NOSE DROPS, instill prescribed number of NOSE drops into NOSTRIL or both NOSTRILS. Do NOT let tip of dropper touch the NOSE or any other surface. Recap container.**
11. **IF NOSE SPRAY** (check package insert for specific instructions if possible), do the following:

    a. Prime nasal inhaler device by holding bottle upright and away from face while spraying into air.
    b. Resident should be sitting up, if possible. Instruct resident to hold head upright, slightly forward.
    c. Gently press side of nostril that is not receiving drug using finger of other hand.
    d. Keep bottle upright and insert spray tip into nostril (no more than 1/4 inch). Point the tip to the back outer side of nose. Ask resident to breathe out through mouth.
    e. **Instill prescribed number of SPRAYS into one or both NOSTRILS as prescribed. Press actuator or spray tip firmly and quickly while resident breathes through nose and out mouth. If necessary, clean spray tip and device according to manufacturer's guidelines or facility policy. Recap container.**
12. Instruct resident to remain in same position about five minutes with affected NOSTRIL upwards. Wipe off any excess drainage with clean tissue and gently place a cotton ball in the external NOSTRIL to prevent leakage. Resident should avoid blowing nose for at least 15 minutes.
13. If another dose of the same or different nasal medication is required in the same nostril, wait the amount of time recommended by the manufacturer (see package insert) or as prescribed. Repeat dose in either nostril as prescribed.
14. Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator if required).
15. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
16. Remove and dispose of gloves. Discard barrier.
17. Wash hands thoroughly.
18. Monitor for side effects or adverse effects.

Proper use of INHALERS and DISKUS (by MOUTH)



1. If Inhaler or Diskus medication requires **REFRIGERATION, store in locked REFRIGERATOR** and monitor temperature with daily log.
2. Wash hands and obtain necessary items (HFA Inhaler or Diskus medication with label, MOR, gloves, cotton balls, tissues, barrier as disposable tray, etc.). Check expiration date of medication when getting drug.
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
4. Follow facility policy for identifying resident. Address resident by name.
5. Identify whether SPACER is required to administer medication.
6. **Explain procedure.** Read the medication label to the resident and confirm understanding. Ask the resident to sit or lie down. Wash hands again. Put on gloves. If medication is suspension then **"SHAKE WELL."**
7. If using spacer, examine spacer/holding chamber and remove any foreign objects.
8. Remove mouthpiece cap (and spacer cap). If not connected, place cap(s) on barrier or clean dry surface.
9. If necessary (see package insert), hold inhaler upright and **"SHAKE WELL."** Prime inhaler.
10. **IF NOT using SPACER, open mouth with inhaler one to two inches away, or place inhaler mouthpiece under top teeth and keep mouth open.**
11. **IF using SPACER, insert mouthpiece of inhaler into the flexible rubber end of spacer/holding chamber and place chamber in resident's mouth with lips closed around mouthpiece.**
12. Ask resident to breathe out. (Do NOT exhale into inhaler). Position inhaler for administration of medication.
13. Press down on inhaler once to release medication as resident starts to breathe in slowly through the mouth over 3-5 seconds. (**Do not spray more than one puff into spacer at a time).**
14. If necessary, wash and thoroughly dry mouthpiece (see package insert or facility policy). If using spacer, wash spacer/holding chamber according to manufacturer's guidelines or facility policy. Recap container.
15. Resident should hold breath as long as possible.
16. **Dry Powder Inhaler or Diskus DOs. Do follow manufacturer package insert for device loading dose and preparation.**

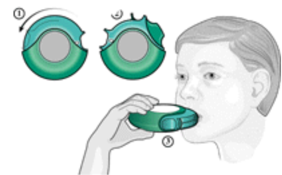


Figure 1: Diskus

Some devices require placement of capsule into inhaler/device and some already contain medication. Generally, the device should be held horizontally when used. Bring inhaler to mouth and close lips around mouthpiece. For best results, breathe in quickly and deeply through the mouth. Some inhalers require more than one inhalation in order to receive the full dose (see manufacturer's package insert). If capsule was manually inserted prior to administration, remember to remove empty capsule when done.

17. **Dry Powder Inhaler or Diskus DON'Ts. CAPSULES containing dry powder for inhalation should NEVER BE SWALLOWED. Never use capsules that are broken or have been exposed to water. Do not activate the dose (by pushing the lever or twisting the inhaler/device) more than once per dose. Most dry-powdered inhaler/devices should NOT be shaken. Do not use a spacer/holding chamber. Do NOT close device until all doses have been received.**

18. If another puff of the same or different medication is required, wait 1-2 minutes (check package insert), then repeat procedures above. Close inhaler/device using manufacturer's package insert guidelines to ensure next dose will be ready when needed.
19. Replace medication into labeled box/bag and return medication to proper storage area (i.e., LOCKED refrigerator if required).
20. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
21. Remove and dispose of gloves. Discard barrier.
22. Wash hands thoroughly.
23. Monitor for side effects or adverse effects.

It is important to report, verbally and/or in writing to incoming and outgoing staff, any significant information about residents and their medication. Such communication facilitates the care of residents.

WHEN IN DOUBT, DON'T GIVE IT OUT!

Chapter 10. Additional Duties Allowed Under Assistance with Self-Administration of Medication

As of July 1, 2015; 429.256 FS was amended to include additional duties that can be performed by unlicensed staff as part of assistance with self-administration of medication to include the following:

1. Taking the medication, in its previously dispensed, properly labeled container, including an insulin syringe that is prefilled with the proper dosage by a pharmacist and an insulin pen that is prefilled by the manufacturer, from where it is stored, and bringing it to the resident.

2. Assisting with the use of a nebulizer, including removing the cap of a nebulizer, opening the unit dose of nebulizer solution, and pouring the prescribed premeasured dose of medication into the dispensing cup of the nebulizer.

3. Using a glucometer to perform blood-glucose level checks.

4. Assisting with putting on and taking off anti-embolism stockings.

5. Assisting with applying and removing an oxygen cannula but not with titrating the prescribed oxygen settings.

6. Assisting with the use of a continuous positive airway pressure device but not with titrating the prescribed setting of the device.

7. Assisting with measuring vital signs.

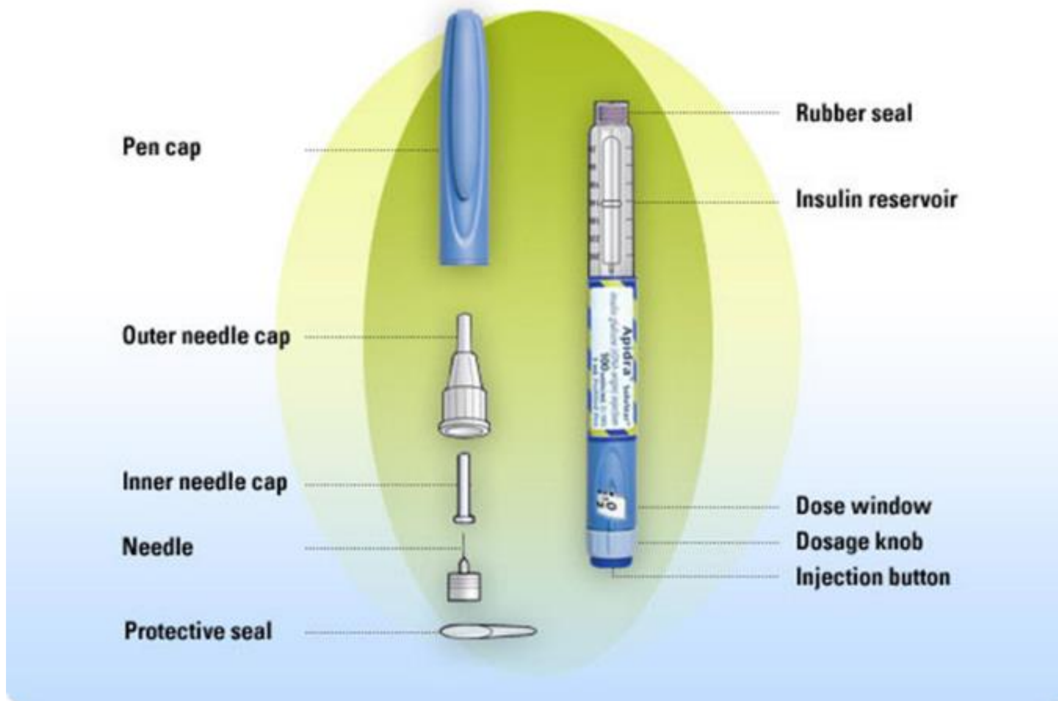
8. Assisting with colostomy bags.

429.52 FS requires that “Staff involved with the management of medications and assisting with the self-administration of medications under s. 429.256 must complete a minimum of 6 additional hours of training provided by a registered nurse, licensed pharmacist, or department staff. The department shall establish by rule the minimum requirements of this additional training.”

Any staff who previously received the 4 hours of training on assisting with self-administration of medication must complete the additional 2-hours of training related to the additional duties prior to performing the duties above.

HOW TO ASSIST RESIDENTS WITH INSULIN PENS

Insulin pens are pen-shaped injector devices for insulin injection (delivery) that are intended for use by a single person. The insulin pen has an insulin reservoir, or an insulin cartridge, that usually contains enough insulin for an individual to self-administer several doses (injections) of insulin before the reservoir or cartridge is empty. The needle is changed before each insulin injection. Insulin pens are designed to be safe for a single person to use a single pen multiple times, with a new needle for each injection. Unlike vials of insulin, insulin pens do not require constant refrigeration. Insulin pens only require refrigeration until their first use. Typically, insulin pens stay good for use for 28 days after initial use depending on the type of insulin they contain, unless the expiration date printed on the pen has passed. When the pen is empty or has been stored at room temperature for more than 28 days, the pen must be discarded. Only prefilled insulin pens filled by a pharmacist or manufacture with proper dosage can be used when assisting the resident with use of the insulin pen. The health care provider will prescribe the insulin dose specifically for the resident and glucose monitoring will routinely be ordered daily. Always double check the insulin order for the dose prescribed, the dosage is in “units” of insulin and is administered at specific times daily. Dialing a too high dose and not double checking the dosage may result in the delivery of too much insulin or too little insulin. If this occurs, monitor the blood glucose levels closely and notify the Administrator or nurse to call the health care provider immediately.



Rotation of Insulin Injection Sites

Only use the sites on the front of the body for self-injection.

Because the resident will require insulin on a regular basis for diabetes, you need to know where to inject it and how to rotate (move) the injection sites. By rotating the injection sites, injections will be easier, safer, and more comfortable for the resident. If the same injection site is used over and over again, it may develop hardened areas under the skin that keep the insulin from being used properly.

