

Assistance With Self-Administered Medication 2 hour Update - 2019

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Introduction and Instruction

Purpose

One of the most important services an ALF may provide is assisting a resident with medications. For caregivers in ALFs, this is frequently the crucial component of caring for residents. 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 might need to assist a resident with medications. It may be your job to pick up medications at the pharmacy, check them when they are delivered, and make sure that they are taken as directed.

This guide provides an update on the process for assisting assisted living residents to self administer medications and is only for the who have completed and passed the initial four hour class within the past year and/or have completed the annual 2 hour update.

It was developed as a training guide to permit unlicensed personnel, as caregivers, to safely assist residents with the self-administration of medication.

This course is only for those who have already completed and passed the initial four hour class within the past year and/or have completed the annual 2 hour update.

Introduction and Instructions

Objectives

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

- Understand a prescription label.
- Provide assistance with oral medication.
- Provide assistance with topical forms of medication, including ophthalmic, otic and nasal forms.
- Measure liquid medications, break scored tablets, and crush tablets as directed by prescription order.
- Recognize the general side effects to medication classes and the need to report adverse reactions.
- Recognize the need to seek clarification for “as needed” prescription orders.
- Be able to define times it is necessary to communicate with healthcare provider.
- Recognize a medication order which requires judgement 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.
- Complete a medication observation record.
- Retrieve and store medication.

Medication Labels and Health Care Orders

Chapter Overview

This chapter covers reading and interpreting medication labels, understanding physician's orders, and recording assistance with medications.

In an assisted living facility, assistance with prescription medications can only be provided to residents with a doctor's order. Once this assistance is provided, it is the caregiver's responsibility to keep a record of the assistance. This chapter will review different prescription labels and medication record keeping. By the end of this chapter, caregivers should be able to:

- Understand how to read a prescription label.
- Recognize the need to clarify "as needed" prescription orders.
- Recognize a medication order that requires your judgement, and know to advise the resident, resident's health care provider or facility employer that you cannot assist in following such orders.
- Complete a medication observation record (MOR).

Medication Labels and Health Care Orders

Prescription Labels

Rx = Prescription:

A written directive to a pharmacist giving names and quantities of ingredients to be combined and dispensed for a particular patient.

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

- Resident's name.
- Name of the drug.
- Strength of the drug.
- Quantity of drug in the container.
- Time medication should be taken.
- Any directions for use or special precautions
- Date the prescription was filled and number of refills.
- Prescriber's name, (ie. Doctor)
- Pharmacy name, address and phone number.
- Rx number
- Expiration date / discard date / do not use by date

McMAHON PHARMACY,

200 MAIN STREET BOCA RATON, FL

Ph. 561-555-8787

Fax 561-555-8686

Rx# 5564

Dr. William Johnson

Mabel Poole

3/15/99

TAKE 1 TABLET BY MOUTH TWICE DAILY

TAKE ON EMPTY STOMACH

VIDEX 100mg

QTY. 60

REFILLS: 01

Discard by: 3/15/01

Auxiliary Labels

Sometimes, the pharmacist will place a smaller, additional label (usually colored) on the container with special instructions, such as the following:

“Shake well before using.”

“Do not drink alcoholic beverages when taking this medication.”

“Medication should be taken with plenty of water.”

“May cause drowsiness.”

“Take with food.”

It is important to read the auxiliary labels as well as the full prescription label. If your pharmacist is not using auxiliary labels, you should request them.

Exercises:

Answer the following questions using the example label :

1. Who is the medication prescribed for ?
2. How many tablets should the person take ?
3. What is the strength of the medication ?
4. What is the name of the medication ?
5. When does the medication expire ?

<i>McMAHON PHARMACY,</i>	
<i>200 MAIN STREET BOCA RATON, FL</i>	
<i>Ph. 561-555-8787</i>	<i>Fax 561-555-8686</i>
<i>Rx# 0033</i>	<i>Dr. John Allen</i>
Murphy Miller	<i>7/15/99</i>
TAKE 1 TABLET BY MOUTH, ONCE DAILY	
LANOXIN 0.125mg TABLETS	QTY . 30
GLAXO	
	REFILLS: 01
	Discard by: 12-31-01

Exercises:

Answer the following questions using the example label:

1. What is the prescription number ?
2. Should this medication be swallowed whole ?
3. Are there any special instructions?
4. How many tablets should be taken at once ?
5. What is the name of the resident's doctor ?

