



Transforming
Lives

AFH Administrator Training

Module 6b: Setting Up Your Home Medication System and Documentation - Part 1

Adult Family Home Administrator Manual, Version 5.2

Agenda

- What is a Medication
- Side Effects and Adverse Reactions
- Medications and Aging
- The 5 Rights of Medication Administration +2
- And... A lot more



Learning Objectives

At the end of this module, you will be able to...

- Apply the 5 Rights of Medication Administration +2
- Develop a strong medication system
- Demonstrate proficiency in reading a medication label
- Outline the actions to take if a resident refuses their medications
- Explain the actions/rules related to altering a medication
- Assess the impact of correct timing for medication administration
- Compare the correct storage methods and disposal of medications including the extra step required to safely store and dispose of narcotics

What Do You Know?

True or False

1. The 5 Rights of Medication Administration are done every time you assist with medication administration
2. If you miss giving a medication, there is a window of time when it can still be given
3. It is best to do your medication documentation later in the day when you don't have any distractions

What Is a Medication?

A medication is a substance that is taken into or placed on the body that does one of the following:

- Cure a disease or condition
- Treat a medical condition
- Relieve symptoms of an illness
- Prevent diseases



Medication Names

- Generic
- Brand
- Do you have the right medication?

The 7 Important Questions

1. What is the name of the medication?
2. What is the purpose of the medication? What is the medication supposed to do?
3. What effect will the medication have on the individual? How will I know that it is working?
4. How long will it take the medication to work? Will it take hours, days, or weeks to work?

The 7 Important Questions, Continued

5. What are the side effects, adverse reactions and/or signs of over dosage of this medication?
6. Are there any interactions with the medications that the individual is taking?
7. Are there any special administration or storage instructions for this medication?

Medication Safety Questionnaire

Medication Safety Questionnaire			
SAMPLE			
Resident Name: _____			
Medication	Dose and Form:	When to take each dose:	For how long?
Brand Name: 1			
Generic Name:			
1. What is the purpose of the medication? What is it being prescribed for?			2
2. Are there any special administration instructions (for example, take before/after meals, with food)?			
3. What is the medication supposed to do? How will I know it is working?			3
4. How long before I will know it is working or not?			4
5. Is there any lab work that will need to be scheduled? Yes/No			
a. How often?			
b. Where?			
c. Will there be a standing order?			
6. What should I do if the resident misses a dose?			
7. How should this medication be stored? Is this a controlled medication? Yes/No			7
Interactions 6			
8. Should this medication be taken with food? Yes/No			
a. If yes; before, during or after the meal?			
b. If yes; an hour before or two hours after the meal?			
9. Are there any foods, supplements (such as herbs, vitamins, minerals), drinks (for example: drinks with alcohol or caffeine), or activities that should be avoided (for example: avoid being out in the sun) while taking this medication?			
10. Are there OTC medications that should be avoided? Yes/No			
a. If yes; which ones:			
Side Effects 5			
11. What are the common side effects?			
12. If there are side effects, what should I do?			
13. Are there any long-term effects if prescribed for a long time? Yes/No			



How Medications Affect Your Resident

- Desired Effect
- Side Effect
- Adverse Effect
- Tolerance
- Dependence
- Interactions
- No Apparent Effect
- Paradoxical Effect

Medications and Aging

- More chronic medical conditions
- Take multiple medications
- More sensitive to effects of taking multiple drugs and their side effects
- Increased risk of drug interactions
- Drugs tend to stay in the body longer

Medication and Falls

How to Reduce Your Risk of Falling

- One of the most common causes of increased fall risk in older adults
- Have medications reviewed to identify any that may increase the risk of your resident falling.

FACT SHEET

Medications Linked to Falls

Review medications with all patients 65 and older. Medication management can reduce interactions and side effects that may lead to falls.

STOP medications when possible.

SWITCH to safer alternatives.

REDUCE medications to the lowest effective dose.