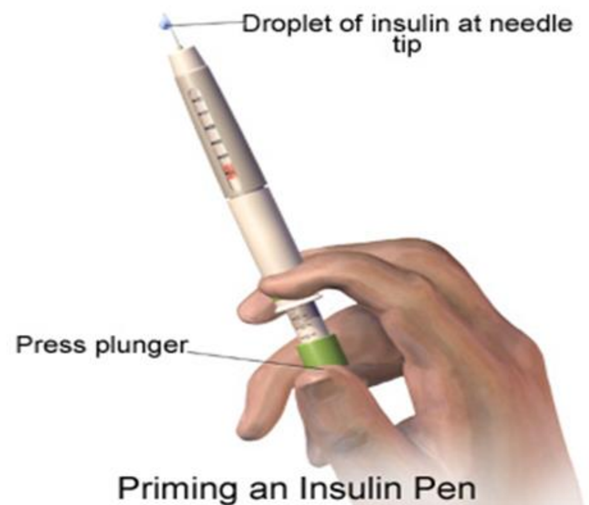
Follow these guidelines:

1. Move the site of each injection. Inject at least 1 1/2 inches away from the last injection site.
2. Try to use the same general injection area at the same time of each day (for example, use the abdomen for the injection before lunch). Note: The abdomen absorbs insulin the fastest, followed by the arms and thighs.
3. Document in the resident's medical record which injection site the resident has used.

Injection equipment (e.g., insulin pens, needles) should never be used for more than one person

Assisting the resident with Insulin pens

4. Follow the facility's infection control policy and procedures.
5. Wash hands and obtain necessary items (prescribed unit dose medication with label (insulin pen), MOR, gloves and alcohol wipe/s). Check expiration date of medication when getting drug.
6. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident. Follow the specific dosage instructions exactly as written by the health care provider.
7. Follow the facility policy for identifying the resident. Address resident by name and ensure resident privacy. Assist the resident to a comfortable location.
8. Explain the procedure. Read the medication label to the resident and confirm understanding. Wash hands again. Put on gloves.
9. Never inject cold insulin. If using a new pen, wait until the pen warms up to room temperature before the resident injects the insulin.
10. Take the pen cap off, open a new needle and attach the needle to the top of the pen.
11. Pens require manual "priming" before injecting the insulin. Prime the pen by dialing 2 units, holding the pen with needle pointing upright, tap the reservoir



Priming an Insulin Pen

Double check the dose before injecting

gently to remove any air bubbles. Press the button at the bottom of the pen as far as it will go in, until you see a drop of insulin.

12. Dial the prescribed dose using the dial or dosage knob at the base of the pen. Check the pen's manufacturer instructions if you accidently dial the incorrect amount of insulin, since each pen mechanism works differently to correct the inaccurate dose.
13. Instruct the resident to provide access/ lift clothing to allow for easy access to planned injection site. Ask the resident about the prior injection sites, rotate injection sites. Do not allow the resident to inject near joints, groin area, navel, and the middle of abdomen or near scars.

14. Using an alcohol wipe, clean the injection site thoroughly. Allow alcohol to dry prior to injection of insulin.
15. Hand the insulin pen to the resident for self- injection. Observe the resident for proper insertion of the needle into the skin, at a 90-degree angle. Observe the resident to hold the pen to the skin and inject the insulin by pressing the push button all the way in. Most manufactures recommend that the needle be left in the skin for at least 10 seconds after injecting the insulin, this allows for the full dose of insulin to be administered. Instruct the resident to release the button and quickly remove the needle from the skin.

16. Do not allow the resident to rub the injection site. Bleeding may or may not occur after the injection. If there is bleeding, apply light pressure with the alcohol wipe. Cover the injection site with a bandage if necessary.
17. After the insulin injection, remove the needle from the tip of the insulin pen and reattach the protective cap. Dispose of the used needle immediately in a hard sided red biohazard waste container. Never attempt to recap the used needle. Return the insulin pen to a safe secure location.
18. Remove and dispose of soiled gloves and wash hands after glove use.
19. Record assistance with self- administration on the MOR. Document any refusal or other reason the medication was not administered as ordered. Immediately notify the Administrator or nurse if the prescribed dose is not administered.

Insulin pens and other medication cartridges and syringes are for single-patient-use only and should never be used for more than one person.

HOW TO ASSIST WITH NEBULIZERS

A **nebulizer** is a drug delivery device used to administer medication in the form of a mist inhaled into the lungs. Nebulizers are commonly used for the treatment of asthma, COPD and other respiratory diseases. A nebulizer machine is a device comparable to an inhaler, but is more suited for disabled individuals, elderly patients, or those with illnesses who find using their hands and taking deep inhalations to be strenuous. Nebulizers create an aerosol that releases medication directly into the lungs without needing specialized breathing techniques. Many medications are available for inhalation treatments which are delivered directly into the resident's airway. A nebulizer delivery system consists of a nebulizer (a small plastic jar/cup with a screw top lid) and a source for compressed air. The air flow to the nebulizer changes the medication from a solution into a fine mist. This mist is inhaled through a facial mask or mouth piece that attaches to the nebulizer by a tube. Full face masks cover the nose and mouth and are easier to use as it does not require hands to hold it in place while the mouth pieces do. With the mouth piece or facial mask in place, simply breath as you normally would until the vapor has completely dissipated.

How to Assist with Self- Administration of medication via a Nebulizer:

1. Place the air compressor unit on a surface, where it can safety reach its power source and be easily turned on / off.
2. Wash hands and obtain necessary items (prescribed unit dose medication with label, MOR, gloves. Check expiration date of medication when getting drug.
3. Triple check the medication label with the medication observation record (MOR). Check the MOR, then the medication label, then the MOR before providing the medication to the resident.
4. Follow facility policy for identifying the resident. Address resident by name and ensure resident privacy.
5. Explain the procedure. Read the medication label to the resident and confirm understanding. Ask the resident to sit up upright when possible. Wash hands again. Put on gloves.
6. Always use a clean nebulizer delivery system for each use.
7. Open the prescribed, unit dose prefilled vial/container of medication solution and pour the solution into the nebulizer jar and tighten the lid.
8. Connect the air tubing from the air compressor unit to the nebulizer jar. Make sure all connections are tight and secure.
9. Attach the face mask/ mouthpiece to the nebulizer unit.

10. Turn the air compressor on and observe the nebulizer for misting.
11. Hand the nebulizer mask to the resident and assist the resident to place on their face, making sure that the nose and mouth are covered. The mask may be secured to the resident's head with the elastic band. If a mouthpiece is being used, instruct the resident to place the mouthpiece between the teeth and close lips around mouth piece.
12. The resident's head should remain upright, and maintain the nebulizer jar upright, this will allow for proper administration of the medication.

13. Instruct the resident to take slow normal breaths throughout the treatment. This will allow the medication to settle in the resident's airways.
14. Instruct the resident to occasionally tap the outside of the nebulizer jar, this helps with the utilization of all medication.
15. Inform the resident to continue with the treatment until an onset of sputtering sound or inconsistent nebulization coming from the nebulizer. The jar will have just a little medication left inside.
16. Record assistance with self-administration on MOR. Document any refusal or other reason medication was not administered as ordered.
17. Remove and dispose of gloves.
18. Wash hands thoroughly.
19. Monitor for side effects or adverse effects. If dizziness or jitteriness occurs, stop the treatment and have the resident rest for about 5 minutes. Continue the treatment, and instruct the resident to breathe more slowly. If dizziness or jitteriness continues to be a problem, inform the health care provider/doctor and obtain further instruction.

20. Care and Cleaning of the Nebulizer Unit after each use
21. Always follow the nebulizer manufacturer's instruction for cleaning the nebulizer unit. After each treatment, rinse the nebulizer cup thoroughly with warm water, shake off excess water, and let air dry. You do not need to clean the compressor tubing. Always allow the nebulizer equipment to completely dry before storing in a plastic, zippered bag. Check the air compressor's filter as directed. Replace or clean according to the directions from manufacturer.

ASSISTING RESIDENTS WITH GLUCOMTERS

A blood **glucose meter** is a small, portable machine that is used to measure how much glucose (a type of sugar) is in the blood (also known as the blood glucose level). People with diabetes often use a blood glucose meter to help them manage their condition. Glucometers should be restricted to a single resident and not shared with other residents.

An underappreciated risk of blood glucose testing is the opportunity for exposure to blood borne viruses (HBV, hepatitis C virus, and HIV) through contaminated equipment and supplies if devices used for testing and/or insulin administration (e.g., blood glucose meters, finger stick devices, insulin pens) are shared

There are many types of glucometers available, therefore it is very important to read and follow the manufacture's recommendations for use, cleaning, and storage.

How to us a glucometer to perform blood glucose testing:

1. Follow facility's infection control policy and procedure.
2. Wash hands with soap and water.
3. Assemble supplies-gloves, alcohol swabs, cotton ball or gauze, glucometer and test strips
4. Verify glucometer is calibrated following manufacturer's guidelines for the resident's glucometer. This may involve performing a test calibration to verify test strips and glucometer will produce an accurate blood glucose value.
5. Follow the facility policy for identifying the resident. Address the resident by name. Explain procedure to resident and ensure resident privacy.
6. Apply gloves.
7. Clean resident's finger with an alcohol swab.
8. Using a lancet device, prick resident's finger and apply a small drop of blood to the test strip.
9. Discard lancet in a red biohazardous sharps container and never reuse lancets.
10. Provide the resident with a cotton ball or gauze pad to blot prick site.
11. Insert test strip into glucometer and the meter will count down to the blood glucose value that will be displayed on the glucometer.
12. Removed the test strip and discard.
13. Remove gloves and wash hands.

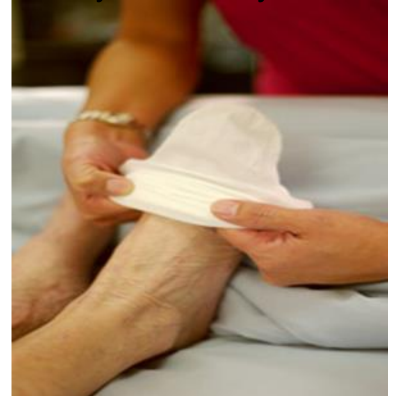
14. Document the blood glucose reading on the Medication Observation Record or other provider specific document.
15. Alert the administrator or facility nurse if the blood glucose value falls outside the resident's specific blood glucose levels per the health care practitioner's order.
16. Clean the glucometer per manufacture's recommendation and store in a clean dry area.

Application and Removal of Anti-embolism Hosiery

Anti- embolism stockings are used to promote normal function of the circulatory system and prevent complications from pooling blood in the resident's legs.
It is important to realize that you will be putting the stockings on residents who have other physical concerns such as a more restricted range of movement, a disability or pain when the stockings are applied incorrectly.