*MCMAHON PHARMACY,
200 MAIN STREET BOCA RATON, FL
Ph. 561-555-8787 Fax 561-555-8686
Rx# 1346 Dr. Mark Freidman*

Tony Ramos 6/30/99
CHEW, CRUSH OR DISSOLVE 2 TABLETS TWICE
DAILY- TAKE ON EMPTY STOMACH.

VIDEX 100MG CHEWABLE TB ORANGE QTY. 120
REFILLS: 03
Discard by: 10/10/00

Medication Labels and Health Care Orders

“AS NEEDED” or “PRN” Medication Labels

Assistance with an “as needed” or “PRN” medication by an unlicensed person may only occur at the request of a competent resident. A resident who is unable to request an “as needed” or “PRN” medication appropriately would require this type of medication to be administered by a licensed person, (ie. Licensed nurse).

A competent resident is aware of the need for the medication and its purpose .

Medication label

Unlicensed persons can only assist competent residents with “PRN” or “as needed” medications with an appropriate medication label. The instructions must be clear and not require any judgement on your part. The following label provides clear instructions on how this medication may be taken:

Medication label

Unlicensed persons can only assist competent residents with “PRN” or “as needed” medications with an appropriate medication label. The instructions must be clear and not require any judgement on your part.

This label provides clear instructions on how this medication may be taken.

All “PRN” or “as needed” medication labels should include the following:

- The conditions for which the medication should be given (For diarrhea).
- The dosage of medication to give (1-2 capsules).
- The hours it should be given (every 3-4 hrs).
- The upper limit of dosages (Maximum of 6 capsules per day. Call doctor if symptoms persist more than 3 days).

MCMAHON PHARMACY
200 MAIN STREET, BOCA RATON, FL
Ph. 561-555-8787 Fax 561-555-8686
Rx#8989 Dr. Tom Johnson

Mabel Poole 3/15/99
TAKE 2 CAPSULES EVERY 3-4 HOURS AS
NEEDED, BY MOUTH FOR DIARRHEA. CALL DR.
IF SYMPTOMS PERSIST MORE THAN 3 DAYS.
MAXIMUM 6 CAPS PER DAY.
GENERIC FOR IMMODIUM.
LOPERAMIDE 2MG CAPSULE QTY 30
DISCARD AFTER: 07-30-00



REMEMBER, UNLICENSED STAFF
MAY ASSIST WITH "as needed"
MEDICATIONS ONLY AT THE
REQUEST OF A COMPETENT
RESIDENT.

True or False:

The example label does not provide clear directions you should get clarification from the doctor who prescribed the medication.

McMAHON PHARMACY,

200 MAIN STREET BOCA RATON, FL

Ph. 561-555-8787

Fax 561-555-8686

Rx# 4934

Dr. Bob Johnson

Kevin King

5/15/00

25 MG CAPSULE Benadryl BY MOUTH, AS NEEDED.

QTY 60

REFILLS 05

Discard by: 07-30-00

Exercises:

<i>MCMAHON PHARMACY,</i>	
<i>200 MAIN STREET BOCA RATON, FL</i>	
<i>Ph. 561-555-8787</i>	<i>Fax 561-555-8686</i>
<i>Rx# 4934</i>	<i>Dr. Bob Johnson</i>
Kevin King	5/15/00
25 MG CAPSULE Benadryl BY MOUTH, AS NEEDED.	
QTY 60	
REFILLS 05	
Discard by: 07-30-00	

The instructions for the label above should include additional information. For example:

- Take (1) 25 MG capsule by mouth at bedtime, as needed for sleeplessness
- May repeat one time if needed 1 hour later. Not to exceed 2 capsules in a 24 hour period

This tells you why Kevin King should take the medication, how much he should take, when he should take the medication, and the maximum dose to be taken in a given time period.