Check for psychoactive medications, such as:

➤ Anticonvulsants	➤ Benzodiazepines
➤ Antidepressants*	➤ Opioids
➤ Antipsychotics	➤ Sedatives-hypnotics*

Review prescription drugs, over-the-counter medications, and herbal supplements. Some can cause dizziness, sedation, confusion, blurred vision, or orthostatic hypotension. These include:

➤ Anticholinergics	➤ Medications affecting blood pressure
➤ Antihistamines	➤ Muscle relaxants

Develop a patient plan that includes medication changes, and a monitoring plan for potential side effects. Implement other strategies, including non-pharmacologic options to manage conditions, address patient barriers, and reduce fall risk.

Visit the [American Geriatrics Society Beers Criteria](#) for more information on medications linked to falls.

CDC's STEADI tools and resources can help you screen, assess, and intervene to reduce your patient's fall risk. For more information, visit www.cdc.gov/steadi

*Antidepressants include TCAs and SSRIs. Sedative-hypnotics include eszopiclone, zaleplon, and zolpidem.





Centers for Disease Control and Prevention
National Center for Injury Prevention and Control



Stopping Elderly Accidents, Deaths & Injuries

2017

Common Types of Medications that Increase Fall Risk

- Medications that affect the brain
- Medications that affect blood pressure
- Muscle relaxants
- Antihistamines