How to apply and remove anti-embolism stockings

1. Follow the facility's infection control policy and procedures.
2. Gather your supplies and check the order for time and duration for the anti- embolism stockings use.
3. Wash your hands; apply gloves if any impaired skin.
4. Follow the facility policy for identifying the resident. Address the resident by name and ensure the resident's privacy. Explain the procedure to the resident.
5. Assist the resident in lying down on his/her back or in comfortable sitting position
6. Make sure the resident's feet are dry. You may apply talcum powder if they are not dry.
7. Gather the fabric of the stocking into your hand and place it on the resident's foot. Slowly roll the stocking upwards until the upper edge reaches just below the resident's knee.
8. Place the heels and toes in the correct position. Examine the stocking to make sure there are no wrinkles in the fabric. Take caution when adjusting the stocking; avoid pinching the resident's skin.
9. Assist the resident to a more comfortable position if he/she wishes to move.
10. Remove and dispose of your gloves if used. Wash your hands.
11. Inform the Administrator or facility nurse of any resident complaints of discomfort, numbness, tingling or loss of feeling in the extremity.
12. Removal of the stockings as orders specify by gently sliding the hosiery down the resident's leg and off the foot. Be careful not to pull or snatch the hosiery as that may result in skin abrasions and bruising.
13. Document the application and removal of the stockings on the MOR as per the health care provider written order.



Assisting Residents with Oxygen Nasal Cannulas

The **nasal cannula** (NC) is a device used to deliver supplemental oxygen or airflow to a resident in need of respiratory help. This device consists of a lightweight tube which on one end splits into two prongs which are placed in the nostrils and from which a mixture of air and oxygen flows. The other end of the tube is connected to an oxygen supply such as a portable oxygen generator or concentrator. The cannula is generally attached to the resident by way of the tube hooking around the resident's ears or by elastic head band. The most widely used form of adult nasal cannula carries 1–5 liters of oxygen per minute.

How to Assist Residents with the Application of a Nasal Cannula

1. Follow facility's policy and procedure for infection control
2. Verify resident's order for oxygen therapy
3. Follow the facility policy for identifying the resident and address the resident by name
4. Explain the procedure to the resident and ensure nasal cannula tubing is connected to oxygen source
5. If the oxygen source is currently off, turn on the machine and note if the liters of oxygen match the resident's order. If the amount of oxygen per liter and the resident's orders do not match, turn off the machine and contact the administrator or facility nurse. If the liters of oxygen and the resident's orders match you may proceed with step 6

Unlicensed staff may not titrate of adjust oxygen levels

6. Gently insert nasal prongs into resident's nares and loop tubing behind the ears. Ensure oxygen tubing is not too tight over resident's ear or under the resident's chin
7. Advise the resident to be careful when rising or changing position while nasal cannula is in place
8. Nasal cannula's should be cleaned and stored per manufacture's recommendation

Assisting Residents with Continuous Positive Airway Pressure (CPAP) Machines

Continuous positive airway pressure (**CPAP**) therapy is a common treatment for obstructive **sleep apnea**. It includes a small **machine** that supplies a constant and steady air pressure, a hose, and a mask or nose piece. The mask, connected to a pump, provides a positive flow of air into the nasal passages in order to keep the airway open.

How to Assist Residents with a CPAP Machine:

1. Follow facility's policy and procedure for infection control
2. Follow the facility's policy and procedure for the identifying the resident and address the resident by name
3. Set up CPAP machine:
    a. Place the CPAP machine on a level surface near resident's bed
    b. Keep the machine at least 12 inches away from anything that may block the vents (drapes, bedspreads, etc.)
    c. Position the machine lower than the level of the bed so any accumulation of water will drain back toward the machine and not toward the resident
    d. Plug the machine into a grounded outlet, if available.
    e. Fill the humidifier with water (distilled water is recommended) to the maximum fill line
    f. Attach one end of the tubing to the humidifier and attach the other end to the mask
4. Assist the resident to clean their face to remove dirt or creams
5. Position the mask on the resident's face and fasten the headgear
6. The mask should fit snug enough to prevent leaks but not too tight that causes pain
7. Turn on the unit and encourage the resident to relax and breathe normally through their nose

The use of extension cords while using a CPAP machine is <u>not</u> recommended

If oxygen is prescribed with the CPAP therapy, ensure the proper placement of the oxygen adaptor and oxygen tubing. **Always turn on the CPAP unit first, then turn on the oxygen and turn off the oxygen first before turning off the CPAP unit.**

Assisting with Obtaining Vital Signs

Vital signs are measurements of the body's most basic functions. Vital signs are useful in detecting or monitoring medical problems. Vital signs can be measured in a medical setting, at home, at the site of a medical emergency, or elsewhere. As with all resident contact procedures, follow your facility's infection control policy and procedure.

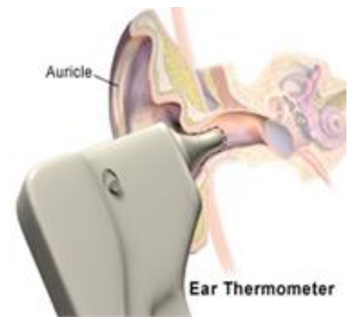
The four main vital signs routinely monitored by medical professionals and healthcare providers include the following:
1. Body Temperature
2. Pulse Rate
3. Respiration Rate (rate of breathing)
4. Blood pressure

Body Temperature

Body temperature can vary depending on the gender, recent activity, food and fluid consumption, time of the day, and, in women, the stage of the menstrual cycle. Due to the causes of these symptoms they can have an effect on the normal body temperature that may cause it to be a little off or odd. Normal body temperature, according to the American Medical Association, can range from 97.8° F (or Fahrenheit, equivalent to 36.5° C, or Celsius) to 99° F (37.2° C).

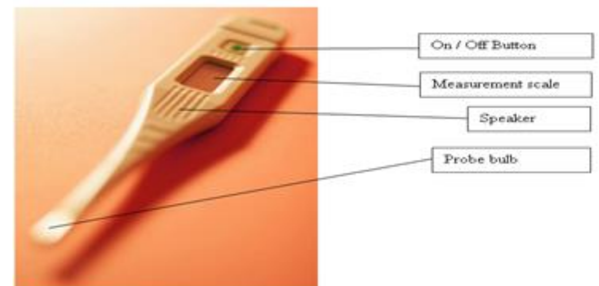
How to take a temperature using a Tympanic Thermometer

1. Place tympanic thermometer cover on
2. Ask the resident to turn his head so ear is in front of you, put new probe cover on
3. Pull back on the ear (gentle, firm) to straighten the ear canal and insert probe gently into ear canal directed toward nose
4. Start the thermometer
5. Wait until you hear a beep or flashing light and remove
6. Read the temperature and record accurately
7. Follow manufacture's recommendation for cleaning and storage



How to take a temperature using an Oral/Axillary Thermometer

1. Ask the resident if they have eaten or consumed a beverage, cold or hot or smoked within the last 15 minutes.
2. Place a sheath on the probe
3. Correct placement for obtaining oral reading or axillary reading
4. If necessary, hold the probe in place for oral
5. Leave the probe in place until the instrument beeps
6. Remove the probe sheath from the probe and dispose of properly
7. Replace the probe
8. Read the temperature and record accurately
9. Follow manufacturer's recommendation for cleaning and storage

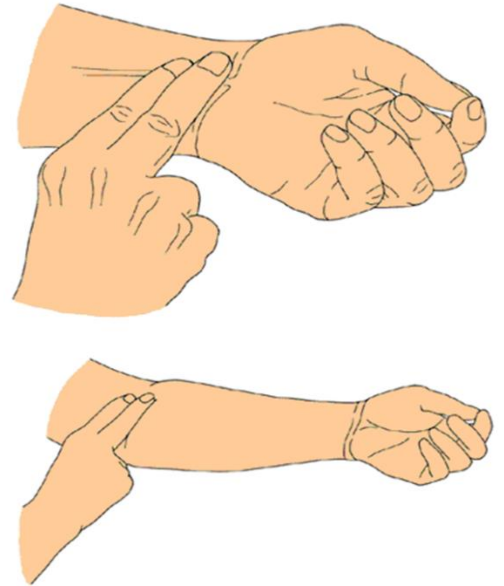


Pulse Rate

Taking a pulse rate is checking the number of times the heart beats per minute. When checking a pulse it also checks the heart rhythm and the strength of the pulse. For example, the strength or weakness of the pulse indicates overall heart-health. The normal pulse for healthy adults ranges from 60 to 100 beats per minute.

How to measure the radial heart rate

1. Relax the resident's arm on the table. The resident's palm should be facing the ceiling and the fingers should be relaxing as well
2. Use the first and second fingertips, and place it on the resident's wrist or where the forearm meets the upper arm press firmly but gentle on the arteries until one can feel a pulse. (As the picture shown below)
3. Keep hand on the pulse and begin counting the pulse. Count the second hand on whatever the number that was start from. Count pulse for 60 seconds (or for 15 seconds and multiply by four to calculate beats per minute)
4. Note: When counting, concentrate on the beats. Try not to watch the clock continuously, so it does not become confusing
5. Document the results when done. If one is unsure about the result ask someone to watch the clock while one counts the beats



Respiration Rate (rate of breathing)

Respiration is the number of breaths a person takes per minute. While counting the number of times a person's chest rises. When taking respiration, it is important that one pays close attention to the chest. A normal respiration would be 12- 16 breaths per minute for a resting adult.

How to measure respiratory rate

1. Tell the resident to sit up straight and relax and breathe
2. As the resident is breathing gently place hands on their upper chest and middle back, then look at the chest as it rises
3. When the chest rises then begin to count to a full minute. Once the counting is finished then record how many times the chest rises and that will be the answer
4. Record respiratory rate accurately

Blood Pressure

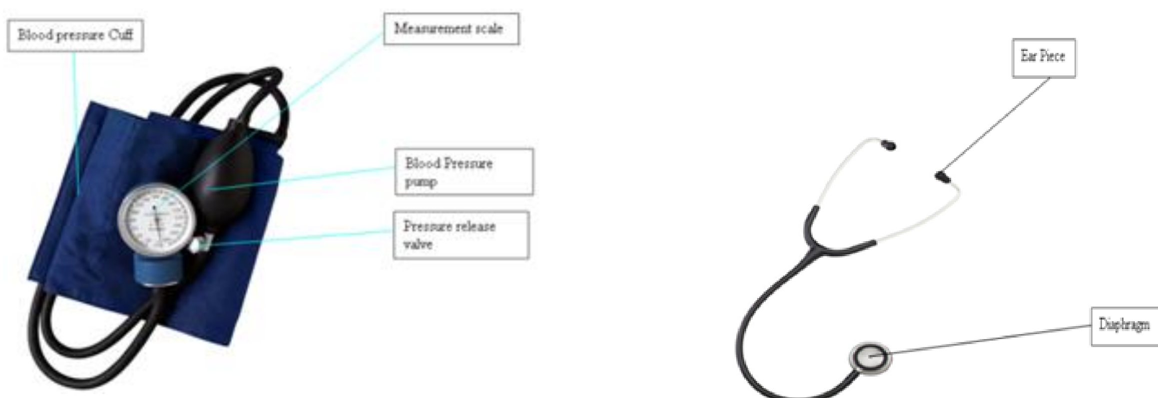
Blood pressure is measured with a blood pressure cuff and stethoscope. Each heart beat pumps the blood in the arteries, the highest blood pressure as the heart contracts. If one does not have an electronic blood pressure monitoring, then they are not able to take their blood pressure without this particular equipment.