Clarifying “As Needed” or “PRN” Prescription Labels

When an “as needed” or “PRN” medication is labeled without all of the necessary information, you are required to contact the health care provider to obtain any missing information. An unlicensed person may obtain such clarification from the health care provider; revised instructions clarifying the order are not considered a change in the health care provider’s order.

With all “as needed” medication orders, you must know why the medication should be taken, and any limits to taking the medication.

How to Clarify “As Needed” or “PRN” Medication Orders

- Immediately after receiving the medication, determine what information is missing. For example, the upper dosage limits for the medication or why the medication may be requested.
- If the provider's office is not able to fax an order to you, write down the instructions, read it back and fax to them and ask for their signature.
- Call the health care provider's office and explain that you are not a nurse, but are assisting a resident with his/her medications as allowed in an assisted living facility. Ask for the precise information that is missing.
- Ask the health care provider's office if they can fax you a copy of the revised instructions. If they cannot do this, write down the instructions and repeat it back to the health care provider. This process will decrease the likelihood of mistakes.
- Write in the revised instructions or the missing information on the medication record under the directions for use. Initial the entry. The medication record should also include a dated and signed notation that the health care provider was contacted to obtain revised instructions for the medication and what the revisions are. This notation is often placed on the back of the medication observation record.
 - The notation must be made part of the medication record.

Medication Orders Which Require Judgement or Discretion

- As an unlicensed person, you are prohibited by law to assist with 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.

Exercises:

True or False

You can NOT assist with the above medication because as an unlicensed person, you are not trained to determine when the medication is to be used. In this case, you are not trained to assess “fluid retention.”

*MCMAHON PHARMACY,
200 MAIN STREET BOCA RATON, FL
Ph. 561-555-8787 Fax 561-555-8686
Rx# 4934 Dr. Mark Johnson
Joe Brown 3/15/00
TAKE 2 TABLETS AS NEEDED FOR FLUID RETENTION.
NOT TO EXCEED 6 TABLETS PER DAY.
LASIX 40 mg QTY 20
DISCARD AFTER: 07-30-00 REFILLS 01*

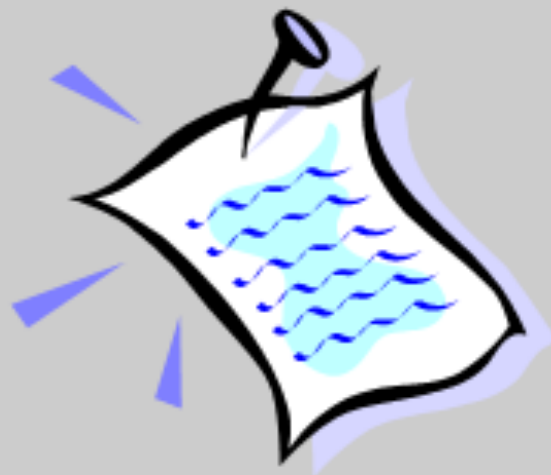
Medication Labels and Health Care Orders

Changes in Medication Orders

Any change in directions for use of a medication for which the facility is providing assistance with self-administration of medication must be accompanied by a written medication order issued and signed by the resident's health care provider. Unlicensed persons cannot implement any changes without first obtaining a written order. To ease this process, a faxed copy of the order is acceptable.

Implementing a Change in Medication

- Obtain a copy of the medication order which clearly states the new directions for use from the health care provider.
- Discontinue the previous entry (old directions for use) on the medication observation record on the day the new order was received. Record an entirely new entry, with the new directions for use, on the medication observation record.
- Place an "alert" label on any existing medications for which the directions for use have now been changed or obtain a new medication label with the new directions from the pharmacist. "Alert" labels are used to direct staff to examine the revised directions for use in the medication observation record.