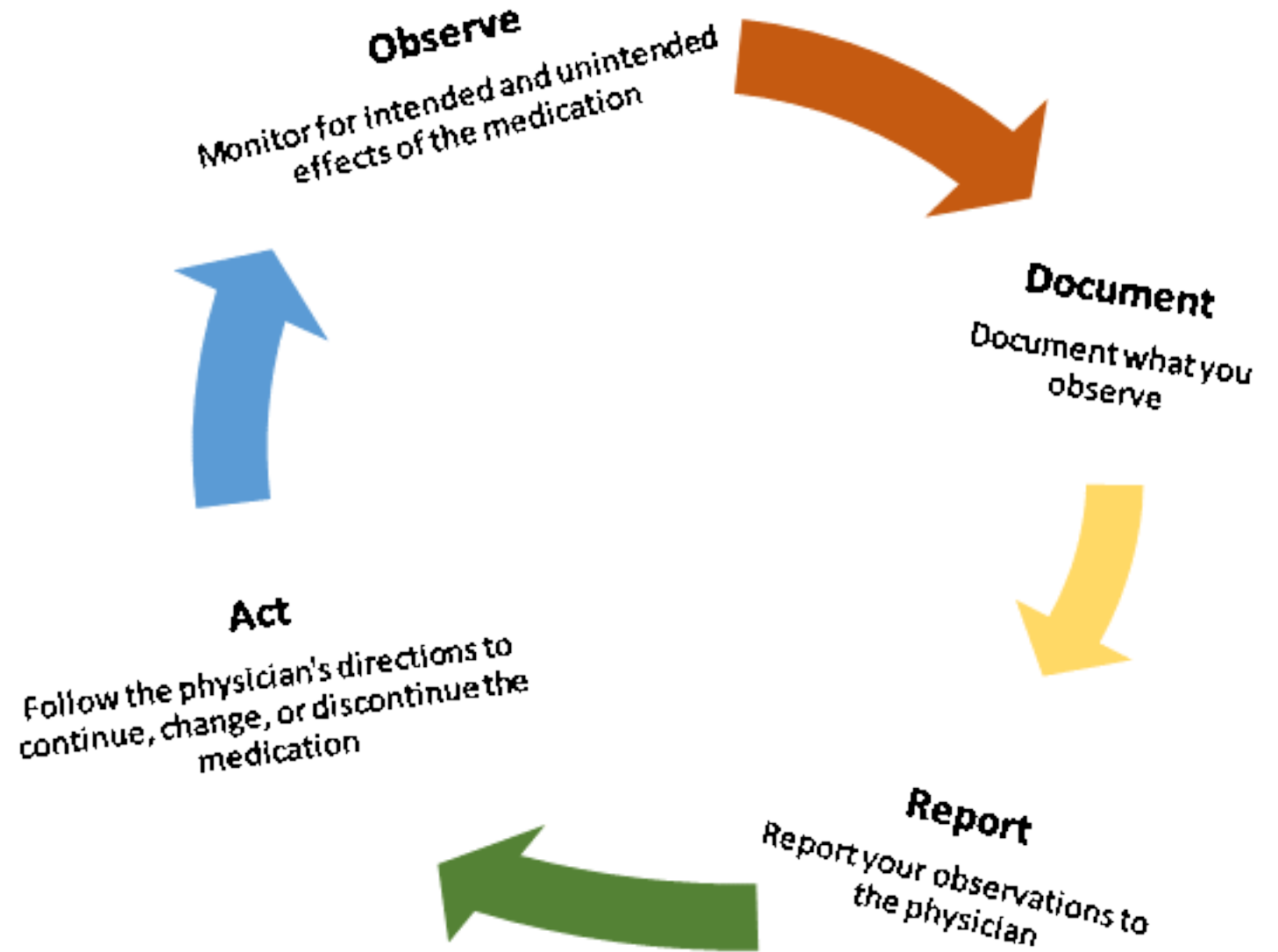
Psychopharmacologic Medications

- Psychotropic medications are central nervous system drugs that affect mental activity, behavior, or perception.
- NCP – strategies and modification of environment and staff



[WAC 388-76-10463](#): Medication - Psychopharmacologic

Monitoring the Effects of Medications



Medication Guides/Information Sheets

- Medication Guide
- Package Inserts
- Pharmacy Information Sheets
- Patient Tips

The 5 Rights of Medication Administration + 2

1. Right resident
 2. Right medication
 3. Right dose/amount
 4. Right time
 5. Right route
- +1 Right to refuse
- +2 Right documentation

The 5 Rights of Medication Administration

- **When do you check the 5 Rights?**
- **First Check** - When you take the container from its storage location
- **Second Check** - When moving it from the original container to the enabler (med cup, etc.)
- **Third Check** – When putting it back into the storage area

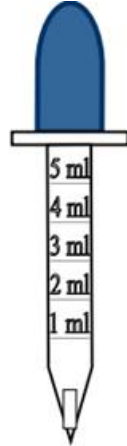
Medication Assistance

- Independent Self-Administration - [WAC 388-76-10445](#)
- Self-Administration with Assistance - [WAC 388-76-10450](#)
- Medication Administration - [WAC 388-76-10455](#)

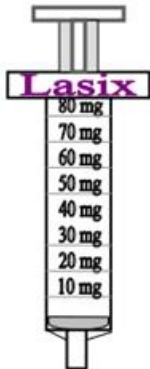
Medication Measuring and Enablers



Medication Cup
Use on a level surface when measuring



Oral Dropper/Syringe
Use when measuring amounts less than 5 mL.



Special Oral Measuring Device
This measuring device has measurements of **mg** instead of mL. The oral syringe above would be used for measuring Lasix Solution.



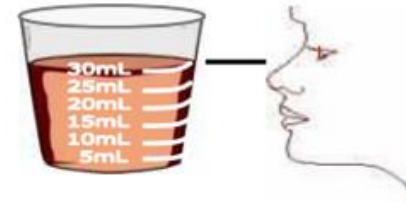
Household Utensil
Do **NOT** use for measuring medications

ALWAYS

1. ALWAYS measure using the metric system.
2. ALWAYS use an oral measuring syringe for small amounts of liquid medication.



3. ALWAYS hold cups at eye level when measuring.



4. If the label says to measure in mL, ALWAYS use a measuring device that is marked in mL.
5. If the label says to measure in mg, ALWAYS use a measuring device that is marked in mg for that medication.