How to Measure Blood Pressure Using a Manual Blood Pressure Monitor

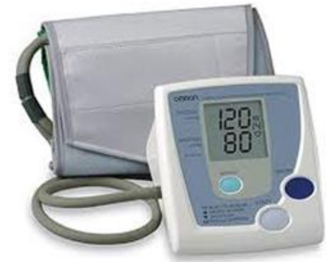
1. Sit the resident in a comfortable chair, with his or her back supported with legs uncrossed. **(No movement should be allowed)**.
2. Place the resident's arm on a table or hard surface. Make sure the arm is being relaxed and patient is comfortable.
3. Wrap the cuff carefully around the resident's upper part of the arm.
4. Place the stethoscope in the care giver ear. Then place the Diaphragm underneath the cuff on the artery.
5. Care giver should pump the cuff to make sure that it works. Also turn the knob to make sure there is no air in the cuff.
6. The Care giver should begin pumping the cuff until the measurement says 180. Slowly unleash the turning knob and listen to the heart beat.
7. The first heart beat should be measured, and the least beat should be measured and that will indicate the systolic pressure and diastolic pressure.
8. Record accurately
9. Follow manufacturer's recommendation for cleaning and storage

The cuff should be sized easily for the resident, so that it would have enough room for one fingertip to slip

If the cuff is pumped over the amount that allows the reading of 180, it can cause serious damage to the patient's health



How to Measure Blood Pressure Using an Automatic Blood Pressure Monitor



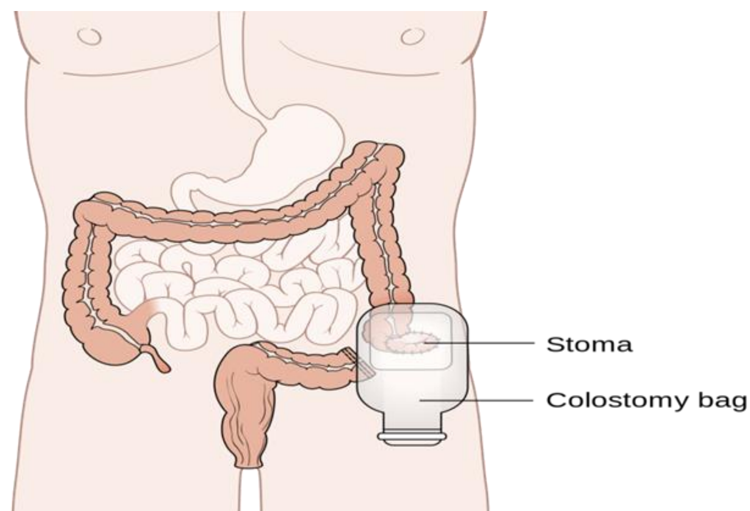
Automatic monitors, also called electronic or digital monitors, are battery-operated monitors that use a microphone to detect blood pulsing in the artery

1. The cuff, which is wrapped around the resident's upper arm, automatically inflates and deflates when you press the start button
2. As with manual blood pressure cuffs, ensure the cuff size is appropriate and correctly placed
3. Record results on digital display
4. Follow manufacturer's recommendations for cleaning and storage

Blood pressure monitors that measure your blood pressure in the finger or the wrist are not usually accurate and are not recommended

Assisting with Colostomy Bags

When the colon or rectum is damaged from illness, injury or infection part of it may need to be removed and then reattached to the abdomen. A colostomy allows stool to leave the body through a stoma or opening made in the wall of the abdomen.



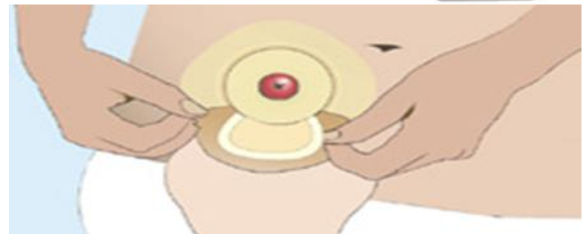
An ostomy pouch is a heavy-duty plastic bag that the resident wears outside of the body to collect stool. Using an ostomy pouch is the best way to handle bowel movements after certain kinds of surgery on the colon or small intestine. The stool may be liquid or solid. The ostomy may be used for a short time or long term. The ostomy bag attaches directly to the skin on the

resident's belly. It will be hidden under clothing. The pouch is odor free and does not allow gas or stool to leak out when applied correctly. The best time to change the pouch is in the morning, before eating or drinking. The stoma can be functional at any time, but will be more functional after eating/ drinking. Empty the pouch when it is 1/3 full with stool/ gas, it is more difficult to empty when fuller and more noticeable.

How to assist with colostomy bags:

1. Follow the facility's infection control policy and procedures.
2. Gather all supplies needed before changing the colostomy bag- a new pouch, a pouch clip and gloves.
3. Follow the facility policy for identifying the resident. Address the resident by name and ensure the resident's privacy. Explain the procedure to the resident.
4. When possible, the bathroom is the best place to change or empty the residents pouch.
5. Wash your hands with soap and water and apply gloves.

6. Remove the colostomy pouch from the ring seal around the stoma site. Use caution, not to pull at the stoma site and disrupt the ring seal/adhesive wafer.
7. Empty the contents of the pouch into the toilet. Do not discard the pouch clip. Rinse out the pouch with mild soap and water, and empty the rinse water into the toilet. Rinsing out the pouch, helps to lubricate and freshen the pouch and therefore reducing odor.



8. Reattach/ snap the pouch to the ring seal/ wafer. Examine the pouch placement making sure it is correctly secured.
9. Remove and dispose of your soiled gloves.
10. Wash your hands with soap and water.
11. Notify the Administrator or facility nurse if you observe any of the following issues: leaking from around the pouch system, change in size or appearance of the stoma, observe any skin rashes, irritations or rawness around the stoma site, bleeding from the stoma or any complaint of pain.

Chapter 11. Common Medications, Classifications, Side Effects, and Adverse Drug Reactions (ADRs).

Caregivers usually assist residents with medications because of a physical or mental condition which limits their ability to self-administer medications. Caregivers can assist residents with prescription (Rx) medications as prescribed by a health care provider (HCP), over-the-counter (OTC) medications, vitamins, and other products a resident may choose to use. All OTC and other medications must be used carefully and safely with prescription medications. Everyone must promote and seek ways to improve medication safety. Part of a caregiver's role when assisting residents is to be aware that the resident may experience side-effects or adverse drug reactions (ADRs) as a result of taking a prescription (Rx) drug or over-the-counter (OTC) medication, including vitamins and supplements. Attention to detail is important. Learn about your residents and their medications.

DEFINITION OF DRUG OR MEDICATION

A pharmaceutical drug, also referred to as medicine, medication, or medicament, can be loosely defined as any chemical substance intended for use in the medical diagnosis, cure, treatment, or prevention of disease.

UNDERSTANDING SIDE EFFECTS OF MEDICATION

Normally we think a drug is given to make a person feel better, but all medications have side-effects. A side effect is the body's reaction to a medication that is different from what was intended by the physician or HCP. Some side effects may be tolerable while others may be very dangerous and sometimes life-threatening. It is not possible to know all potential side effects for all medications. Some mild side effects can be taken care of by simple techniques listed below. Look for all types of resident changes and contact the physician or HCP when side effects are moderate or serious. Check your facility policy.

PURPOSE AND EFFECTS OF MEDICATIONS

The human body does not always function perfectly. Sometimes, a person will take medication to help the body do its job better. There are four outcomes that may occur when a drug or medication is taken:

1. Desired effect,
2. Unwanted effect (commonly called side effects or adverse drug reactions or ADRs),
3. Drug interactions with another drug or with food, and
4. No apparent effect.

Side effects

A side effect is an expected, well-known reaction that occurs with a predictable frequency and may or may not constitute an adverse consequence.

Adverse Drug Reactions (ADRs)

An adverse drug reaction (ADR) may be either a secondary effect of a medication that is usually undesirable and different from the therapeutic effect of the medication or any response to a drug that is noxious and unintended and occurs in doses for prophylaxis, diagnosis, or treatment. The term side effect is often used interchangeably with ADR; however, side effects are but one of five ADR categories, the others being hypersensitivity, idiosyncratic response, toxic reactions, and adverse medication interactions.

Drug-Drug and Drug-Food Interactions

Knowledge of common drug interactions can help prevent problems and promote good health. A **"drug-drug interaction"** results when a drug interacts with other drugs to cause side effects. A **"drug-food interaction"** occurs when a drug interacts with food and/or certain foods to cause side effects.

EXAMPLE OF DRUG-DRUG INTERACTIONS
DRUG Interactions: The levels/effects of Levothyroxine may be decreased by the following:
Aluminum Hydroxide; Bile Acid Sequestrates; Calcium Polystyrene Sulfonate; Calcium Salts; CarBAMazepine; Estrogen Derivatives; Fosphenytoin; Iron Salts; Lanthanum; Orlistat; Phenytoin; Raloxifene; Rifampin; Sevelamer; Sodium Polystyrene Sulfonate; Sucralfate

EXAMPLE OF FOOD-DRUG INTERACTIONS
FOOD Interactions: Decreased effect of Levothyroxine by certain foods below:
Taking levothyroxine with enteral nutrition may cause reduced bioavailability and may lower serum thyroxine levels leading to signs or symptoms of hypothyroidism. Soybean flour (infant formula), cottonseed meal, walnuts, and dietary fiber may decrease absorption of levothyroxine from the GI tract.

Desired Effects:

Medications are given or prescribed for many reasons. Some examples include the following:

- Promote health: example – nutritional supplement or vitamins
- Eliminate illness: example – antibiotics or cancer medications
- Control a disease: example – oral hypoglycemic or antihypertensive
- Reduce or prevent symptoms related to illness: example – cough suppressant or aspirin for stroke prevention, fever, or inflammation
- Alter behavior: example – anti-anxiety, anti-depressant, or anti-psychotic agents.

When the prescribed drug is working correctly, we say the medication is producing the desired effect. The desired effect is the beneficial effect we want the drug to accomplish.
The use of a drug should be based on the potential medical benefit versus the risk of unwanted effects such as side effects and adverse drug reactions (ADRs).