LICENSED NURSES MAY TAKE A DOCTOR'S ORDER OVER THE TELEPHONE. HOWEVER, A WRITTEN ORDER MUST STILL BE OBTAINED WITHIN 10 WORKING DAYS

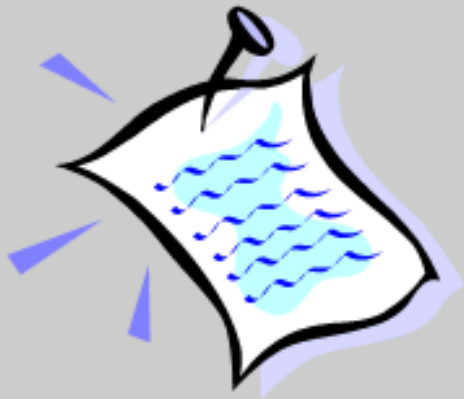
Advising The Resident And Your Employer When You Are Unable To Assist With A Medication.

- When medications orders or new deliveries of labeled medications are received, check to make sure the instructions do not require judgement.
- If the instructions are not clear, or if you will be required to make a decision about when or how to give the medication, contact the administrator or your supervisor. Advise him/her that you are unable to assist the resident with the medication and the exact reasons for this.
- Advise the resident that the medication requires judgement. If you are to assist with the medication, call the health care provider to request clear instructions. Let the resident know that you will inform him/her of the results of your conversation with the health care provider.
- When contacting the health care provider about medications that require discretion or judgement, inform the health care provider that you are not a nurse, but are assisting a resident with his/her medications as allowed in an assisted living facility.
- [Sometimes health care providers do not understand what an assisted living facility is, or assume that all ALFs have nurses on staff who can take care of implementing Dr.'s orders.]
- Inform the provider that as an unlicensed person, you are prohibited from assisting with medication which requires discretion or judgement, and that you would like to discuss the options for the resident.

Medication Observation Records

The MOR. A medication observation record must be kept for each resident who receives assistance with medications. Medication observation records (MOR) must include:

- The name of the resident.
- Any known allergies the resident has.
- The name and telephone number of the resident's health care provider.
- The name of each medication prescribed and its strength and directions for use.
- A record of each time the medication was taken.



**RECORD MEDICATION EACH TIME
IT IS OFFERED.**

Working with the Medication Observation Record

The MOR is your record of all the medications a resident is receiving assistance with and the verification that you have assisted a resident to take his/her medication.

- If a resident refuses to take a medication, record the refusal code on MOR front, and explain why the resident refused the medication on the MOR back. Contact with the resident's physician should also be noted.

When a resident is hospitalized or out of the facility and does not receive assistance with medication, indicate this on the MOR.

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.

- 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 instructions given).
- When an order is changed, the original entry on the MOR should not be altered. Instead, the original order 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 Buspar 5mg take 2 tablets twice daily, the MOR cannot read differently.
- MOR's 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 that resident's medication has been returned to the storage area.

Exercises:

Which MOR below is filled in correctly using the example label? A or B

A.

RISPERDAL 3MG Tab One tablet by mouth, Every Morning	Hr Due	Dose	1	2
	7am	1 tablet		

B.

RISPERDAL 3MG Tab One tablet by mouth, Every Morning and Two at Bedtime.	Hr Due	Dose	1	2
	7am	1 tablet		
	8pm	2 tablets		

MCMAHON PHARMACY
200 MAIN STREET, BOCA RATON, FL
Ph. 561-555-8787 Fax 561-555-8686
Rx# 8976 Dr. Lee Hichu
Paul Goldberg 8/30/99
 ONE TABLET by mouth, EVERY MORNING AND TWO AT BEDTIME.
 DISCARD AFTER 08/00
 RISPERDAL 3MG TAB QTY 90
 REFILLS 05

Storage and Disposal of Medications

Chapter Overview

This chapter covers the requirements and best practices related to the storage and disposal of medications in an assisted living facility.

Upon completion of this chapter, caregivers should be able to:

- Understand the issues related to residents' right to privacy and providing for resident's safety related to medications.
- Understand the requirements which must be met when residents keep medications in their rooms.
- Understand how to "centrally store" medications in an ALF.
- Understand storage requirements for over-the-counter medications in an ALF.
- Store and reuse "discontinued medications."
- Dispose of medications properly.
- Arrange for resident's medications when a resident is away from the facility.
- Reorder medications in a timely manner.