6. ALWAYS consult your pharmacist when you have a question about measuring.

NEVER

1. NEVER use household spoons.



2. NEVER use cups that are not marked with the amount they hold.
3. NEVER switch the special droppers that come with some liquid medications.
4. NEVER measure mLs with a measuring device that is marked in mg.
5. NEVER measure mg with measuring devices that are marked in mL.

mg \neq mL

6. NEVER leave air bubbles mixed with the liquid in an oral measuring syringe.

Steps for Medication Administration

Nurse Delegation

- Ensure nurse delegation is in place if required

Administration steps **MUST** be followed **EVERYTIME**

1. Wash your hands
2. Review the MAR
3. Get the medication from storage, locking behind you

Steps for Medication Administration, Continued

Steps **MUST** be followed **EVERYTIME**, continued

4. Read the label carefully – verify expiration date and any special instructions – check against the MAR – they must be exact
5. Confirm the 5 rights
6. Do not touch with your fingers, use the lid or a dispensing cup
7. If several meds in the bubble – identify each med to label and MAR

Timing of Medications



- As ordered
- Once a day: every 24 hour
- BID, TID, QID
- Every 4- or 6-hours or other intervals
- While Awake
- With/without food, at bedtime, taken with other meds
- Missing the medication window

[WAC 388-76-10470](#)

Right to Refuse

- Multitude of reasons
- Actual refusal vs passive refusal
- Attempts within the medication window
- Can you determine why they have refused?
- Notify (if needed) and document

Altering Medications

"Altering a medication" means changing prescribed or OTC medications such as crushing tablets, cutting tablets in half, opening capsules and mixing powdered medications with food or liquids.

- Must have permission from the pharmacist/physician – document, some drugs cannot be altered
- Ask for another alternative
- Resident must be aware medication was altered and put in their food or drink

Medication Orders

- A Dr.'s written directions for a specific medication for a specific resident
- An order must contain:
 - Name of Medication
 - Medication Strength (if required)
 - Route
 - Frequency of Administration
 - Specific directions for use
 - Reason for administration if the medication is ordered PRN or “as needed”

Tylenol 325 mg. – 1 tablet by mouth every 4-hours as needed for pain

What is Missing From Each Medication Order?

1. Risperdal 2 mg. Give 1 tablet by mouth _____
2. Riopan Liquid 15 ml. by mouth every hour as needed _____
3. Aricept 1 tablet by mouth at bedtime _____
4. Tylenol 2 tablets by mouth every 4 hours as needed for shoulder pain

5. Ativan 0.5 mg. 1 tablet by mouth as needed _____

Working with Families

- All medications must have a doctor's order
- Only a licensed nurse, pharmacist, the resident, or the resident's family member can fill a resident's medication organizer
- **This task cannot be delegated**



PRN Medications

- Medication given as needed for a particular need within a designated time
- Must have a physician's order
- Must be delegated
- Do not accept orders that require nursing judgement like: "Tylenol 325 mg, 1 or 2 tabs every 4-6 hrs."

Reading and Understanding Medication Labels

- Prescription drug labels are not regulated by the FDA like those for OTC medications.
- Labels from different pharmacies may contain different information and warning stickers.
 - Old way: Atenolol 50 mg, 1.5-tab p.o. BID
 - New way: Atenolol (Tenormin) 50 mg, 1.5 tab (75mg) by mouth, twice daily at 8AM and 8PM



Activity

Common Label Abbreviations What Do You Know?

Definition	Abbreviation
A. Hour of Sleep (Bedtime)	_____ Rx
B. Twice a day	_____ OTC
C. Ounce	_____ PRN
D. Grams (1000 mg)	_____ Qty
E. Afternoon/Evening	_____ QD (QD)
F. Quantity	_____ b.i.d. (BID)
G. Tablet	_____ t.i.d. (TID)
H. Morning	_____ <u>q.i.d.</u> (QID)
I. Four times a day	_____ h.
J. Grains	_____ <u>h.s.</u> (HS)
K. Over the counter	_____ tsp.
L. Tablespoon (3 tsp or 15 ml)	_____ ac
M. Discontinue	_____ Tbsp
N. Teaspoon (or 15 ml)	_____ oz.
O. Capsule	_____ gr
P. Daily	_____ mg
Q. Milligrams	_____ GM, gm
R. Three times a day	_____ Cap
S. Hour	_____ Tab
T. Prescription	_____ A.M.
U. When necessary or as needed	_____ P.M.
V. Before meals	_____ D/C or d/c