Unwanted Effects:

When a drug is taken, there is always the possibility that the resident may not have the response to the drug that was expected to occur. Some of the outcomes can be life threatening. Sometimes, the unwanted effects are predictable. These effects are called side effects or adverse effects. An example is drowsiness produced by sedating cold medications. Drowsiness may not occur in every person for whom the drug was prescribed, but it happens frequently. Constipation is an unwanted effect that may occur when taking iron preparations or opiates. Unwanted effects may be unexpected and unpredictable. Many elderly people become confused when starting a new drug. Some people are very allergic to drugs such as penicillin and have a reaction that could be fatal. Residents take many different kinds of medications. Each medication taken has a specific effect on the body. As a result, medications are **classified** according to how they will act in the body.

Knowing how the medication is classified will help you understand its effect on the body.
It is important to have general knowledge of common medications and classifications of drugs and their potential side-effects, adverse drug reactions (ADRs) and drug-drug and drug-food interactions. Common classifications are listed below.

WARNING: Use of "aspirin" can be dangerous with "anticoagulants."

Facility Policy

A facility should have clear procedures for responding to changes in a resident's condition. Such procedures should describe the type of changes that should be documented in the resident's record; when changes should be reported to the administrator, nurse, physician, or HCP; and who should call the physician when necessary. The tables at the end of this chapter are lists of common medication side effects. Please discuss with your employer or nurse to determine the best course of action to be taken if a resident experiences any of these side effects or adverse drug reactions (ADRs).

EXAMPLE of Adverse Drug Reaction profile for memantine (NAMENDA) 1% to 10%:
Cardiovascular: Hypertension (4%), hypotension (2%), cardiac failure, cerebrovascular accident, syncope, transient ischemic attack
Central nervous system: Dizziness (5% to 7%), confusion (6%), headache (6%), anxiety (4%), depression (3%), hallucinations (3%), pain (3%), somnolence (3%), fatigue (2%), aggressive reaction (1% to 2%), ataxia, vertigo
Dermatologic: Rash
Gastrointestinal: Constipation (3% to 5%), diarrhea (5%), weight gain (3%), vomiting (2% to 3%), abdominal pain (2%), weight loss
Genitourinary: Urinary incontinence (2%), micturition
Hematologic: Anemia
Hepatic: Alkaline phosphatase increased
Neuromuscular & skeletal: Back pain (3%), hypokinesia
Ocular: Cataract, conjunctivitis
Respiratory: Cough (4%), dyspnea (2%), pneumonia
Miscellaneous: Influenza (4%)

It is important to note that there is ALWAYS ONLY ONE generic name for a drug such as the generic ampicillin, but there may be two or more BRAND NAMES (OMNIPEN, POLYPEN, PRIMAPEN) for the same single generic name.
This guide will generally present generic names in lower case hydromorphone and BRAND NAMES in UPPER CASE as (DILAUDID), and will not use trademark symbol as (Dilaudid®), due to some medication safety concerns with symbols such as ® . Occasionally, the generic name will be printed in TALL MAN lettering as cloNIDine (CATAPRESS), glyBURIDE (DIABETA), glipiZIDE (GLUCOTROL).

COMMON MEDICATION CLASSIFICATIONS

Antibiotics/Anti-infectives

Used for treatment of various bacterial, fungal, and or viral infections, commonly found in the urinary and respiratory tracts. Examples of oral antibiotics, antifungals, and antivirals:
Penicillins: penicillin (PEN-VK), ampicillin (OMNIPEN, POLYPEN, PRIMAPEN), amoxacillin (AMOXIL), amoxicillin & clavulanate (AUGMENTIN).
Cephalosporins: cefuroxime (CEFTIN), cefaclor (CECLOR), cephalexin (KEFLEX), cefdinir (OMNICEF).
Macrolides: erythromycin (ERYTHROCIN), Azithromycin (ZITHROMAX as Z-PAK tablets, ZMAX as oral suspension),
Tetracyclines: tetracycline (ACHROMYCIN), doxycycline (VIBRAMYCIN),
Floroquinolones: levofloxacin (LEVAQUIN), ciprofloxacin (CIPRO), moxifoxacin (AVELOX).
Sulfa's: sulfamethoxazole/trimethoprim (BACTRIM, SEPTRA, BACTRIM or SEPTRA DS),
Misc: clindamycin (CLEOCIN), metronidazole (FLAGYL), nitrofurantoin (MACRODANTIN), nitrofurantoin P&G (MACROBID),
Antifungals: fluconazole (DIFLUCAN), nystatin (NYSTATIN).
Antivirals: acyclovir (ZOVIRAX), valacyclovir (VALTREX).
SIDE EFFECTS: Diarrhea; nausea; vomiting.
Seek medical attention right away (i.e., call 911 if HCP not available), if any of these SEVERE side effects occur when using antibiotics: severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); bloody stools; confusion; dark urine; fever, chills, or persistent sore throat; red, swollen, blistered, or peeling skin; seizures; severe diarrhea; stomach pain/cramps; unusual bruising or bleeding; yellowing of the skin or eyes. This is not a complete list of all side effects. If you have questions about side effects, contact your health care provider.

Analgesic Medications – Non Narcotic

Used in the treatment of acute or chronic pain. OTC (over-the-counter) acetaminophen = "APAP" also known as brand name TYLENOL. Acetaminophen-APAP also known as TYLENOL is mild to moderate analgesic (pain reliever). All medicines may cause side effects, but many people have no, or minor, side effects. When used in small doses, no COMMON side effects have been reported with APAP. Seek medical attention right away (i.e., call 911 if no HCP available), if any of these **SEVERE side effects** occur: severe allergic reactions (rash; hives; itching; difficulty breathing; chest tightness; swelling of the mouth, face, lips, or tongue); dark urine or pale stools; unusual fatigue; yellowing of the skin or eyes. This is not a complete list of all side effects that may occur. If you have questions about side effects, contact your health care provider (HCP), nurse, or pharmacist.
NSAIDS Non-steroidal anti-inflammatory drugs (NSAIDS) are used to treat the pain of Osteoarthritis and Rheumatoid Arthritis.
Examples: aspirin (BAYER), ibuprofen (MOTRIN or ADVIL), naproxen (ALEVE, NAPROSYN), meloxicam (MOBIC), diclofenac (VOLTAREN), celecoxib (CELEBREX).
SIDE EFFECTS of NSAIDS: rash; itching; nausea; vomiting; diarrhea; **signs of bleeding (bruising, blood, dark tarry stools);** lethargy; sleepiness; tremors; constipation; diarrhea; dizziness; gas; headache; heartburn; mild stomach pain; nausea; stomach upset; trouble sleeping; vomiting.

Analgesic Medications - Opiate Narcotic

Opiate narcotic analgesics are used to treat pain.
Examples: codeine (CONTIN) morphine (MS CONTIN), hydrocodone & acetaminophen (LORCET, LORTAB, VICODIN), oxycodone (OXYCONTIN), hydromorphone (DILAUDID), and oxycodone & acetaminophen-APAP (PERCOCET), acetaminophen & codeine (TYLENOL with CODEINE) and tramadol (ULTRAM).
SIDE EFFECTS: nausea, vomiting, constipation, drowsiness, mental confusion, blurred vision, difficulty breathing, dizziness, flushing, lightheadedness, mental/mood changes.

Bisphosphonates

Used to prevent or treat osteoporosis in males and females.
Examples: alendronate (FOSAMAX), ibandronate (BONIVA),
In order to reduce esophagitis and esophageal events associated with oral bisphosphonates, patients should be advised to follow administration instructions carefully. Oral bisphosphonates should be taken first thing in the morning after awakening, with a full glass of plain water. Patients should remain in an upright position for at least 30-60 minutes after the dose. Any swallowing difficulties, chest pain, or heartburn may indicate signs of esophageal problems and should be reported.
SIDE EFFECTS: diarrhea; dizziness; headache; heartburn; mild arm, back, leg, muscle, or joint pain; mild flu-like symptoms (i.e., mild fever, chills, tiredness, weakness, joint or muscle aches); nausea; pain, swelling, or redness at the injection site, stomach upset.

Diabetes

Diabetes is when the blood glucose (blood sugar) is too high. Blood glucose is the main type of sugar found in the blood and the main source of energy. Glucose comes from the food the resident eats and is also made within the liver. The pancreas, an organ located between the stomach and spine helps with digestion by releasing a hormone called insulin. The insulin helps carry the glucose to all of the body's cells for energy. Sometimes the body doesn't make enough insulin or work the way it should. When this occurs glucose stays in the blood and doesn't reach the body's cells. This high level of glucose is called diabetes. People can develop diabetes at any age and both men and women can develop diabetes. Over time diabetes can lead to serious problems with blood vessels, heart, nerves, kidneys, mouth, eyes and feet. The most serious problem caused by diabetes is heart disease. There are two main types of diabetes found in the general population, type 1 and type 2.

	Type I Diabetes	Type II Diabetes
Age of Onset	Juvenile	Adult
Cause	No insulin	Insulin resistance, obesity
Prevalence	5%	95%
Symptoms	Severe	Less severe, obesity
Progression	Abrupt	Gradual
Consequences	Kidney, eyes, cardio	Kidney, eyes, cardio
Treatment	Insulin	Weight loss

Hypoglycemia (low blood sugar) and **hyperglycemia** (high blood sugar) are the two most common, yet threatening, diabetes-related emergencies experienced by the elderly. Unfortunately, they are commonly overlooked because cognitive impairment, such as dementia or other mental illness can make it difficult for the elderly to recognize the symptoms of diabetes-related emergencies.