Storage and Disposal of Medications

Resident Right to Privacy

Assisted living facilities have been increasing in number largely due to consumer (resident) desire to live in an environment which is more homelike, encourages personal autonomy, and which allows 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. 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 and cabinets without residents' permission. You should, however, 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, observe for any medications that may be hidden. Ask the resident's permission to review the expiration dates on medication bottles. If you do observe any pills on the floor or any other irregularity, discuss it with the resident and report it to the supervisor. Additional tips for working with residents and families regarding medication management will appear later in this guide.

Storage of Medications by Residents

Since assisted living facilities are residents' homes, residents who are capable of managing their own medications are allowed to manage them. Residents are also allowed to keep both prescription and over-the-counter medications in their rooms.

There are, however, some limitations. If a resident self-administers his/her medications with or without assistance, he/she may keep them in his/her room, but:

- Either the room must be locked when the resident is out of the room; or
- The resident must keep the medications in a secure place which is out of sight of other residents.

Centrally Stored Medications

Medications must be centrally stored if:

- The facility administers the medication;
- The resident requests that the facility store his/her medications;
- A health care provider documents that it would be hazardous to the resident to keep the medication in his/her personal possession;
- The resident does not keep it in a secure place or keep his/her room locked when absent;
- 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;
- Facility policy requires all residents to centrally store their medications.



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

All medications which are centrally stored, must be:

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

- 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.
- 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.
- Do not expose medications to extremes in temperature or moisture, unless medications are supposed to be refrigerated.
- Store medications for the eye, ear, nose and throat separately. For example, in different drawers of a medication cart, or by using drawer dividers.
- Store discontinued medications separately from medications being used currently. This will prevent you from continuing to give a medication which is no longer prescribed.
- Ask a pharmacist to help you set up a system and organize your storage area. Occasionally ask a pharmacist to spot check your storage area and make recommendations for changes or improvements.
- Medication containers must be properly closed or sealed so that medications do not become loose and get mixed together.

Storage of Over-the-Counter (OTC) Medication

- 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, he/she should not store OTC medications in his/her room.
- An ALF may centrally store OTC medications for residents. If you are storing OTC medications for residents that have not been prescribed by the health care provider, they must be labeled with the resident's name, and the manufacturer's instructions for use must be kept with the medication. When an OTC medication is prescribed by a health care provider, the medication must be stored in the same manner as prescription medication and managed according to the prescription label/instructions just like prescribed medication.

Storage and Disposal of Medications

Discontinued Medication

When centrally storing discontinued medications for residents, remember that only medications which 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 which is marked “Discontinued Medication.” Remember, do not alter or write on the medication label when a medication is discontinued. In addition, 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 the medication on the medication observation record and keep a copy of this information with the discontinued medication. Store each resident’s discontinued medication together: For example, in a plastic bag, with the residents 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 in lieu of having a new prescription filled. However, ALF staff must be sure that they are using the right medication and strength by checking with a pharmacist or the prescribing physician.

BEST PRACTICE: To reduce the risk of making a dangerous mistake, follow the best practice for retrieving re-prescribed, discontinued medications as described below.

1. When a medication is ordered for a resident, check to see if the resident has previously been prescribed the medication and if there's medication left which may be used. (Check with the resident's representative or guardian or in the discontinued medication area.)

In other words, if you have on hand Mrs. Brown's discontinued Haldol, you may only use the Haldol for Mrs. Brown's if it is re-prescribed for her. You may not use it for Mr. Brown, or for any other resident.

2. Verify the name and strength of the drug. To avoid any dangerous medications errors, only use the discontinued medication if it is the same strength as the present order. For example, if the current prescription is for 15 mg of Restoril and the discontinued medication on hand is 30 mg of Restoril, you must obtain a new supply of medication in the correct strength of Restoril from the pharmacy rather than use the wrong strength.
3. Enter the medication information on the MOR.