Definition	Abbreviation
A. Hour of Sleep (Bedtime)	<u>T</u> Rx
B. Twice a day	<u>K</u> OTC
C. Ounce	<u>U</u> PRN
D. Grams (1000 mg)	<u>F</u> Qty
E. Afternoon/Evening	<u>P</u> QD (QD)
F. Quantity	<u>B</u> b.i.d. (BID)
G. Tablet	<u>R</u> t.i.d. (TID)
H. Morning	<u>I</u> <u>q.i.d.</u> (QID)
I. Four times a day	<u>S</u> h.
J. Grains	<u>A</u> <u>h.s.</u> (HS)
K. Over the counter	<u>N</u> tsp.
L. Tablespoon (3 tsp or 15 ml)	<u>V</u> ac
M. Discontinue	<u>L</u> Tbsp
N. Teaspoon (or 15 ml)	<u>C</u> oz.
O. Capsule	<u>J</u> gr
P. Daily	<u>Q</u> mg
Q. Milligrams	<u>D</u> GM, gm
R. Three times a day	<u>O</u> Cap
S. Hour	<u>G</u> Tab
T. Prescription	<u>H</u> A.M.
U. When necessary or as needed	<u>E</u> P.M.
V. Before meals	<u>M</u> D/C or d/c

Prescription Labels

- Resident's full name
- Name of medication
- Strength of medication, amount to be given, and dosage form
- How to take the medication
- When to take the medication and how often
- Name of the prescriber
- Date medication was filled
- Expiration or discard date
- Prescription number
- Name, address, and phone number of the pharmacy
- Quantity of medication dispensed
- Auxiliary and/or warning labels
- Number of refills left
- What the medication looks like
- Equivalency statement when the name or look of the medication differs from the name of the medication ordered or previously dispensed (if it applies)

Name and address of the pharmacy Prescriber's name Date of filling Auxiliary labels

Prescription number

Patient's name

Directions for use

Medication name, strength, and dosage form

Quantity dispensed Refills left

Bidwell Rx www.btc-medical.org
1815 Metropolitan St, Pittsburgh, PA 15233 412.323.4000
DEA# AB4567890

RX 0123456789 **DR** JOHN SCHOULTIES
PEARSON, PATRICIA 08/31/2013

TAKE ONE TABLET BY MOUTH EVERY DAY

Atorvastatin calcium 20 mg Tablets
Watson

QTY 30 **REF** 2

0 1 2 3 4 5 6 7 8 9

■ Avoid consuming grapefruit or grapefruit juice while on this medication

■ Consult your pharmacist or doctor about using this medication if you are pregnant, plan to become pregnant, or if you are breast feeding.



What two items are missing from the prescription label

Over The Counter Label

FDA requires the label information to have the following content and be in the following format

- 1. Active Ingredient with the amount in each dosage unit, and the purpose
- 2. Uses
- 3. Warnings
- 4. Directions
- 5. Other Information
- 6. Inactive Ingredients

Drug Facts

Active ingredient (in each tablet) Chlorpheniramine maleate 2 mg	Purpose Antihistamine
--	---------------------------------

Uses temporarily relieves these symptoms due to hay fever or other upper respiratory allergies:
■ sneezing ■ runny nose ■ itchy, watery eyes ■ itchy throat

Warnings
Ask a doctor before use if you have
■ glaucoma ■ a breathing problem such as emphysema or chronic bronchitis
■ trouble urinating due to an enlarged prostate gland

Ask a doctor or pharmacist before use if you are taking tranquilizers or sedatives

When using this product
■ You may get drowsy ■ avoid alcoholic drinks
■ alcohol, sedatives, and tranquilizers may increase drowsiness
■ be careful when driving a motor vehicle or operating machinery
■ excitability may occur, especially in children

If pregnant or breast-feeding, ask a health professional before use.
Keep out of reach of children. In case of overdose, get medical help or contact a Poison Control Center right away.