Symptoms of Hypoglycemia

Hypoglycemia typically occurs when a resident with diabetes misses a meal or snack. The most common symptoms of hypoglycemia include:

a. Cold, clammy skin
b. Trembling or feelings of nervousness
c. Lack of motor coordination and fatigue
d. Irritability or confusion
e. Blurred vision, headache or dizziness
f. Nausea or stomach pain
g. Fainting or unconsciousness

If the resident exhibits symptoms of hypoglycemia, immediately notify the Administrator or nurse and administer a form of sugar that can be easily absorbed, such as juice or soda pop

Symptoms of Hyperglycemia

Hyperglycemia (high blood sugar) is caused by too much food, reduced activity, missed insulin or even another illness and may develop over hours or days. The most common hyperglycemia symptoms are:

a. Increased thirst and urination
b. Sweet odor to the breath
c. Fatigue
d. Agitation and confusion
e. High levels of ketones in the urine

High and Low Blood Glucose (hyperglycemia & hypoglycemia) Symptoms and Causes

High Blood Glucose Symptoms (Hyperglycemia)	High Blood Glucose Causes	Low Blood Glucose Symptoms (Hypoglycemia)	Low Blood Glucose Causes
Thirst	Too much food	Shakiness	Too little food
Hunger	Too little exercise	Sweaty	Too much medicine
Frequent urination	Too little medicine	Hunger	More activity than usual
Fatigue	Stress	Anxiety	Too long between meals or snacks
Nausea	Illness	Nervousness	Alcohol
Blurred vision	Injury	Confusion	
Headache	Short time between meals and snacks	Acting angry or irritable	
Nervousness		Slurred speech	
Confusion		Headache	

Handout

Anti-Diabetic Agents

Anti-diabetic agents aim to achieve normoglycemia and relieve diabetes symptoms, such as thirst, polyuria, weight loss, ketoacidosis. The long-term goals are to prevent the development of or slow the progression of long term complications of the disease. Choice of anti-diabetic agent depends on the type of diabetes.
Type I Diabetes occurs when the body does not produce insulin, so insulin is the only treatment choice. Injected insulin acts similar to the body's insulin to lower blood glucose.
Type 2 Diabetes is first treated with oral anti-diabetic medicines. These medicines either make the pancreas produce more insulin or help decrease insulin requirements by the body. If normal blood sugar is not achieved with oral medicines then insulin can be added to the therapy. For patients with Non-Insulin Dependent Diabetes Mellitus (NIDDM) oral diabetic medication is used along with diet management to control blood sugar levels.
Examples: glipiZIDE (GLUCOTROL), metformin (GLUCOPHAGE), glyBURIDE (DIABETA). ezetimibe (ZETIA), glimepiride (AMARYL), ezetimibe & simvastatin (VYTORIN).
SIDE EFFECTS: Cold-like symptoms, diarrhea, headache, indigestion, mild weight gain, nausea, stomach upset, hypoglycemia (low blood sugar). Caution should be taken when administering to the elderly patient as they are more sensitive to these drugs, and it may be more difficult to recognize signs and symptoms of hypoglycemia. All medicines may cause side effects, but many people have no, or minor, side effects. Check with your doctor if any of these **COMMON side effects** persist or become bothersome when using these drugs: Diarrhea, dizziness, drowsiness, headache, nausea.

Insulin is an "injectable" anti-diabetic agent. Common types of insulin include: (LEVIMER, LANTUS, HUMALOG, NOVALOG, NOVULIN, HUMULIN, NPH, and Regular).

Type of Insulin	Brand Name	Generic Name	Onset	Peak	Duration
Rapid-acting	__ NovoLog	__ Insulin aspart	15 minutes	30 to 90 minutes	3 to 5 hours
	__ Apidra	__ Insulin glulisine	15 minutes	30 to 90 minutes	3 to 5 hours
	__ Humalog	__ Insulin lispro	15 minutes	30 to 90 minutes	3 to 5 hours
Short-acting	__ Humulin R __ Novolin R	__ Regular (R)	30 to 60 minutes	2 to 4 hours	5 to 8 hours
Intermediate-acting	__ Humulin N __ Novolin N	__ NPH (N)	1 to 3 hours	8 hours	12 to 16 hours
Long-acting	__ Levemir __ Lantus	__ Insulin detemir __ Insulin glargine	1 hour	Peakless	20 to 26 hours
Pre-mixed NPH (intermediate-acting) and regular (short-acting)	__ Humulin 70/30 __ Novolin 70/30	__ 70% NPH and 30% regular	30 to 60 minutes	Varies	10 to 16 hours
	__ Humulin 50/50	__ 50% NPH and 50% regular	30 to 60 minutes	Varies	10 to 16 hours
Pre-mixed insulin lispro protamine suspension (intermediate-acting) and insulin lispro (rapid-acting	__ Humalog Mix 75/25	__ 75% insulin lispro protamine and 25% insulin lispro	10 to 15 minutes	Varies	10 to 16 hours
	__ Humalog Mix 50/50	__ 50% insulin lispro protamine and 50% insulin lispro	10 to 15 minutes	Varies	10 to 16 hours
Pre-mixed insulin aspart protamine suspension (intermediate-acting) and insulin aspart (rapid-acting)	__ NovoLog Mix 70/30	__ 70% insulin aspart protamine and 30% insulin aspart	5 to 15 minutes	Varies	10 to 16 hours

You may assist residents with insulin pens by dialing the prescribed amount to be injected and handing the pen to the resident for self-injection. Only insulin syringes that are prefilled with the proper dosage by a pharmacist or a manufacturer may be used.

Most serious side effect is hypoglycemia. Signs and symptoms of hypoglycemia include diaphoresis, trembling, hunger, blurred vision, weakness, increased confusion, and coma. Insulin is a "high alert" drug since it is dangerous.

Antilipemic Agents (Cholesterol reducing agents)

These agents are used for lowering cholesterol levels in the blood.
Examples: atorvastatin (LIPITOR), lovastatin (MEVACOR), rosuvastatin (CRESTOR), simvastatin (ZOCOR).
SIDE EFFECTS: Constipation, headache, nausea, stomach upset or pain, weakness, diarrhea, joint pain, mild sore throat, runny or stuffy nose.
Examples: gemfibrozil (LOPID).
SIDE EFFECTS: Diarrhea, indigestion, stomach pain.
Examples: fenofibrate (TRICOR).
SIDE EFFECTS: Headache, nausea.
Examples**:** Niacin ER (NIASPAN).
SIDE EFFECTS: Diarrhea, dizziness, headache, heartburn, increased cough, indigestion, or upset stomach, nausea, temporary skin redness, itching, tingling, or feelings of warmth (flushing), vomiting.

Cardiovascular Medications

Used to prevent or treat Congestive Heart Failure (CHF), hypertension, arrhythmias. Most side effects come from over dosage. Report any of the following **SIDE EFFECTS** to the health care provider immediately: headache, nervousness, "pounding pulse," weakness, flushing of skin, fainting (especially when a person stands after lying down).

Vasodilators

Used to relax or dilate the walls of arteries so that less force is needed to push the blood through the circulatory system. Used to control angina (chest pain).
Examples: sublingual nitroglycerin (NITROSTAT) and isosorbide (ISORDIL, IMDUR).
SIDE EFFECTS: Burning or tingling sensation; dizziness, lightheadedness, or fainting when sitting up or standing; flushing of the face and neck; headache; nausea; vomiting.

Cardiotonics

Used to control the rate and rhythm of the heart, improves the force of contraction of heart.
Examples: Digoxin (LANOXIN).
SIDE EFFECTS may indicate drug toxicity: Loss of appetite, nausea and vomiting, diarrhea, confusion, headache.

Antiarrhythmics

Used to treat irregular heartbeats by slowing the heart so it does not beat too rapidly.
Examples are Procainamide (PRONESTYL), amiodarone (CORDARONE, PACERONE), sotolol (BETAPACE).
SIDE EFFECTS: Nausea, vomiting, dizziness, nervousness, "pounding pulse," headache.

Anticoagulants

Also sometimes called "blood thinners" to **prevent formation of blood clots.**
Example: **warfarin (COUMADIN).** Too much warfarin can lead to bleeding including ulcers or cranial bleeding which can lead to death. Too little can lead to clots including stroke, thrombophlebitis, or pulmonary embolism. Never administer aspirin or aspirin products without a doctor's or health care provider's (HCP) order. **These are "high alert" medications or very dangerous. Be extra careful with these drugs.**
WARNING: Use of aspirin can be dangerous with anticoagulants.

SIDE EFFECTS: Bruising, bleeding gums, nosebleeds, black tarry stools. Caution: Men should use electric razor when taking these drugs.

WARNING: Use of "aspirin" can be dangerous with "anticoagulants."

Anti-platelet drugs

Used to prevent blood clots.
Examples:
clopidogrel (PLAVIX), dipyridamole (PERSANTINE), dipyridamole & aspirin (AGGRENOX).
Be extra careful with these drugs.
SIDE EFFECTS include easy bruising, minor bleeding, bleeding gums, nosebleeds, black tarry stools. Caution: men should use an electric razor when taking these drugs.

Antihypertensives

Antihypertensive medications normalize hypertension (high BP), by lowering blood pressure in various ways.

Alpha Adrenergic Agonists
Examples: cloNIDine (CATAPRESS).
SIDE EFFECTS: Constipation, dizziness, drowsiness, dry mouth, headache, nausea, tiredness, trouble sleeping.

Angiotensin-converting enzyme (ACE) inhibitors
Examples: enalapril (VASOTEC), lisinopril (ZESTRIL or PRINIVIL), Captopril (CAPOTEN), benazepril (LOTENSIN).
SIDE EFFECTS: Cough, diarrhea, dizziness, headache, tiredness, taste changes.

Beta Blockers
Examples: Propranolol (INDERAL), atenolol (TENORMIN), metoprolol tartrate (LOPRESSOR), metoprolol succinate (TOPROL-XL), carvedilol (COREG).
SIDE EFFECTS: Cold fingers or toes, diarrhea, dizziness, drowsiness, headache, lack of energy, lightheadedness, nausea, tiredness.

Calcium Channel Blockers
Some calcium channel blockers like amlodipine (NORVASC) are used in angina and hypertension to control the heart rate and help to decrease the heart's pumping strength and relax blood vessels.
Examples: amlodipine (NORVASC), nifedipine (PROCARDIA), diltiazem (CARDIZEM), and verapamil (ISOPTIN).
SIDE EFFECTS: Constipation; dizziness; facial flushing; headache; lightheadedness; tiredness; weakness; persistent, dry cough.

Angiotensin II receptor Blocker (ARB)
Angiotensin II (which is formed by enzymatic conversion from angiotensin I) is the primary pressor agent of the renin-angiotensin system. Effects of angiotensin II include vasoconstriction, stimulation of aldosterone synthesis/release, cardiac stimulation, and renal sodium reabsorption.
Examples: olmesartan (BENICAR), losartan (COZAAR), telmisartan (MICARDIS), valsartan (DIOVAN).
SIDE EFFECTS: Diarrhea, dizziness, tiredness.

Diuretics
Sometimes called "water pills," they help the body eliminate excess fluids through urinary excretion. Certain diuretics are often given along with antihypertensive drugs to treat high blood pressure. Diuretics are often used to treat congestive heart failure (CHF).
Examples: hydrochlorothiazide (HYDRODIURIL), spironolactone (ALDACTONEI), furosemide (LASIX), and torsemide (DEMADEX). Triamterene (DYRINIUM), triamterene & hydrochlorothiazide (DYAZIDE, MAXZIDE).
SIDE EFFECTS: Dizziness, lightheadedness, diarrhea, dizziness or light-headedness when standing or sitting up, headache, loss of appetite, nausea.