4. Remove the medication from the discontinued medication area and return it to the resident's current medications.
5. Have another staff member trained in assistance with medication, or a nurse, review the health care provider's order, the MOR, and verify the medication label. Check to ensure that the medication is for the:
 - ✧ RIGHT resident and is the
 - ✧ RIGHT Medication and the
 - ✧ RIGHT dosage (strength) and the
 - ✧ RIGHT time is recorded on the MOR and the
 - ✧ RIGHT route is indicated.
6. Verify that medication isn't expired and won't expire while the medication is to be taken. For example, if there's enough medication for three weeks, but it expires

Disposal of Abandoned or Expired Medications

- The ALF is responsible for storing, managing and disposing of medications properly:
- 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 them.
- Medication must be disposed of properly. There are two ways to dispose of discontinued, abandoned, or expired medications:
- The medication may be taken to a pharmacy for disposal; or
- The medication may be destroyed by the administrator, or person(s) designated by the administrator and one witness.



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.

When Residents Leave the ALF for Temporary Absences

Residents may leave an ALF on a temporary basis for a variety of reasons. For example, residents may attend day programs in the community, others may go away for the weekend or longer with family and friends. In all instances, it is important that residents continue to receive their prescribed medications. When a resident who receives “assistance with medication” is away from the facility, the following options may be used to help the resident take the medication as prescribed:

- The health care provider may prescribe a medication schedule which coincides with the resident’s presence in the facility. For example, for residents who regularly go out during the day, ask the health care provider if the medication can be scheduled for when the resident is regularly in the ALF.
- The medication container may be given to the resident or a friend or family member upon leaving the facility. This must be noted on the medication observation record. You may not transfer some of the medication into another container, for example, an envelope, to go with the resident.
- A nurse may transfer the medication to a pill organizer and give it to the resident or a friend or family member upon the resident leaving the facility. This must be 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, so that the resident may take the dosage needed with him/her.

Medication Reordering

For residents who receive assistance with medication or administration of medication, the ALF is responsible for making every reasonable effort to ensure that medications are refilled in a timely manner. Each ALF should have clear procedures for doing this. If you are not familiar with your facility's procedures, find out what they are prior to assisting residents with their medications.

BEST PRACTICE: The following describes the best practice procedures for reordering medications.

1. Reorder medications from the pharmacy 7 days prior to running out or as directed by the facility's policy.
2. Keep a log of medications which have been reordered in the medication storage area. This way everyone who has responsibility can see if a medication has been reordered.
3. If medications are not received within 3 days of ordering, call the pharmacy (or family member) to find out where they are and how you will be able to get them prior to running out. [Even if a designated person is responsible for ordering medications, everyone who assists with medication should be responsible for finding out when refills will arrive, if they haven't been received 3 days prior to running out.]
4. When medications are received, check to make sure the correct prescription has arrived prior to placing it into storage.
5. Indicate that medications have been received on the log.

Medication Reordering

Each ALF may have different procedures for reordering medications. Some ALFs designate a nurse to handle all health care orders, medication reordering, and disposal of medication, etc. It's imperative that each ALF has a system in place to procedure should also address:

- Procedures for notifying families of the need for medication refills, if the family wishes to pick up prescription medications at a local pharmacy.
- Procedures to follow if the family doesn't bring medications in prior to the resident running out of medication.
- Procedures to follow when family members bring over-the-counter medications or herbal therapies to residents.
- Ordering medications by mail; handling order changes by mail. [Some residents have insurance which covers prescription medications only if they are ordered by mail.]

Designation of responsibilities for medication reordering.[For example, the staff who work the second shift are responsible for reordering medications, or nursing staff is responsible

Assistance with Self-administered Medications

Definitions

429.256 Assistance with self-administration of medication.— (1) For the purposes of this section, the term:

(a) “Informed consent” means advising the resident, or the 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.

(b) “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 with respect to assisting with the self-administration of medication in an assisted living facility as provided under s. 429.52 prior to providing such assistance as described in 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.

(4) Assistance with self-administration does not include:

(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

Assisting Residents to Take Medications

Residents who are capable of self-administering their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person 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.

Assistance with self-medication by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a resident or the resident's surrogate, guardian, or attorney in fact. For the purposes of this section, 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, and inhalers.