Directions	
adults and children 12 years and over	take 2 tablets every 4 to 6 hours; not more than 12 tablets in 24 hours
children 6 years to under 12 years	take 1 tablet every 4 to 6 hours; not more than 6 tablets in 24 hours
children under 6 years	ask a doctor

Other information store at 20-25° C (68-77° F) ■ protect from excessive moisture

Inactive ingredients D&C yellow no. 10, lactose, magnesium stearate, microcrystalline cellulose, pregelatinized starch

1

2

3

4

5

6

On-line Drug Resources



- [Drugs.com](https://www.drugs.com) (Screen shot examples below)
- [WebMD.com](https://www.webmd.com)

Controlled Medications

- Regulated by state and federal law
- Can cause physical and mental dependence
- Best Practice: Keep a Controlled Medication Log

CONTROLLED MEDICATION RECORD

Resident's Name: _____ Date Received: _____
Prescriber: _____ Prescription #: _____
Medication: _____ Strength: _____ Dosage: _____ Form: _____
Directions: _____ Amount Received: _____

	Date	Time	Current Amount	Amount Given	Amount Left	Signature
1.						
2.						
3.						
4.						
...						
30.						
31.						

Discrepancy Notes:

Destruction Record

Destruction Needed? ☐ Yes ☐ No (All medication distributed) Date of Destruction: _____
Amount Destroyed: _____ Method of Destruction: _____
Signature #1: _____ Signature #2: _____



Documenting in the NCP

- Level of assistance needed
- How medication will be received when away from home
- Psychopharmacologic med – behavior it is addressing, non-med strategies and modification of environment and staff
- Special requirements

[WAC 388-76-10460](#): Medication – Negotiated Care Plan

Medication Log

- Keeping a medication log is a WAC requirement
- Medication log errors are the most cited reasons for medication noncompliance
- The MAR can meet the Medication Log WAC requirements
- WAC 388-76-10475 outlines what must be on a Medication Log

What is On A Medication Log

- Name of the resident
- All prescribed and OTC medications
- Dosages
- Frequency
- The time the resident takes the medication
- The initials of the staff who assisted or gave the medication
- Any refusals and reason
- Any changes or new prescribed medications

Medication Storage

- In locked storage
- In the original container with legible and original labels
- Stored appropriately for each medication
- Key Points
- Medication Organizers



Medication Disposal

- At Home Disposal Options
- Offsite Options
 - Drug Take Back Options
- Disposing of Narcotics

Follow these simple steps to dispose of medicines in the household trash

MIX

Mix medicines (do not crush tablets or capsules) with an **unpalatable substance** such as dirt, cat litter, or used coffee grounds;



PLACE

Place the mixture in a **container** such as a sealed plastic bag;



THROW

Throw the container in your **household trash**;



SCRATCH OUT

Scratch out **all personal information** on the prescription label of your empty pill bottle or empty medicine packaging to make it unreadable, then dispose of the container.



Assignment #7 – Medication Disposal Policy (Page 45-46)

- Required per [WAC 388-76-10490](#)
- Unused and expired medication must be disposed of in a safe manner
- You can include this policy with your other policies or write it on its own page

Include these key points:

- **When** you will dispose of OTC and prescription medication
- **How** you will discard OTC and prescription