Central Nervous System Medications

Used to decrease the symptoms of mental disorders such as depression, anxiety, agitation, Alzheimer's, dementia, psychosis, schizophrenia, or other organic brain disorders.
ALZHEIMER'S/DEMENTIA
Alzheimer's disease is characterized by cholinergic deficiency in the cortex and basal forebrain, which contributes to cognitive deficits.
Examples: doneprozil (ARICEPT), memantine (NAMENDA), rivastigmine (EXELON).
SIDE EFFECTS: Constipation; dizziness; drowsiness; dry mouth; lightheadedness; pain, redness, or swelling at the injection site; weakness; weight gain.
Anti-Anxiety
Used to decrease symptoms of anxiety such as intense fears, panic, repetitious thoughts or actions, tremors, fast heart rate or breathing. These drugs can be habit forming.
Examples: diazepam (VALIUM), lorazepam (ATIVAN), and alprazolam (XANAX), and busPIRone (BUSPAR).
SIDE EFFECTS: Drowsiness, dizziness, headache, confusion, depression, nausea, rash, vomiting, dry mouth, loss of appetite, headache, constipation, itching, loss of balance, and lethargy.
Anticonvulsant Agents
Used in the treatment and prevention of seizure activity. If you care for a patient who is on an anticonvulsant drug, it is important that you know what to do for a seizure.
SIDE EFFECTS: Nausea, vomiting, blurred vision, and fatigue.
Examples: phenytoin (DILANTIN), carbamazepine (TEGRETOL), clonazepam (KLONOPIN), gabapentin (NEURONTIN), topiramate (TOPAMAX), divalproex ER (DEPAKOTE ER), lamotrigine (LAMACTIL), levetiracetam (KEPPRA), oxcarbazepine (TRILEPTAL), pregabalin (LYRICA), and Phenobarbital.
Anti-Depressants
Used to decrease symptoms of depression such as trouble concentrating, changes in sleeping and eating patterns or thoughts of wishing to die. Antidepressants are used to improve mood and may take up to 7-10 days to be effective.
Examples: amitriptyline (ELAVIL), citalopram (CELEXA), desvenlafaxine (PRISTIQ), escilatopram (LEXAPRO), duloxetine (CYMBALTA), fluoxetine (PROZAC), paroxetine (PAXIL), zoloft, bupropion (WELLBUTRIN SR, XL, ZYBAN), sertraline (ZOLOFT), mirtazapine (REMERON), traZODone (OLEPTRO), venlafaxine (EFFEXOR), and doxepin (SINEQUAN).
SIDE EFFECTS: orthostatic hypotension, drowsiness, confusion, Parkinson-like tremors, constipation, decreased sexual desire or ability, diarrhea, dizziness, dry mouth, increased sweating, light-headedness when you stand or sit up, loss of appetite, nausea, stuffy nose, tiredness, weakness, yawning.

Anti-psychotics
Used to decrease symptoms of psychosis such as hallucinations, delusions or disorganized thinking. Examples include haloperidol (HALDOL), risperidone (RISPERDAL), OLANZapine (ZYPREXA), quetiapine (SEROQUEL), and ziprasidone (GEODON). Antipsychotic drugs can take as long as a month of administration before they are effective.
SIDE EFFECTS: drowsiness, confusion, dry mouth, difficult urination, constipation, tremors, loss of balance.
Side effects associated with antipsychotic drugs can be particularly dangerous. Tardive Dyskinesia can have nonreversible side effect such as lip smacking, facial tics, eye blinking, tongue thrusting, shuffling gait, and head nodding. If any symptoms are noticed notify the physician or HCP as soon as possible.

Mood Stabilizers
Used to treat the symptoms of bipolar disorder, such as not sleeping for several nights, and frantic highs (mania) and drastic lows.
Examples: lithium (ESKALITH, LITOBID), valproic acid (DEPAKENE), divalproex sodium (DEPAKOTE), and carbamazepine (TEGRETOL).
SIDE EFFECTS: Constipation, diarrhea, dizziness, drowsiness, headache, increased or decreased appetite, mild hair loss, nausea, sore throat, stomach pain or upset, trouble sleeping, vomiting, weakness, weight gain.

Sedatives/Hypnotics
Used to calm the emotionally upset patient, to promote sleep and rest.
Examples: zolpidem (AMBIEN), temazepam (RESTORIL), eszopiclone (LUNESTA), lorazepam (ATIVAN), and alprazolam (XANAX).
SIDE EFFECTS: headache, confusion, diarrhea, dizziness, drowsiness (including daytime drowsiness), “drugged” feeling, dry mouth, nausea, nose or throat irritation, sluggishness, stomach upset, and weakness.

Stimulants
Used to treat of attention-deficit/hyperactivity disorder (ADHD).
Examples: amphetamine & dextroamphetamine XR (ADDERALL), lisdexamfetamine (VYVANSE), methylphenidate ER (CONCERTA).
SIDE EFFECTS: Constipation, decreased appetite, diarrhea, dizziness, dry mouth, headache, increased sweating, mild irritability, nervousness or restlessness, nausea, trouble sleeping, unpleasant taste, upper stomach pain, vomiting, weight loss.

Gastrointestinal Tract Medications

Used in the treatment and preventions of GERD (Gastro Esophageal Reflux Disease), heartburn, gastric ulcers, and indigestion.

Antacids
Used to relieve gastric and ulcer pain by neutralizing stomach acids. Too many antacids can interfere with digestion. Examples: aluminum/magnesium hydroxide (MYLANTA, MAALOX), calcium carbonate (TUMS). Shake liquids well before using, and tablets should be chewed thoroughly.

Acid Blockers
Used to decrease gastric acid secretions thereby preventing gastric ulcers. These common acid blockers are known as **Histamine (H2) antagonist.**
Examples: cimetidine (TAGAMET), ranitidine (ZANTAC), and famotidine (PEPCID).
SIDE EFFECTS: Confusion and B12 deficiency, headache, dizziness, rash, gas, diarrhea, and abdominal pain. Very low incidence of serious side effects.

Proton Pump Inhibitors (PPIs)
Used to decrease acid secretions and help prevent gastric ulcers and GERD.
Examples: esomeprazole (NEXIUM), omeprazole (PRILOSEC), pantoprazole (PROTONIX), and lansoprazole (PREVACID).
SIDE EFFECTS: Headache, dizziness, rash, gas, diarrhea, and abdominal pain.

Antidiarrheals
Used to treat diarrhea.
Examples: diphenoxylate & atropine (LOMOTIL), loperamide (IMODIUM).
SIDE EFFECTS: Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue); constipation; decreased urination; red, swollen, blistered, or peeling skin; stomach bloating, swelling, or pain.

Antiflatulents
Used to relieve gassiness and bloating that accompanies indigestion.
Examples: simethacone (MYLICON, PHAZYME).
SIDE EFFECTS: Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the mouth, face, lips, or tongue).

Emetics
Used to produce vomiting in case of poisoning. **Always call poison information center.**
Example: Ipecac is an emetic syrup.

Anti-emetics
Used in the treatment of nausea and vomiting.
Examples: prochlorperazine (COMPAZINE), promethazine (PHENERGAN), ondansetron (ZOFRAN), metoclopramide (REGLAN), meclizine (ANTIVERT), hydroxyzine (ATARAX).
SIDE EFFECTS: Constipation; diarrhea; dizziness; drowsiness; headache; irritation, redness, pain, or burning at the site of injection; tiredness.

Anticholinergics and antispasmodics
Used to treat ulcers and irritable bowel syndrome.
Examples: Dicyclomine (BENTYL) and hyoscyamine (LEVSIN).
SIDE EFFECTS: Blurred vision, constipation, decreased sweating, difficulty sleeping, dizziness, drowsiness, dry mouth, headache, lightheadedness, loss of taste, nausea, nervousness.

Laxatives
Used as cathartics in the treatment of several conditions. Some may relieve constipation, some provide bulk or fiber, some soften stool and/or may be used in a preparation for bowel examination. Laxatives and purgatives promote bowel movements. In small dosages, they gently relieve constipation and are called laxatives. In larger dosages, they clean out the gastrointestinal tract and are called purgatives. Purgatives are often given prior to surgery or exams. There are several sub-categories of laxatives and purgatives. Some elderly get in a cycle of use/abuse of laxatives.

Stimulant
Used to help push fecal matter through the intestines.
Examples: castor oil, senna (SENOKOT, EX-LAX), biscodyl (DULCOLAX).

Saline
Used to soften feces and stimulates bowel movements.
Examples: milk of magnesia and Epsom salts.

Bulk formers
Used to stimulate bowel movements.
Examples: psyllium (METAMUCIL) and CITRACEL. Administration most often must be mixed with water or juice. The patient must drink the mixture immediately.

Emollients/lubricants

Used as lubricants and detergents which work to allow fecal matter to pass easily through the intestines. Also called **"stool softeners."**
Examples: docusate (COLACE) and Senokot-S.

Osmotic

Example: polyethylene glycol (MIRALAX).

Hormonal Medications

Used for disorders related to problems related with the thyroid and pituitary glands, adrenal, pancreas, ovaries, and testes by regulating hormones.
Examples: levothyroxine (SYNTHROID), estrogen, and testosterone.
SIDE EFFECTS: Nervousness, insomnia, tremor, nausea, diarrhea, and headache. All medicines may cause side effects, but many people have no, or minor, side effects.
No COMMON side effects have been reported with the use of levothyroxine.
Example: ORAL: estradiol (ESTRACE).
Example: ORAL: progesterone (PROMETRIUM).
Example: TOPICAL: testosterone (ANDROGEL).

Respiratory Tract Medications

Used to treat Chronic Obstructive Pulmonary Disease (COPD), asthma, bronchitis, emphysema, and coughs.
Examples: montelukast (SINGULAR), fluticasone and salmeterol (ADVAIR DISKUS) is a combination of a steroid and beta agonist in a Diskus. Albuterol (PROVENTIL HFA, PROAIR HFA, and VENTOLIN HFA) are examples of HFA inhalers.
SIDE EFFECTS: nausea, fast heart rates, nervousness, and restlessness. It is best to wait one minute between inhalations of the same medication, wait five minutes between inhalants of any two different medications.

Antitussives

Used as cough suppressants. Codeine is a narcotic antitussive.
Examples: benzonatate (TESSALON), and dextromethorphan (Dimetapp-DM) are non-narcotic antitussives.

Bronchodilators

Used to cause the bronchioles to relax and expand which helps ease breathing. Bronchodilator medications are most often prescribed as inhalers and include Albuterol (PROVENTIL HFA, PROAIR HFA, and VENTOLIN HFA) are examples of HFA inhalers.

Expectorants

Used to break up thick mucus secretions of the lungs/bronchi so they can be coughed up.
Examples: guaifenesin (ROBITUSSIN) contains an expectorant.

Decongestants

Used to reduce swelling, and some dry up the mucous membranes.
Examples: phenylephrine (Neo-Synephrine) and oxymetozoline (AFRIN).