- In order to provide assistance with medications, you must be at least 18 years old and have been trained to assist residents with their medications (completed a **6 hour** medication assistance course like this one).

The training may be provided only by a registered nurse (RN) or a licensed pharmacist. A certificate of completion for Assistance with Self-administered Medication Training must be documented (copy of original) in your



You must be prepared to demonstrate to your administrator that you can **read and understand a prescription label.**

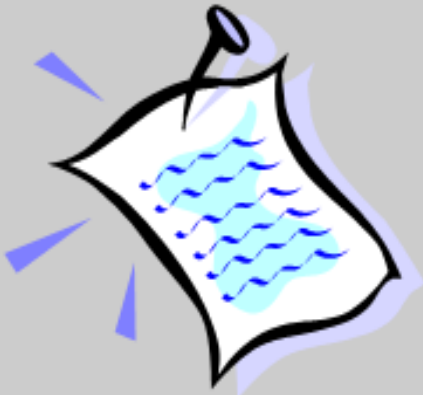
- Either a nurse or trained unlicensed staff must be in the facility at all times when residents need assistance with any medications.

Providing Assistance with Medication

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.
- (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 pre-measured 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.

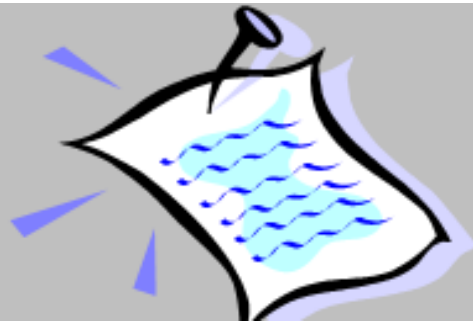
- Some residents will need you to do only some of these tasks. Allow each resident to do as much as possible for him or herself. Do no more than needed. Remember, you are assisting them with self-administration. You are there to help, not to take over.
- Assistance with medication also includes applying topical medications. Topical medications include lotions, creams, eye and ear drops, nose drops and sprays, and inhalers. The procedures for providing assistance with topical medications are discussed in detail later in this chapter.



Remember, if you are assisting a resident, you must keep a record of when a resident receives assistance with medication. This means recording each dose of medication for which assistance was provided on the medication observation record (MOR) as soon as it is given.

Assistance with medication does not include:

- 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.



As an unlicensed person, you are prohibited by law from performing any of the tasks listed above.

The 5 Rights of Medication Assistance

Assisting a resident to take their medications includes knowing that the:

- RIGHT RESIDENT takes the
- RIGHT MEDICATION and the
- RIGHT DOSAGE (AMOUNT) at the
- RIGHT TIME by the
- RIGHT ROUTE.

Many of us have made sure that our children, spouses, or parents have taken medications as prescribed by a doctor. That is what assisting a resident to take medication means: providing assistance to the person to take the medication safely. Because you may be assisting more than one person and each person may be taking multiple medications, providing assistance safely can be complicated.

RIGHT RESIDENT

- Make sure you know who the residents are. If you are a new employee or have new residents, work with another staff member who knows the residents. Some facilities keep pictures of residents (with their permission) with the MOR. You should still confirm the resident's identity with the resident.

RIGHT MEDICATION

- Check the medication three times. Check the MOR. Check the medication label. Verify the labeled container with the MOR. Read the label to the resident.

RIGHT DOSAGE

- Check the dosage. Make sure the resident takes the correct amount of medication, whether it's in spoonsfull, tablets, or drops.

RIGHT TIME

- Medications must be given at the time prescribed. Standard practice is that medications are given within one hour of scheduled time. If you find that is not working for residents schedule, please discuss this with the resident, administrator and health care provider if indicated.

RIGHT ROUTE

- Give the medications in the manner directed. For example, ear drops are placed in the ear, etc.

Take the time to provide assistance safely and with consideration for residents' privacy. If you cannot assist all the residents to take their medications in a reasonable amount of time, you may have more people to assist than you can safely handle. Talk with your supervisor about the need for another trained person to share the assignment.



Do not provide assistance if you feel uncomfortable.

ASK FOR HELP:

- ✓ If you do not understand the medication instructions.