Working with Your Long-Term Care Pharmacy

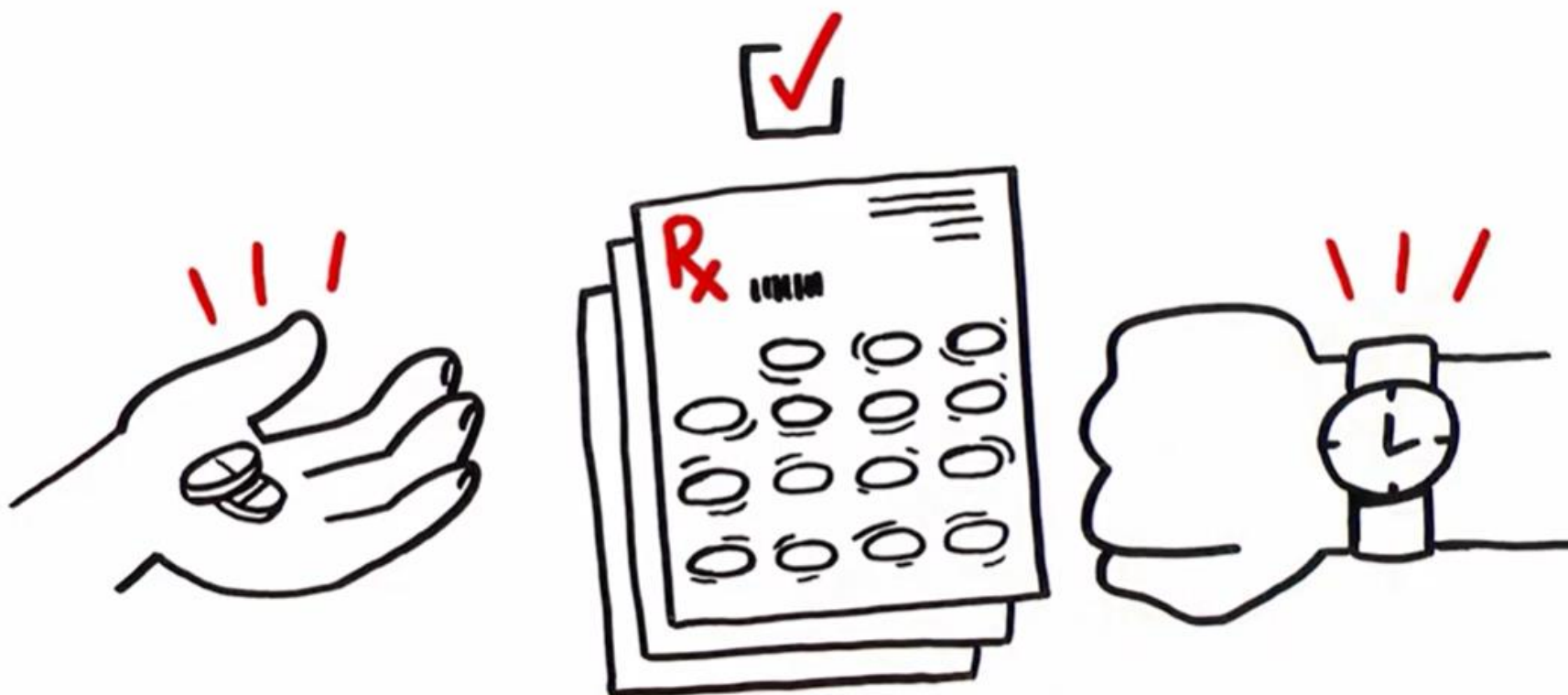
- Not all LTC pharmacies are the same
- All have a list of services they provide
- Some are “Closed-door” and other’s offer retail
- Always review received medications for accuracy

Long Term Care Pharmacies in Action



Play now!

Where are My Meds?