Anticholinergics

Example: tiotropium (SPIRIVA).
SIDE EFFECTS: Blurred vision, constipation, dry mouth, indigestion, mild nosebleed, runny nose, sinus inflammation or infection, sore throat, stomach pain, vomiting.

Antihistamines

Used to prevent and reduce histamine release.
Examples: diphenhydramine (BENADRYL), certirazine (ZYRTEC), fexofenadine (ALLEGRA), levocetirazine (XYXAL).
SIDE EFFECTS: Drowsiness, dry mouth, stomach pain (in children), tiredness, trouble sleeping (in children).

Steroids/Anti-inflammatory drugs

Used to treat colitis and other inflammatory disease states.
Examples: **Oral tablets:** Prednisone (DELTASONE), prednisolone (ORAPRED), methylprednisolone (MEDROL, MEDROL-DOSEPAK).
SIDE EFFECTS: Difficulty sleeping; feeling of a whirling motion; increased appetite; increased sweating; indigestion; mood changes; nervousness.
Examples**: Topical:** fluocinonide (LIDEX).
Examples: **Nasal Inhalers:** fluticasone (FLONASE, FLOVENT), budesonide (PULMICORT), triamcinolone (NASACORT AQ).
Examples: **Nasal Sprays:** mometasone (NASONEX).
SIDE EFFECTS: Burning or irritation inside the nose; coughing; headache; muscle and joint pain; nosebleed or pink color to the mucus; painful menstruation; sinus pain or pressure; sore throat; upper respiratory tract infection; vomiting.

Urinary System Medications

Antibiotics

Used to treat urinary tract infections.
Examples of antibiotics: levofloxacin (LEVAQUIN), ciprofloxacin (CIPRO), doxycycline (VIBRAMYCIN), and sulfamethoxazole/trimethoprim (BACTRIM, SEPTRA).

Diuretics

Sometimes called “water pills,” used to help the body eliminate excess fluids through urination. Diuretics are used to increase the output of water. Diuretics are often given to maintain normal urine production for persons with kidney disorders. They are used to treat water retention and high blood pressure (hypertension).
Examples: spironalactone (ALDACTONE), furosemide (LASIX), bumetiamide (BUMEX), hydrochlorothiazide-HCTZ (HYDRODIURIL).
SIDE EFFECTS: Dizziness, muscle cramps, weakness, due to loss of potassium (K+), orthostatic hypotension or low blood pressure when you stand up, especially when fast.

Alpha Blockers

Used to treat benign prostatic hyperplasia (BPH).
Example: tamsulosin (FLOMAX).
SIDE EFFECTS: Back pain, cough, decreased sexual ability, diarrhea, dizziness, drowsiness, headache, runny or stuffy nose, trouble sleeping, weakness.

Anticholinergic or Antispasmodics

Used to treat overactive bladder.
Example: tolterodine (DETROL).
Used to treat bladder spasms.
Example: oxybutynin (DITROPAN).
SIDE EFFECTS: Blurred vision; constipation; diarrhea; dizziness; drowsiness; dry eyes, nose, skin, or mouth; headache; nausea; stomach pain; taste changes; trouble sleeping.

Medications for the Skin

Each skin disorder has its own best treatment and drugs in the following categories.

Protectives and Astringents

Used to cover, cool, dry, or sooth inflamed skin. Protectives form a long-lasting film. They protect the skin from water, air, and clothing to allow healing. Astringents shrink blood vessels, dry up secretions from scrapes and cuts, and lessen the sensitivity of the skin.

Antipruritics

Used to relieve itching caused by inflammation. These drugs (emollients, oils, creams, and lotions) are soothing and relieve itching. Antihistamines such as certrizine (ZYRTEC), diphenhydramine (BENADRYL) and meclizine HCL (ATARAX) also relieve itching.

Anti-Inflammatory drugs

Used to decrease inflammation. These drugs (also called topical corticosteroids) have three actions which work to relieve the symptoms of skin disorders: relieve itching, suppress the body's natural reactions to irritation, and tighten the blood vessels in the area of the inflammation. Examples: triamcinolone (ARISTICORT, KENALOG), hydrocortisone (CORTONE).

Anti-Infectives

Used to kill or inhibit organisms that cause skin infections. Antibiotic ointments, such as polymyxin, neomycin and bacitracin triple antibiotic (NEOSPORIN) and mupirocin (BACTROBAN), are anti-infective ointments and nystatin (NYSTOP) is an antifungal cream or ointment.

Antiseptics

Used to inhibit germs on skin surfaces. They are never given orally. Antiseptics are used to prevent infections in cuts, scratches, and surgical wounds.
Examples: Alcohol and povidone iodine (BETADINE).

Topical anesthetics

Used to relieve pain on the skin surface or mucous membranes by numbing the skin layers and mucous membranes. These are often used to treat wounds, hemorrhoids, and sunburn.
Example: SOLARCAINE is a topical anesthetic.

Parasiticides

Used to kill insect parasites that infest the skin such as scabies and lice.
Example: permethrin (NIX, RID, A200 Lice), KWELL.

COMMON 2010	MEDICATIONS	SIDE EFFECTS, ADRs
Top 10 Drugs of 2010 generic/BRAND	**Reason for Use INDICATION**	**COMMON Side Effects/ Adverse Drug Reactions ADRs**
1. Hydrocodone/ Apap LORCET, LORTAB, VICODIN	Pain	Hypotension, anxiety, dizziness, mood changes, sedation, nausea, constipation, rash.
2. Levothyroxine SYNTHROID	Hypothyroidism Low thyroid	Flushing, anxiety, nausea, palpitations, tremor, rash, alopecia, irritability.
3. Simvastatin ZOCOR	Hyperlipidemia High cholesterol	Diarrhea, joint or muscle pain, Atrial Fib, edema, vertigo, headache, abdominal pain, constipation, runny or stuffy nose, nausea, insomnia.
4. Amoxicillin AMOXIL	Infection	Upset stomach, diarrhea, yeast infection, nausea, loss of appetite, rash/hives, itching.
5. Atvorstatin LIPITOR	Hyperlipidemia High cholesterol	Diarrhea, joint or muscle pain, Atrial Fib, edema, vertigo, headache, abdominal pain, constipation, runny or stuffy nose, nausea, insomnia.
6. Lisinopril ZESTRIL	Hypertension High blood pressure	Loss of appetite, taste changes, nausea, vomiting, diarrhea, confusion, headache, weakness.
7. clopidogrel PLAVIX	Stroke prevention	Bruises easily, cannot stop bleeding, blood in stools or urine, gums, or vomit.
8. Esomeprazole NEXIUM	Acid reflux, GERD, stomach upset	Headache, dizziness, rash.
9. Montelukast SINGULAR	Asthma/Allergic Rhinitis	Dizziness, fatigue, fever, headache, rash, weakness, nasal congestion.
10. Metoprolol LOPRESSOR, TOPROL-XL	Hypertension/cardiac	Nausea, vomiting, diarrhea, confusion, headache, tiredness, dizziness, drowsiness.
Ref: Pharmacy Times 2011	Reference: Lexicomp	Reference: Lexicomp

MILD TO MODERATE	SIDE EFFECTS/ADRs
SYMPTOM of SIDE EFFECT	**ACTION TO BE TAKEN**
Eyes sensitive to strong light or sun	Wear sun glasses, hat or visor and/or avoid prolonged exposure to light.
Occasional upset stomach	Drink small amounts of water and/or try to eat dry saltines or toast. DO NOT GIVE antacids without consulting health care provider (HCP) or pharmacist.
Occasional constipation	Increase water intake and physical exercise. Eat bran cereals or green leafy vegetables, etc. NOTE: Caution with anticoagulants like warfarin (COUMADIN).
Occasional dizziness	Get up slowly from sitting or lying-down position.
Tiredness, sleepy in day	Take brief periods of rest during the day.
Mild restlessness or muscle stiffness	Take short walks, quiet music to relax, stretch out muscles.
Dryness of lips and/or mouth	Increase fluid intake and rinse mouth often with water and/or apply lip balm/Chapstick. Suck on ice chips and/or chew sugarless gum.
Dryness of skin	Use mild shampoo and soap. Use hand and body lotion after each bath and as needed during the day. Wear protective clothing depending on weather.
Weight gain	Increase exercise and decrease food intake, but only under physician or HCP authorization.

If no relief occurs following these guidelines, then contact the physician or health care provider (HCP).

Serious Side Effects

Call HCP (or 911 if HCP is not available), if any of the following symptoms occur.
Call immediately for any signs of **"anaphylaxis"** such as wheezing or trouble breathing, for any swelling in the face, lips, or throat and/or for a rash or hives. Seek medical attention right away if any of these **SEVERE side effects** occur when using a medication: Severe allergic reactions (rash; hives; itching; difficulty breathing; tightness in the chest; swelling of the hands, legs, mouth, face, lips, eyes, throat, or tongue; throat closing; unusual hoarseness); abnormal thinking; behavior changes; chest pain; confusion; decreased coordination; difficulty swallowing or breathing; fainting; fast or irregular heartbeat; hallucinations; memory problems

(i.e., memory loss); mental or mood changes (i.e., aggression, agitation, anxiety); new or worsening depression; severe dizziness; shortness of breath; suicidal thoughts or actions; vision changes, or seizures. **Contact physician or HCP if serious side effects are noticed by the resident's appearance or behavior**.

SERIOUS SIDE EFFECTS	Call Health Care Provider
SYMPTOM of SIDE EFFECT	**EXPLANATION**
Blurred vision/double vision	Difficulty focusing eyes, blurred or double vision.
Drooling, difficulty swallowing, or choking	Spasms of swallowing muscles can cause choking. Drooling may be sign of stroke.
Extreme difficulty urinating	Bladder tone relaxed.
Diarrhea	Liquid stools for more than two days.
Severe constipation	Unable to move bowels more than two days.
Muscle rigidity	Difficulty moving (i.e., mask-like face).
Nervousness, inability to sit or lie still, or inner turmoil	Muscle restlessness in body, arms, or legs.
Body tremors, twitches, or spasms	Involuntary shaking or tightening of muscles.
Tardive dyskinesia	Slow, involuntary movements of mouth, tongue, hand, or other parts of body.
Rash/hives	Skin eruptions or pimples on the body. Notice pattern of appearance and where the eruptions begin and end. A rash can involve internal lesions. Peeling skin can be dangerous.
Skin discoloration	Excessive pigmentation.
Sunburn	Sensitivity to sun's ultraviolet rays.
Sleepiness during the day	Excessive sedation. Many drugs cause sedation.
Sleepiness during the day	Excessive sedation. Many drugs cause sedation.
Sexual difficulty or irregular menstrual cycle	Male: delayed ejaculation, impotence, or unusual erections (i.e., Priapism). Female: changes in breast or periods.