Ask a nurse, if you have one on staff, the health care provider or the pharmacist for assistance.

- ✓ If you do not know the resident.

Ask another staff member who knows the resident.

- ✓ If you cannot assist residents properly and safely.

Notify your supervisor or the ALF administrator.

Assisting Residents - Updated

Assisting 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 mouthpiece 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 mouthpieces do. With the mouthpiece or facial mask in place, simply breath as you normally would until the vapor has completely dissipated.

Assisting with Neutralizers Cont.

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

1. Place the air compressor unit on a surface, where it can safely reach its power source and be easily turned on / off.
2. Wash hands and obtain necessary items (prescribed unit dose medication with a label, MOR, gloves. Check the expiration date of medication when getting the 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 the mouthpiece.
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 with anti-embolism stockings

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.

Assisting with anti-embolism stockings - continued

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.

Assistance with the Application of a Nasal Cannula

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
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 with the use of a continuous positive airway pressure device

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

Assisting with measuring vital signs.

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

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 newprobe 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

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

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

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

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

Assisting with colostomy bags.

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.

Using a glucometer to perform blood-glucose level checks.

Assistance with GLUCOMETERS Check List

1. Follow the facility's infection control policy and procedures
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

Assistance with GLUCOMETERS Check List - continued

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 manufacturer's recommendation and store in a clean dry area

Congratulations !

Final Exam

Question 1

Before assisting a resident with self-administered medications, the caregiver should first:

Select one:

- a. Obtain the medication from the storage area
- b. Sign off the medication in the Medication Observation Record
- c. Wash his/her hands.

Question 2

All prescription labels should include all items Except:

Select one:

- a. Name of drug.
- b. Resident Social Security Number.
- c. Strength of drug.
- d. RX number.

Question 3

A PRN medication means:

Select one:

- a. give hourly
- b. as needed
- c. routine
- d. daily

Question 4

When implementing a change in a residents medication you need to do all the following EXCEPT:

Select one:

- a. Obtain a copy of the medication order which clearly states the new directions for use from the health care provider.
- b. Call and alert the family/guardian of the change.
- c. Discontinue the previous entry (old directions for use) on the medication observation record on the day the new order was received. Record an entirely new entry, with the new directions for use, on the medication observation record.
- d. Place an “alert” label on any existing medications for which the directions for use have now been changed or obtain a new medication label with the new directions from the pharmacist. “Alert” labels are used to direct staff to examine the revised directions for use in the medication observation record.

Question 5

A resident is experiencing diarrhea of unknown source, you should:

Select one:

- a. Call the doctor.
- b. Stop all medication.
- c. Put him/her on a liquid diet

Question 6

Only a scored tablet may be broken in half.

Select one:

- True
- False

Question 7

All staff need to know how to read a prescription label.

Select one:

- True
- False

Question 8

A medication auxiliary label is found only on liquid medications.

Select one:

True

False

Question 9

When an “as needed” or “PRN” medication is labeled without all of the necessary information, you are required to contact the health care provider to obtain any missing information. An unlicensed person may obtain such clarification from the health care provider; revised instructions clarifying the order are not considered a change in the health care provider’s order.

Select one:

True

False

Question 10

Any change in directions for use of a medication for which the facility is providing assistance with self-administration of medication must be accompanied by a written medication order issued and signed by the resident's health care provider. Unlicensed persons can implement changes without first obtaining a written order. To ease this process, a faxed copy of the order is acceptable.

Select one:

True

False

Question 11

The MOR is the record keeping system for a residents medication management.

Select one:

True

False

Question 12

A medication label can only be changed by a caregiver.

Select one:

True

False

Question 13

Gloves must be used when assisting with ointments and creams.

Select one:

True

False

Question 14

The resident does not have to be present when you take the medication from the bottle.

Select one:

True

False

Question 15

The facility may maintain a stock supply of over the counter medications for multiple resident use.

Select one:

True

False

Question 16

Centrally stored medications shall be kept in a locked/secured cabinet or locked storage area at all times.

Select one:

True

False

Question 17

A caregiver can fill a pillbox for use by the resident.

Select one:

True

False