[Play now!](#)

Reviewing the Bubble Pack



- Review the MAR against the hospital/Dr. orders
- Verify the MAR's labels
- Verify the contents of each bubble
- Verify date on bubble pack
- Add your initials and signature
- Do any additional documentation

Providing Meds When Your Resident is Not at Home

- Depends on amount of time away from your AFH
- Torn off main medication card or single pack
- Separate labeled container or envelope with exact amount of medication
- If given to family in original container – count and document
- Document in the MAR any medication administered by the family (F)



Training Your Staff

- You are responsible for everything that happens in your AFH
- Be sure staff understand the Five Rights of Medication +2
- Use this module to help train your staff on medication management

Residential Care Services – Medication Investigations

- Investigates all allegations related to handling, management, supervision, assistance with or administration of medications
- You may receive a deficiency citation if there is a violation of the AFH WACs/RCWs

What Is A Medication Error?

- The wrong person took the wrong medication
- The resident's medication was not given
- A medication was given that was not prescribed by the resident's doctor (no order)
- Wrong dosage, wrong time, or wrong route
- A medication that was altered and should not be
- There was an error in the documentation or documentation wasn't done
- Medication was expired

Why Medication Errors Occur

- Not checking the label against the MAR, prior to, during, and after administration
- Not reading the label or MAR correctly
- Forgetting to give a medication
- Not waiting to verify medication was taken
- Not documenting immediately
- Errors in completing the MAR
- Multi-tasking, not giving the task your full attention
- Environmental distractions
- Not refilling or picking up medications timely

What To Do If There Is A Medication Error

- Report on the Incident Report
- Document on the MAR

How to Prevent Medication Errors

- Staying alert
- Following the Five Rights
- Avoiding distractions
- Knowing the individual and his or her medications
- Train your staff to ask for help if they are unsure about any step
- Only assisting one resident at a time – put all their medications away and document before assisting another

Top Medication Errors

- Medication changes are not properly documented
- Medication given is not charted, or medication is charted, but not given
- Medication is in blister-pack, but not on MAR, or listed on the MAR but not in the blister-pack
- New medication is not on the MAR
- Expired meds are in storage
- PRN medication or OTC not on MAR
- PRN medication or OTC not on hand or is expired
- New medication not obtained in a timely manner

Do a Medication Audit



- Upon a new resident's admission
- Every month when receiving that month's medications and MARs
- Compare bubble pack contents with the MARs
- Verify that all PRNs and OTCs are on-hand, unexpired, correct, and listed on the MAR
- Each time when receiving new or changed medication from the pharmacy
- Inspect and review MARs every few days for accuracy

Medication Error Statistics

- Medication Errors continue to be one of the highest reasons for RCS citations.
- RCS will look at your overall medication system

Summary Review

During This Module We Learned...

- How and when to apply the 5 Rights of Medication Administration +2
- How to develop a strong medication system
- The importance of reading a medication label
- The steps to take if a resident refuses their medications
- When you can and can't alter a medication
- The importance of timing for medication administration
- How to store and dispose of all types of medications/narcotics

Test Your Knowledge

Review Scenarios 1-7



1

Mary is being discharged from the hospital to your AFH.

The pharmacy receives a list of medications from the hospital/doctor and assembles a bubble packet for Mary.

The bubble packet and MAR is sent to your AFH prior to the day of Mary's arrival.

What do you do?

- 1.
- 2.
- 3.
- 4.

2

You receive a bubble pack from the pharmacy. One of the meds is missing.

What do you do?

3

You receive a bubble pack from the pharmacy. One of the medications looks different from last month.

What do you do?

4

The family brings all of Mary's medications in a shoe box, many of them are expired.

What do you do?



5

Mary's family stops at the pharmacy on their way and picks up several vitamins and supplements for Mary, as well as some acetaminophen to help with Mary's headaches.

What do you do?



6

You are upset that Mary isn't taking their medication, so you crush it and puts it in Mary's applesauce.

Can you do this?

What do you need to do and/or consider?

When can you crush her medication?

How do you document this?

7

Mary takes one of their medications with their noon meal. Mary's family picked Mary up at 9:30 for a Dr. Appointment.

They expected to be back in time for lunch but decided to go out for lunch instead arriving back at the AFH at 1:30.

What do you do?



Get Ready For Your Next Class

- Read assigned modules
- Complete Assignment #7: Medication Disposal Policy